STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018800	A. BUILDING: _____ B. WING _____	R-C 04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUN HAVEN	20035 JUNCO ROAD TOMAH, WI 54660

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{N 000}	Initial Comments On 03/24/2026, Surveyor conducted a verification visit and licensure survey at Sun Haven. Data collection continued through 04/01/2026. The deficiency identified in Statement of Deficiencies (SOD) UVIZ11 was corrected. Fourteen deficiencies were identified. Two of the 14 deficiencies were repeat violations (see SOD T95911, dated 10/20/2022). Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 7	{N 000}		
N 219	83.17(1) Licensee conduct caregiver background check Caregiver background check. At the time of hire, employment or contract and every 4 years after, the licensee shall conduct and document a caregiver background check following the procedures in s. 50.065, Stats., and ch. DHS 12. A licensee shall not employ, contract with or permit a person to reside at the CBRF if the person has been convicted of the crimes or offenses, or has a governmental finding of misconduct, found in s. 50.065, Stats., and ch. DHS 12, Appendix A, unless the person has been approved under the department ' s rehabilitation process as defined in ch. DHS 12. This Rule is not met as evidenced by: Based on record review and interview, the	N 219		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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N 219	Continued From page 1 provider did not ensure caregiver background checks (CBC) were completed for 3 of 3 staff reviewed. Findings include: According to The Wisconsin Caregiver Program Manual (P-00038), Wis. Stat. ch. 50, and Wis. Admin. Code ch. 12, a complete CBC, at minimum, consists of: 1) A completed DHS form F-82064, Background Information Disclosure (BID); 2) A response from the Department of Justice (DOJ); 3) Caregiver Background Check - Governmental Findings Report (GFR). On 03/24/2026 at approximately 10:30 AM, Surveyor requested employee training records for Caregiver C, Caregiver D, and Caregiver E. Assistant Administrator (AA) B provided Surveyor with the requested employee records. Caregiver C had an unknown hire date. Caregiver C's record did not include a BID. Caregiver D had an unknown hire date. Caregiver D's record did not include a BID. Caregiver E had an unknown hire date. Caregiver E's record did not include a BID, DOJ, or GFR report. On 03/24/2026, at 1:01 PM, Surveyor interviewed Caregiver E. Caregiver E stated s/he was hired in November 2025. On 03/24/2026 and 03/25/2026, Surveyor requested background checks for Caregiver C,	N 219		

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N 219	Continued From page 2 Caregiver D, and Caregiver E from Licensee A via a written request left at the facility and email. On 03/29/2026 at 5:05 PM, Surveyor received a fax that included a cover letter which indicated Caregiver C's hire date of 08/04/2025 and Caregiver D's hire date of 12/03/2025. The cover letter indicated Caregiver E no longer worked at the facility and did not include a hire date. On 04/01/2026 at 10:30 PM, Surveyor interviewed Licensee A. Licensee A stated s/he did not have a lot of staff and forgot to complete the full background check for Caregiver C, Caregiver D, and Caregiver E. Surveyor gave Licensee A a deadline of 2:00 PM to send the rest of the employees background check documents if s/he had them. Surveyor did not receive any further documentation from Licensee A by 2:00 PM.	N 219		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes.	N 220		

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N 220	Continued From page 3 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 3 employees reviewed were screened for communicable disease including tuberculosis (TB) using standards set by the Centers for Disease Control and Prevention (CDC) within 90 days before the start of their employment. Findings include: The CDC states: "All U.S. health care personnel should be screened for tuberculosis (TB) upon hire (i.e., preplacement). This process includes a risk assessment, symptom evaluation, and TB blood test or TB skin test." Retrieved from: https://www.cdc.gov/tb/topic/testing/healthcareworkers.htm on 04/03/2026. On 03/24/2026 at approximately 10:30 AM, Surveyor requested employee training records for Caregiver C and Caregiver E. Assistant Administrator (AA) B provided Surveyor with the requested employee records. Caregiver C had an unknown hire date. Caregiver C's record did not include a communicable disease screening or TB test. Caregiver E had an unknown hire date. Caregiver E's record did not include a communicable disease screening or TB test. On 03/24/2026, at 1:01 PM, Surveyor interviewed Caregiver E. Caregiver E stated s/he was hired in November 2025. On 03/24/2026 and 03/25/2026, Surveyor	N 220		

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N 220	Continued From page 4 requested communicable disease screenings and TB tests for Caregiver C and Caregiver E from Licensee A via a written request left at the facility and email. On 03/29/2026 at 5:05 PM, Surveyor received a fax that included a cover letter which indicated Caregiver C's hire date of 08/04/2025. The cover letter indicated Caregiver E no longer worked at the facility and did not include a hire date. The cover letter read in part for Caregiver C, "When looking at [his/her] records [s/he] doesn't have a TB test on file but has an appointment on Monday March 30th and I will ask. [S/He] had to have one done at [his/her] last job at a Day Care." The fax did not include a communicable disease screening or TB test for Caregiver C and Caregiver E. On 04/01/2026 at 10:30 PM, Surveyor interviewed Licensee A. Licensee A stated Caregiver C last had a TB test done 4 years ago at his/her previous employment and would have to get one done. Licensee A stated Caregiver E had a communicable disease screening and/or TB test done recently. Surveyor gave Licensee A a deadline of 2:00 PM to send a communicable disease screening or TB test for Caregiver E. Surveyor did not receive any further documentation from Licensee A by 2:00 PM. The provider did not ensure Caregiver C and Caregiver E had a communicable disease screening and was tested for TB before the start of employment.	N 220		
N 223	83.18(1) Employee records maintained and current.	N 223		

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N 223	Continued From page 5 A separate record for each employee shall be maintained, kept current, and at a minimum, include: (a) Written job description including duties, responsibilities and qualifications required for the employee; (b) Beginning date of employment; (c) Educational qualifications for administrators; (d) Completed caregiver background check following procedures under s. 50.065, Stats., and ch. HFS 12; (e) Documentation of training, or exemption verification. This Rule is not met as evidenced by: Based on record review and staff interview, the provider did not ensure a written job description including duties, responsibilities and qualifications required for the employee was developed and maintained in the employee record for 3 of 3 employees (Caregiver C, Caregiver D, and Caregiver E). A written job description including duties, responsibilities and qualifications required for the employee was not developed for Caregiver C, Caregiver D, and Caregiver E. Findings include: On 03/24/2026 at approximately 10:30 AM, Surveyor requested 3 employee training records for Caregiver C, Caregiver D, and Caregiver E. Assistant Administrator (AA) B provided Surveyor with the requested employee records. Caregiver C had an unknown hire date. Caregiver C's record did not include a written job description. Caregiver D had an unknown hire date. Caregiver	N 223		

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N 223	Continued From page 6 D's record did not include a written job description. Caregiver E had an unknown hire date. Caregiver E's record did not include a written job description. On 03/24/2026, at 1:01 PM, Surveyor interviewed Caregiver E. Caregiver E stated s/he was hired in November 2025. On 03/24/2026 and 03/25/2026, Surveyor requested a job description for Caregiver C, Caregiver D, and Caregiver E from Licensee A via a written request left at the facility and email. On 03/29/2026 at 5:05 PM, Surveyor received a fax that included a cover letter which indicated Caregiver C's hire date of 08/04/2025 and Caregiver D's hire date of 12/03/2025. The cover letter indicated Caregiver E no longer worked at the facility and did not include a hire date. The fax did not include a written job description for Caregiver C, Caregiver D, and Caregiver E. On 04/01/2026 at 10:30 PM, Surveyor interviewed Licensee A. Licensee A stated s/he did not have a written job description for Caregiver C, Caregiver D, and Caregiver E.	N 223		
N 243	83.21(1)-(3) All employee training. The CBRF shall provide, obtain or otherwise ensure adequate training for all employees in all of the following: Resident rights. Training shall include general rights of residents including rights as specified under s. DHS 83.32(3). Training shall be provided as applicable under ss. 50.09 and 51.61	N 243		

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N 243	Continued From page 7 and chs. 54, 55, and 304, Stats., and ch. DHS 94, depending on the legal status of the resident or service the resident is receiving. Specific training topics shall include house rules, coercion, retaliation, confidentiality, restraints, self-determination, and the CBRF ' s complaint and grievance procedures. Residents ' rights training shall be completed within 90 days after starting employment. Client Group. Training shall be specific to the client group served and shall include the physical, social and mental health needs of the client group. Specific training topics shall include, as applicable: characteristics of the client group served, activities, safety risks, environmental considerations, disease processes, communication skills, nutritional needs, and vocational abilities. Client group specific training shall be completed within 90 days after starting employment. Client Group. In a CBRF serving more than one client group, employees shall receive training for each client group. Recognizing, preventing, managing, and responding to challenging behaviors. Specific training topics shall include, as applicable: elopement, aggressive behaviors, destruction of property, suicide prevention, self-injurious behavior, resident supervision, and changes in condition. Challenging behaviors training shall be completed within 90 days after starting employment. This Rule is not met as evidenced by: Based on record review and interview, the	N 243		

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N 243	Continued From page 8 provider did not ensure 3 of 3 caregivers sampled obtained all training as required within 90 days after starting employment. Caregiver E did not have training in resident rights within 90 days after starting employment. Caregiver C, Caregiver D, and Caregiver E did not have training in recognizing, preventing, managing and responding to challenging behaviors within 90 days after starting employment. Caregiver C, Caregiver D, and Caregiver E did not have training in required client groups within 90 days after starting employment. This is a repeat deficiency. See Statement of Deficiency T95911, dated 10/20/2022. Findings include: On 03/24/2026 at approximately 10:30 AM, Surveyor requested 3 employee training records for Caregiver C, Caregiver D, and Caregiver E. Assistant Administrator (AA) B provided Surveyor with the requested employee records. Resident Rights The record for Caregiver E, unknown hire date, did not contain evidence of training or evidence of meeting an exemption for resident rights. Recognizing, Preventing, Managing and Responding to Challenging Behaviors The record for Caregiver C, unknown hire date, did not contain evidence of training or evidence of meeting an exemption for challenging behaviors	N 243		

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N 243	Continued From page 9 training. The record for Caregiver D, unknown hire date, did not contain evidence of training or evidence of meeting an exemption for challenging behaviors training. The record for Caregiver E, hired unknown hire date, did not contain evidence of training or evidence of meeting an exemption for challenging behaviors training. Client Group This facility serves up to 8 residents in the client groups of terminally ill, emotionally disturbed/mental illness, physically disabled, advanced aged, irreversible dementia/Alzheimer's disease, traumatic brain injury, and developmentally disabled. The record for Caregiver C, unknown hire date, did not contain evidence of training or evidence of meeting an exemption for client group training. The record for Caregiver D, unknown hire date, did not contain evidence of training or evidence of meeting an exemption for client group training. The record for Caregiver E, unknown hire date, did not contain evidence of training or evidence of meeting an exemption for client group training. On 03/24/2026, at 1:01 PM, Surveyor interviewed Caregiver E. Caregiver E stated s/he was hired in November 2025. On 03/24/2026 and 03/25/2026, Surveyor requested training records for Caregiver C, Caregiver D, and Caregiver E from Licensee A via	N 243		

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N 243	Continued From page 10 a written request left at the facility and email. On 03/29/2026 at 5:05 PM, Surveyor received a fax that included a cover letter which indicated Caregiver C's hire date of 08/04/2025 and Caregiver D's hire date of 12/03/2025. The cover letter indicated Caregiver E no longer worked at the facility and did not include a hire date. The fax did not include documented training Caregiver C, Caregiver D, and Caregiver E had completed client group and challenging behaviors training. The fax did not include documented training Caregiver E had completed resident rights training. On 04/01/2026 at 10:30 PM, Surveyor interviewed Licensee A. Licensee A stated Caregiver C, Caregiver D, and Caregiver E did not have within 90 days of hire client group and challenging behaviors training. Licensee A stated s/he used an online training program for his/her staff that did include training for resident rights, challenging behaviors, and client group. Licensee A stated Caregiver E would have completed resident rights training. Surveyor requested documentation of resident rights training for Caregiver E be sent by 2:00 PM. Surveyor did not receive any further documentation from the provider by the deadline. The provider did not ensure staff completed all required training within 90 days of starting employment.	N 243		
N 247	83.22(1)-(4) Task specific training. The CBRF shall provide, obtain or otherwise ensure adequate training for employees performing job duties in all of the following:	N 247		

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N 247	Continued From page 11 Assessment of residents. All employees responsible for resident assessment shall successfully complete training in the assessment of residents prior to assuming these job duties. Specific training topics shall include: assessment methodology, assessment of changes in condition, sources of assessment information, and documentation of the assessment. Individual service plan development. All employees responsible for service plan development shall successfully complete training in individual service plan development prior to assuming these job duties. Specific training topics shall include: identification of the resident ' s needs and desired outcomes, development of goals and interventions, service plan evaluation and review of progress. Provision of personal care. All employees responsible for providing assistance with activities of daily living shall successfully complete training prior to assuming these job duties. Specific training topics shall include, as appropriate: bathing, eating, dressing, oral hygiene, nail and foot care, toileting and incontinence care, positioning and body alignment, and mobility and transferring. Dietary training. All employees performing dietary duties shall complete dietary training within 90 days after assuming these job duties. Specific training topics shall include: determining nutritional needs, menu planning, food preparation and food sanitation. This Rule is not met as evidenced by: Based on record review, observation, and interview, the provider did not ensure 3 of 3	N 247		

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N 247	Continued From page 12 employees obtained all task specific training. Caregiver C, Caregiver D, and Caregiver E, who had responsibilities for providing assistance with activities of daily living, did not have documented training in the provision of personal care prior to assuming these duties. Caregiver C and Caregiver E, who perform dietary duties, did not have documented training in dietary services within 90 days after assuming these job duties. Findings include: This facility serves up to 8 residents in the client groups of terminally ill, emotionally disturbed/mental illness, physically disabled, advanced aged, irreversible dementia/Alzheimer's disease, traumatic brain injury, and developmentally disabled. On 03/24/2026 at approximately 10:25 AM, Surveyor interviewed Caregiver E. Caregiver E stated there was only one staff on duty per shift, and they were responsible for resident meals and providing resident cares. On 03/24/2026 at approximately 10:30 AM, Surveyor requested 3 employee training records for Caregiver C, Caregiver D, and Caregiver E. Assistant Administrator (AA) B provided Surveyor with the requested employee records. Provision of Personal Care The record for Caregiver C, unknown hire date, did not contain evidence of training or evidence of meeting an exemption for personal care training.	N 247		

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N 247	Continued From page 13 The record for Caregiver D, unknown hire date, did not contain evidence of training or evidence of meeting an exemption for personal care training. The record for Caregiver E, unknown hire date, did not contain evidence of training or evidence of meeting an exemption for personal care training. Dietary Training The record for Caregiver E, unknown hire date, did not contain evidence of training or evidence of meeting an exemption for dietary training. On 03/24/2026 at approximately 12:05 PM, Surveyor observed Caregiver C and Caregiver E preparing and serving lunch to multiple residents. On 03/24/2026, at 1:01 PM, Surveyor interviewed Caregiver E. Caregiver E stated s/he was hired in November 2025. On 03/24/2026 and 03/25/2026, Surveyor requested training records for Caregiver C, Caregiver D, and Caregiver E from Licensee A via a written request left at the facility and email. On 03/29/2026 at 5:05 PM, Surveyor received a fax that included a cover letter which indicated Caregiver C's hire date of 08/04/2025 and Caregiver D's hire date of 12/03/2025. The cover letter indicated Caregiver E no longer worked at the facility and did not include a hire date. The fax did not include documented training Caregiver C, Caregiver D, and Caregiver E had completed personal care training. The fax did not include documented training Caregiver E completed dietary training. On 04/01/2026 at 10:30 PM, Surveyor	N 247		

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N 247	Continued From page 14 interviewed Licensee A. Licensee A stated s/he used an online training program for his/her staff that did include training for personal care and dietary. Licensee A stated s/he would receive a certificate of completion when staff completed the training. Surveyor requested any task specific training certificates of completion for Caregiver C, Caregiver D, and Caregiver E be sent by 2:00 PM. Surveyor did not receive any additional task specific certificates of completion from the provider by the deadline.	N 247		
N 284	83.26(2) Orientation, continuing education documented Employee orientation and hours of continuing education shall be documented in the employee ' s file. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 staff (Caregiver C, Caregiver D, and Caregiver E) had documented orientation training. Findings include: This facility serves up to 8 residents in the client groups of terminally ill, emotionally disturbed/mental illness, physically disabled, advanced aged, irreversible dementia/Alzheimer's disease, traumatic brain injury, and developmentally disabled. On 03/24/2026 at approximately 10:30 AM, Surveyor requested 3 employee training records for Caregiver C, Caregiver D, and Caregiver E. Assistant Administrator (AA) B provided Surveyor with the requested employee records.	N 284		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018800	A. BUILDING: _____ B. WING _____	R-C 04/01/2026

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N 284	Continued From page 15 Caregiver C had an unknown hire date. Caregiver C's record did not include evidence of orientation training. Caregiver D had an unknown hire date. Caregiver D's record did not include evidence of orientation training. Caregiver E had an unknown hire date. Caregiver E's record did not include evidence of orientation training. On 03/24/2026, at 1:01 PM, Surveyor interviewed Caregiver E. Caregiver E stated s/he was hired in November 2025. On 03/24/2026 and 03/25/2026, Surveyor requested training records for Caregiver C, Caregiver D, and Caregiver E from Licensee A via a written request left at the facility and email. On 03/29/2026 at 5:05 PM, Surveyor received a fax that included a cover letter which indicated Caregiver C's hire date of 08/04/2025 and Caregiver D's hire date of 12/03/2025. The cover letter indicated Caregiver E no longer worked at the facility and did not include a hire date. The fax did not include documented orientation training for Caregiver C, Caregiver D, and Caregiver E. On 04/01/2026 at 10:30 PM, Surveyor interviewed Licensee A. Licensee A stated orientation training for staff included verbally reviewing the staff handbook, which covered topics such as resident rights, sexual harassment, and employee's responsibilities. Licensee A stated s/he would verbally review resident care needs and observe how staff interacted with residents. Licensee A stated s/he	N 284		

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N 284	Continued From page 16 would have new staff participate in a fire or emergency drill reviewing emergency plans verbally. Licensee A stated orientation training was not documented for Caregiver C, Caregiver D, and Caregiver E.	N 284		
N 384	83.35(1)(d) Retain written report of assessment. Assessment documentation. The CBRF shall prepare a written report of the results of the assessment and shall retain the assessment in the resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 1's annual assessments for 2024 and 2025 were documented. Findings include: On 03/24/2026 at 12:45 PM, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 05/24/2023. Resident 1's record did not include an annual assessment for 2024 or 2025. On 03/24/2026 and 03/25/2026, Surveyor requested Resident 1's annual assessments for 2024 and 2025 from Licensee A via a written request left at the facility and email. On 03/29/2026 at 5:05 PM, Surveyor received a fax that did not include an annual assessment for 2024 or 2025. On 04/01/2026 at 10:30 PM, Surveyor interviewed Licensee A. Licensee A stated s/he	N 384		

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N 384	Continued From page 17 would use the Managed Care Organization's (MCO's) annual assessment but did not document his/her own. Licensee A stated s/he just did an annual assessment for Resident 1 with the MCO and confirmed s/he did not have documentation of the assessment done. Resident 1 did not have an annual assessment documented for 2024 and 2025.	N 384		
N 386	83.35(3)(a) Comprehensive Individualized Service Plan Comprehensive individual service plan. Scope. Within 30 days after admission and based on the assessment under sub. (1), the CBRF shall develop a comprehensive individual service plan for each resident. The individual service plan shall include all of the following: 1. Identify the resident ' s needs and desired outcomes. 2. Identify the program services, frequency and approaches under s. HFS 83.38(1) the CBRF will provide. 3. Establish measurable goals with specific time limits for attainment. 4. Specify methods for delivering needed care and who is responsible for delivering the care. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 residents sampled (Resident 2) had a comprehensive individualized service plan (ISP). Findings include:	N 386		

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N 386	Continued From page 18 On 03/24/2026 at 12:45 PM, Surveyor reviewed Resident 2's record. Resident 2 was admitted to the facility on 01/07/2026. Resident 2's record did not contain an ISP. On 03/24/2026 and 03/25/2026, Surveyor requested Resident 2's last ISP from Licensee A via a written request left at the facility and email. On 03/29/2026 at 5:05 PM, Surveyor received a fax that did not include an ISP for Resident 2. On 04/01/2026 at 10:30 PM, Surveyor interviewed Licensee A. Licensee A stated s/he would create an ISP for a new resident right away and had an ISP for Resident 2 in his/her record. Licensee A stated s/he had reviewed the ISP with Resident 2 and his/her legal representative, but the legal representative had not signed it yet. Surveyor gave Licensee A a deadline of 2:00 PM to send Resident 2's ISP. Surveyor did not receive an ISP for Resident 2 by the deadline.	N 386		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their	N 389		

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N 389	Continued From page 19 involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Individual Service Plans (ISPs) were updated annually for 1 of 1 resident. Resident 1 did not have documented updated ISPs in 2024 and 2025. This is a repeat deficiency. See Statement of Deficiency T95911, dated 10/20/2022. Findings include: On 03/24/2026 at 12:45 PM, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 05/24/2023. Resident 1's record had an ISP updated on 06/01/2023. On 03/24/2026 and 03/25/2026, Surveyor requested Resident 1's ISP for 2024 and 2025 from Licensee A via a written request left at the facility and email. On 03/29/2026 at 5:05 PM, Surveyor received a fax that included an ISP for Resident 1 dated 03/27/2026. On 04/01/2026 at 10:30 PM, Surveyor interviewed Licensee A. Licensee A stated s/he did not document updates to care plans annually and did not have one for 2024 or 2025. Licensee A stated Resident 1 had some changes in his/her condition in the last 2 months including being on oxygen and going on palliative care, which was	N 389		

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N 389	Continued From page 20 what prompted the update to the ISP.	N 389		
N 394	83.35(5)(b) Annual evaluation of evacuation limits Evaluation update. The CBRF shall evaluate each resident ' s mental or physical capability to respond to a fire alarm at least annually or when there is a change in the resident ' s mental or physical capability to respond to a fire alarm. This Rule is not met as evidenced by: Based on record review and interview, the provider did not complete 1 of 1 resident reviewed (Resident 1) annual evacuation assessment in 2024 and 2025. Findings include: This facility serves up to 8 residents in the client groups of terminally ill, emotionally disturbed/mental illness, physically disabled, advanced aged, irreversible dementia/Alzheimer's disease, traumatic brain injury, and developmentally disabled. On 03/24/2026 at 12:45 PM, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 05/24/2023. Resident 1's record did not contain an annual evacuation assessment for 2024 and 2025. On 03/24/2026 and 03/25/2026, Surveyor requested Resident 1's annual evacuation assessment for 2024 and 2025 from Licensee A via a written request left at the facility and email. On 03/29/2026 at 5:05 PM, Surveyor received a	N 394		

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N 394	Continued From page 21 fax that did not include a 2024 or 2025 evacuation assessment for Resident 1. On 04/01/2026 at 10:30 PM, Surveyor interviewed Licensee A. Licensee A stated s/he did not do an evacuation assessment on Resident 1 in 2024 or 2025.	N 394		
N 404	83.37(1)(e) Medication regimen, administration review. Medication Regimen Review. 1. If residents ' medications are administered by a CBRF employee, the CBRF shall arrange for a pharmacist or a physician to review each resident ' s medication regimen. This review shall occur within 30 days before or 30 days after the resident ' s admission, whenever there is a significant change in medication, and at least every 12 months. 2. At least annually, the CBRF shall have a physician, pharmacist, or registered nurse conduct an on-site review of the CBRF ' s medication administration and medication storage systems. 3. The CBRF shall obtain a written report of findings under subds. 1. and 2., and address any irregularities for appropriate action. When the review is done by someone other than the prescribing practitioner, the prescribing practitioner shall receive a copy of the report when there are irregularities identified with the resident's medication regimen, which may need physician involvement to address. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that an onsite review of the facility's medication administration and	N 404		

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N 404	Continued From page 22 medication storage systems were completed in 2024 or 2025, by a physician, pharmacist or registered nurse. Findings include: This facility serves up to 8 residents in the client groups of terminally ill, emotionally disturbed/mental illness, physically disabled, advanced aged, irreversible dementia/Alzheimer's disease, traumatic brain injury, and developmentally disabled. On 03/24/2026 at approximately 10:30 AM, Surveyor requested the 2024 and 2025 annual onsite reviews of the provider's medication system. Surveyor did not receive any annual onsite reviews of the provider's medication system On 03/24/2026 and 03/25/2026, Surveyor requested the facility's medication administration and medication storage systems completed in 2024 or 2025 from Licensee A via a written request left at the facility and email. On 03/29/2026 at 5:05 PM, Surveyor received a fax with a cover letter that read in part, "As for the annual medication I go through [a pharmacy] ... I do have one scheduled for next week but as for the years 2024 and 2025 I just have a written statement from them. They stated they didn't know that I needed it and to be honest I didn't even know what you wanted so I had to call them. An undated written statement from the pharmacy indicated the pharmacy did not conduct an onsite review of the facility's medication administration and medication storage systems in 2024 or 2025. On 04/01/2026 at 10:30 PM, Surveyor	N 404		

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N 404	Continued From page 23 interviewed Licensee A. Licensee A stated s/he had switched pharmacies about 1 year ago and the previous pharmacy would come onsite to review their medication administration and medication storage systems. Licensee A stated s/he did not have documentation from the previous pharmacy's reviews. Licensee A stated his/her current pharmacy had not been to the facility yet and s/he had them scheduled to come out this week.	N 404		
N 407	83.37(1)(h) Scheduled psychotropic medications. Scheduled psychotropic medications. When a psychotropic medication is prescribed for a resident, the CBRF shall do all of the following: 1. Ensure the resident is reassessed by a pharmacist, practitioner or registered nurse, as needed, but at least quarterly for the desired responses and possible side effects of the medication. The results of the assessments shall be documented in the resident ' s record as required under s. HFS 83.42(1)(q). 2. Ensure all resident care staff understands the potential benefits and side effects of the medication. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure scheduled psychotropic medications were reviewed at least quarterly for 1 of 1 resident reviewed (Resident 1). Findings include: This facility serves up to 8 residents in the client groups of terminally ill, emotionally disturbed/mental illness, physically disabled,	N 407		

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N 407	Continued From page 24 advanced aged, irreversible dementia/Alzheimer's disease, traumatic brain injury, and developmentally disabled. On 03/24/2026 at 12:45 PM, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 05/24/2023. Resident 1's Medication Administration Record (MAR) indicated s/he was prescribed trazadone 100 mg tablet to be taken once daily at 9:00 PM for insomnia associated with depression. The MAR indicated this medication had started on 10/28/2024. On 03/24/2026 and 03/25/2026, Surveyor requested Resident 1's psychotropic medication reviews for 2024 and 2025 from Licensee A via a written request left at the facility and email. On 03/29/2026 at 5:05 PM, Surveyor received a fax that did not include a psychotropic medication review for Resident 1. On 04/01/2026 at 10:30 PM, Surveyor interviewed Licensee A. Licensee A stated s/he did not have psychotropic medication reviews for Resident 1. Resident 1's scheduled psychotropic medication was not reviewed by a registered nurse, pharmacist, or practitioner at least quarterly.	N 407		
N 504	83.46(1)(c) Heating system maintenance. Heating. The CBRF shall maintain the heating system in a safe and properly functioning condition. The CBRF shall ensure that a heating contractor or local utility company completes all of	N 504		

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N 504	Continued From page 25 the following maintenance and makes available to the facility documentation of the maintenance performed: 1. An oil furnace shall be serviced at least once each year. 2. A gas furnace shall be serviced at least once every 3 years. 3. The CBRF shall have a chimney inspected at intervals corresponding with the heating system service under subd. 1. or 2. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a heating contractor or local utility company completed maintenance service on the gas furnace at least every 3 years. Findings include: This facility serves up to 8 residents in the client groups of terminally ill, emotionally disturbed/mental illness, physically disabled, advanced aged, irreversible dementia/Alzheimer's disease, traumatic brain injury, and developmentally disabled. On 03/24/2026 at approximately 10:30 AM, Surveyor requested the provider's last furnace inspection. Assistant Administrator (AA) B provided Surveyor with a binder of safety inspections and Surveyor found a furnace inspection dated 11/17/2021. On 03/24/2026 and 03/25/2026, Surveyor requested the most recent furnace inspection from Licensee A via a written request left at the facility and email. On 03/29/2026 at 5:05 PM, Surveyor received a	N 504		

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N 504	Continued From page 26 fax with a cover letter that read in part, "First I have the form for the last furnace inspection (they were just here). Its [sic] not formal just on a letterhead. They stated they don't have forms." Included in the fax was a letter from a company indicating they inspected the provider's furnace on 03/27/2026, which was in working order. On 04/01/2026 at 10:30 AM, Surveyor interviewed Licensee A. Licensee A stated s/he took over the facility as owner in February of 2022. Licensee A stated s/he had a furnace inspection done between 11/17/2021 and 03/27/2026. Surveyor gave the provider a deadline of 2:00 PM to receive documentation. Provider did not receive an additional furnace inspection from the provider by the deadline. The provider did not ensure the gas furnace had maintenance service done every 3 years.	N 504		
N 535	83.48(1)(b) Smoke and heat detectors per NFPA 72. Smoke and heat detectors shall be installed and maintained in accordance with NFPA 72 National Fire Alarm Code and the manufacturer ' s recommendation. Smoke detectors powered by the CBRF ' s electrical system shall be tested by CBRF personnel according to manufacturer ' s recommendation, but not less than once every other month. CBRFs shall maintain documentation of tests and maintenance of the detection system. This Rule is not met as evidenced by: Based on record review and interview, the provider did not conduct smoke detector tests	N 535		

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N 535	Continued From page 27 every other month in 2024 and 2025. Findings include: This facility serves up to 8 residents in the client groups of terminally ill, emotionally disturbed/mental illness, physically disabled, advanced aged, irreversible dementia/Alzheimer's disease, traumatic brain injury, and developmentally disabled. On 03/24/2026 at approximately 10:30 AM, Surveyor requested the provider's smoke detector test records for 2024 and 2025. Assistant Administrator (AA) B provided Surveyor with a binder of safety inspections and Surveyor did not find documentation the provider conducted smoke detector tests every other month in 2024 and 2025. On 03/29/2026 at 5:05 PM, Surveyor received a fax with a cover letter that read in part regarding smoke detector tests, "I have never checked them because they have a tool they use." On 04/01/2026 at 10:30 AM, Surveyor interviewed Licensee A. Licensee A stated the fire system was interconnected and run by the facility's electricity. Licensee A stated a company checked the fire system annually. Licensee A confirmed staff had not been testing the smoke detectors every other month and there was no documentation.	N 535		