STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016363	A. BUILDING: _____ B. WING _____	02/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS ADULT FAMILY HOME LLC (THE)	4271 N PRAIRIE ROSE LANE APPLETON, WI 54913

(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
M 000	INITIAL COMMENTS On 02/16/2026, Surveyor conducted an abbreviated survey at Gardens Adult Family Home LLC (The). One deficiency was identified. Census: 4	M 000		
M 458	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be securely stored, shall remain in its original container as received from the pharmacy and be stored as specified by the pharmacist. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not maintain proper storage of as needed (PRN) prescription medication upon expiration. Resident 1's PRN Loperamide and PRN Acetaminophen expired on 05/24/2024 and remained in Resident 1's current medication inventory storage as of 02/16/2026. Resident 1 received 2 doses of Loperamide and 11 doses of Acetaminophen after expiration. Findings include: On 02/16/2026, Surveyor conducted an abbreviated survey. At 9:04 AM, Surveyor	M 458		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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M 458	Continued From page 1 observed the secured medication cupboards with Caregiver B. Surveyor reviewed Resident 1's sample as needed medications and observed 2 expired medication unit dose cards. Expiration dates were printed on the medication cards by the pharmacy. -Loperamide 2 mg tablet - Take 2 tabs (4 mg) by mouth at onset of diarrhea, then 1 afer each loose stool. Max 8 tabs/day. Dispensed 11/24/2023. Expiration Date 05/24/2024. Surveyor observed 4 tablets were popped from the card. Surveyor reviewed Resident 1's sample May and June 2024 medication administration records (MAR) and noted s/he was administered Loperamide 2 mg tablets from the card on 05/22/2024 and 06/17/2024 after expiration. Surveyor noted PRN Loperamide was still current PRN medication in Resident 1's MAR. -Acetaminophen 325 mg tablet - Take 2 tablets (650 mg) by mouth every 4 hours as needed for discomfort or elevated temperature. Dispensed 11/24/2023. Expiration Date 05/24/2024. Surveyor observed 58 tablets were popped from the card. Surveyor reviewed Resident 1's MAR for all PRN Acetaminophen administration and noted Resident 1 was administered Acetaminophen 325 mg tablets from the card on 09/08/2024, 09/09/2024, 09/10/2024 x 2, 09/11/2024, 09/12/2024, 09/13/2024, 09/14/2024, 09/15/2024, 03/24/2025, and 05/25/2025 after expiration. Surveyor noted PRN Acetaminophen was still a current PRN medication in Resident 1's MAR.	M 458		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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M 458	Continued From page 2 Surveyor reviewed Resident 1's record and noted s/he moved to the home on 11/11/2020 with diagnoses of demenita, moderate intellectual disabilities, ataxia, tremor, and weakness. At 10:12 AM, Surveyor interviewed Registered Nurse (RN) A who stated s/he was responsible for checking expiration dates for medications and pulling them from the current medication inventory storage for each resident. RN-A said s/he usually checked medication cards weekly, but must have missed these PRN medications. RN-A verified Resident 1 received PRN Loperamide and PRN Acetaminophen after their expiration dates and the home did not maintain proper storage of expired PRN medications.	M 458		