STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019178	A. BUILDING: _____ B. WING _____	R-C 04/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VITACARE LIVING MOUNT HOREB	104 LINCOLN CT MOUNT HOREB, WI 53572

(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 04/14/2026, Surveyors conducted a verification visit and complaint investigation at VitaCare Living Mount Horeb, a CBRF in Mount Horeb. Seven deficiencies were identified. All deficiencies were repeat deficiencies - See Statement of Deficiency (SOD) VTVD11, dated 07/16/2025 and SOD VTVD12, dated 12/08/2025. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 13	N 000		
N 196	83.14(2)(a) Licensee ensures facility complies with laws The licensee shall ensure the CBRF and its operation comply with all laws governing the CBRF. This Rule is not met as evidenced by: Based on observation, interview and record review, the provider did not ensure the facility and its operation complied with all laws governing the CBRF. This is a repeat deficiency. See Statement of Deficiency (SOD) VTVD12, dated 12/08/2025. Findings include: On 04/14/2026, Surveyors conducted a verification visit at the provider's facility. CURRENT NONCOMPLIANCE:	N 196		

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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N 196	Continued From page 1 On 04/14/2026, the following concerns were identified: Repeat Deficiencies: - One of 3 residents reviewed did not receive his/her medications as prescribed. - One of 3 residents reviewed did not have his/her medication administration documented in his/her record. - The provider did not ensure daily activity programming was provided. - Two of 3 residents reviewed did not have their health monitored and recorded as ordered. - The provider did not ensure the facility was clean, comfortable and homelike. - Two of 3 cloth dryer vents were not made of rigid material. Non-Compliance with Special Orders: On 12/19/2025, the department issued an enforcement letter with SOD VTVD12, dated 12/08/2025, that stated the following: "Pursuant to Wis. Stat. § 50.03(5g)(b)6., EFFECTIVE IMMEDIATELY, the licensee shall ensure the provision of services to meet residents' physical and mental health needs. WITHIN 45 DAYS, the licensee will correct identified deficiencies in consultation with a registered nurse (RN), not currently affiliated with the licensee, at the licensee's expense. The RN will have knowledge of assisted living regulations (e.g., Wis. Admin. Code ch. 83, Wis. Stat. ch. 50) and knowledge of the client groups served by [facility]. Consultation will include the development (or revision) of written procedures and staff training (as appropriate) to address: Assessment and Care Planning ... Health	N 196		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019178	A. BUILDING: _____ B. WING _____	R-C 04/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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N 196	Continued From page 2 Monitoring ... Additionally: Consultation activities, including dates of consultation, will be documented, signed and dated by the consultant." On 04/14/2026 at approximately 12:20 p.m., Surveyor requested documentation of the provider's consultation activity from Assistant Director B. On 04/14/2026 at 12:30 p.m., Assistant Director B stated s/he spoke to Regional Nurse O, who stated consultation activities were going to take place, but had not been done yet. On 04/14/2026 at 12:40 p.m., Surveyor interviewed Regional Nurse O. Regional Nurse O stated s/he had reached out to a consulting company (no date provided) and was waiting to hear back from the consulting company. Surveyor discussed that consultation activities should have been completed by the plan of correction date. Regional Nurse O replied, "I understand." On 04/14/2026 at 12:50 p.m., Regional Nurse O contacted Surveyor and asked how soon the department could return for a revisit if the provider completed consultant activities. On 04/14/2026 at approximately 1:00 p.m., Surveyors reviewed all concerns identified with Assistant Director B, RN R and Regional Nurse O. Assistant Director B asked when the provider would return for a revisit. SURVEY HISTORY: On 04/14/2026 at 4:00 p.m., Surveyor reviewed the provider's history with the department. Since the provider received a regular license on	N 196		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019178	A. BUILDING: _____ B. WING _____	R-C 04/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VITACARE LIVING MOUNT HOREB	104 LINCOLN CT MOUNT HOREB, WI 53572

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N 196	Continued From page 3 04/15/2024, the department has conducted 9 complaint investigations, 4 verification visits and 1 standard licensing survey. As a result of the investigations and surveys, the department has substantiated 5 complaints and identified 45 deficiencies.	N 196		
N 352	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on record review and interview, the provider did not administer medications in the intervals prescribed by a practitioner for 1 of 3 residents reviewed. Resident 9 did not receive his/her medications in the intervals prescribed by his/her physician. This is a repeat deficiency. See Statement of Deficiency (SOD) VTVD11, dated 07/16/2025 and VTVD12, dated 12/08/2025. Findings include: On 04/14/2026 at approximately 11:30 a.m., Surveyor reviewed Resident 9's record, provided by Assistant Director B. Resident 9 admitted to the provider's facility on 08/01/2025 with diagnoses including diabetes, severe low back pain, depression, anxiety, and gout. Resident 9	N 352		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019178	A. BUILDING: _____ B. WING _____	R-C 04/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VITACARE LIVING MOUNT HOREB	104 LINCOLN CT MOUNT HOREB, WI 53572

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N 352	Continued From page 4	N 352		

had a hospitalization and skilled nursing stay from 002/13/2026 to 04/02/2026. Resident 9's record indicated the provider administered Resident 9's medications. Resident 9's "Resident Profile" listed the following orders:

- Accu-Check 4 times daily at 8:00 a.m., 12:00 p.m., 4:00 p.m. and 8:00 p.m. for diabetes.
- Acetaminophen 975 mg 3 times daily at 8:00 a.m., 2:00 p.m. and 8:00 p.m. for pain.
- Carvedilol 25 mg 2 times daily at 8:00 a.m. and 8:00 p.m. for hypertension.
- Clonidine .1 mg 2 times daily at 8:00 a.m. and 8:00 p.m. for blood pressure.
- Eliquis 2.5 mg 2 times daily at 8:00 a.m. and 8:00 p.m. for essential hypertension.
- Fluticasone 50 mcg 2 times daily at 8:00 a.m. and 8:00 p.m. for obstructive sleep apnea on Cpap.
- Guaifenesin Er 600 mg 2 times daily at 8:00 a.m. and 8:00 p.m. for obstructive sleep apnea on Cpap.
- Hydralazine 100 mg 3 times daily at 8:00 a.m., 2:00 p.m. and 8:00 p.m. for essential hypertension.
- Insulin Lispro 100u/ml 3 times daily per sliding scale after meals at 8:00 a.m., 12:00 p.m. and 8:00 p.m. for diabetes.
- Pantoprazole 40 mg 2 times daily at 8:00 a.m. and 8:00 p.m. for fecal incontinence.

Resident 9's Medication Administration Record (MAR), dated 04/02/2026 at 2:00 p.m. to 04/14/2026, documented the following occurrences of his/her medications not being administrated in intervals as prescribed:
- 04/03/2026 8:00 a.m. medications, including insulin, were administered from 10:43 a.m. to 10:51 a.m. His/her 12:00 p.m. insulin was then administered at 1:07 p.m., leaving approximately

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019178	A. BUILDING: _____ B. WING _____	R-C 04/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VITACARE LIVING MOUNT HOREB	104 LINCOLN CT MOUNT HOREB, WI 53572

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N 352	Continued From page 5 2 hours and 10 minutes between administrations rather than the approximately 4-hour interval ordered. His/her 2:00 p.m. medications were administered at 1:08 p.m., leaving approximately 2 hours and 20 minutes between Acetaminophen 975 mg administrations, rather than the 6-hour interval ordered. - 04/05/2026 8:00 a.m. medications, including insulin, were administered from 9:58 a.m. to 9:59 a.m. His/her 12:00 p.m. insulin was then administered at 11:49 a.m., leaving less than 2 hours between administrations rather than the approximately 4-hour interval ordered. His/her 2:00 p.m. medications were administered at 1:47 p.m., leaving approximately 2 hours and 48 minutes between Acetaminophen 975 mg administrations, rather than the 6-hour interval ordered. - 04/06/2026 8:00 a.m. medications, including insulin, were administered from 10:21 a.m. to 10:32 a.m. His/her 12:00 p.m. insulin was then administered at 11:49 a.m., leaving less than 2 hours between administrations rather than the approximately 4-hour interval ordered. His/her 2:00 p.m. medications were administered at 1:47 p.m., leaving approximately 2 hours and 48 minutes between Acetaminophen 975 mg administrations, rather than the 6-hour interval ordered. - 04/07/2026 8:00 a.m. medications, including insulin, were administered from 11:51 a.m. to 11:58 a.m. His/her 12:00 p.m. insulin was then administered at 12:47 p.m., leaving less than 1 hour between administrations rather than the approximately 4-hour interval ordered. His/her 2:00 p.m. medications were administered at 1:23 p.m., leaving less than 2 hours between Acetaminophen 975 mg administrations, rather than the 6-hour interval ordered. - 04/08/2026 8:00 a.m. medications, including	N 352		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019178	A. BUILDING: _____ B. WING _____	R-C 04/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VITACARE LIVING MOUNT HOREB	104 LINCOLN CT MOUNT HOREB, WI 53572

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N 352	Continued From page 6	N 352		

insulin, were administered from 11:04 a.m. to 11:10 a.m. His/her 12:00 p.m. insulin was documented as declined or skipped with no further details charted. His/her 2:00 p.m. medications were administered at 2:03 p.m., leaving approximately 3 hours between Acetaminophen 975 mg administrations, rather than the 6-hour interval ordered.
- 04/09/2026 8:00 a.m. medications, including insulin, were administered from 11:20 a.m. to 11:23 a.m. His/her 12:00 p.m. insulin was then administered at 12:05 p.m., leaving less than 1 hour between administrations rather than the approximately 4-hour interval ordered. His/her 2:00 p.m. medications were administered at 1:48 p.m., leaving less than 2 hours between Acetaminophen 975 mg administrations, rather than the 6-hour interval ordered.
- 04/11/2026 8:00 a.m. medications, including insulin, were administered from 10:35 a.m. to 10:38 a.m. His/her 12:00 p.m. insulin documented as declined or skipped with no further details charted. His/her 2:00 p.m. medications were administered at 1:25 p.m., leaving less than 3 hours between Acetaminophen 975 mg administrations, rather than the 6-hour interval ordered.
- 04/12/2026 8:00 a.m. medications, including insulin, were administered from 10:59 a.m. to 11:02 a.m. His/her 12:00 p.m. insulin was documented as declined or skipped with no further details charted. His/her 2:00 p.m. medications were administered at 1:14 p.m., leaving less than 2.5 hours between Acetaminophen 975 mg administrations, rather than the 6-hour interval ordered.

On 04/14/2026 at 12:10 p.m., Surveyor interviewed Resident 9. Resident 9 confirmed the provider was responsible for his/her medication

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019178	A. BUILDING: _____ B. WING _____	R-C 04/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VITACARE LIVING MOUNT HOREB	104 LINCOLN CT MOUNT HOREB, WI 53572

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N 352	Continued From page 7	N 352		

administration. Surveyor shared observation that his/her morning medications were often given mid-morning rather than at 8:00 a.m. Surveyor asked if Resident 9 preferred a later breakfast and medications later in the morning. Resident 9 stated s/he usually ate breakfast around 8:00 a.m. and would ideally have his/her insulin no later than 30 minutes after mealtime.

On 04/14/2026 at approximately 1:00 p.m., Surveyors interviewed Assistant Director B, RN R and Regional Nurse O that Resident 9's medications were not administered in the intervals as prescribed. Regional Nurse O questioned whether medications were administered at incorrect interval or documented at incorrect interval. Surveyor asked if caregivers were expected to review resident orders and document medication administration at the time of administration. Regional Nurse O replied, "Yes."

On 04/14/2026 at 4:00 p.m., Surveyor re-reviewed the MAR and identified 8:00 a.m. administrations on 04/05/2026 had a notation stating "Given on time" with no clarification regarding what time the medications were administered. No other dates/times had notations indicating the medication was not administered at the time documented.

Medication Administration References:
- Apixaban ("Eliquis" administration): "You should try to take Apixaban (Eliquis) at the same time each day, and approximately 12 hours apart. The tablet should be swallowed whole with water." (Source: Plymouth Hospitals website, Apixaban, December 2022, https://www.plymouthhospitals.nhs.uk/display-pil/pil-apixaban (retrieval date - July 25, 2024).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019178	A. BUILDING: _____ B. WING _____	R-C 04/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VITACARE LIVING MOUNT HOREB	104 LINCOLN CT MOUNT HOREB, WI 53572

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N 352	Continued From page 8 - Humalog/Insulin Lispro: According to the U.S. Food and Drug Administration (FDA), when Humalog was administered subcutaneously, it "should be given within 15 minutes before a meal or immediately after a meal" (Source: FDA, Highlights of Prescribing Information, March 2013, https://www.accessdata.fda.gov/drugsatfda_docs/label/2013/020563s115lbl.pdf (retrieval date - May 10, 2024).). - Acetaminophen: According to Drugs.com, the maximum single dose of Acetaminophen for adults using the medication for pain is 1000 mg with a minimum dosing interval of 4 hours. (Source: Drugs.com, Acetaminophen Dosage, Jan 6, 2026, https://www.drugs.com/dosage/acetaminophen.html#Usual_Adult_Dose_for_Pain, retrieval date - April 14, 2026).).	N 352		
N 415	83.37(2)(d) Documentation of medication administration. Documentation of medication administration. As required under s. DHS 83.42(1)(o), at the time of medication administration, the person administering the medication or treatment shall document in the resident record the name, dosage, date and time of medication taken or treatments performed and initial the medication administration record. Any side effects observed by the employee or symptoms reported by the resident shall be documented. The need for any PRN medication and the resident ' s response shall be documented. This Rule is not met as evidenced by:	N 415		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019178	A. BUILDING: _____ B. WING _____	R-C 04/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VITACARE LIVING MOUNT HOREB	104 LINCOLN CT MOUNT HOREB, WI 53572

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N 415	Continued From page 9	N 415		

Based on record review and interview, the provider did not ensure medication administration, including the dosage, was documented for 1 of 3 residents reviewed.

Resident 9's Insulin Lispro administration was not documented.

This is a repeat deficiency. See Statement of Deficiency (SOD) VTVD11, dated 07/16/2025 and SOD VTVD12, dated 12/08/2025.

Findings include:

On 04/14/2026 at approximately 11:30 a.m., Surveyor reviewed Resident 9's record, provided by Assistant Director B. Resident 9 admitted to the provider's facility on 08/01/2025 with diagnoses including diabetes. Resident 9 had a hospitalization and skilled nursing stay from 02/13/2026 to 04/02/2026. Resident 9's orders included the following:

- Accu-Check 4 times daily at 8:00 a.m., 12:00 p.m., 4:00 p.m. and 8:00 p.m. for diabetes.
- Insulin Lispro 100u/ml 3 times daily per sliding scale (70-139=0 units, 140-189=1 unit, 190-239=2 units, 240-289=3 units, 290-339=4 units, 340-389=5 units) after meals at 8:00 a.m., 12:00 p.m. and 4:00 p.m. for diabetes.

Resident 9's record, dated 04/02/2026 to 04/14/2026, included the following occurrences when the amount of insulin administered was not documented:

- 04/03/2026 4:00 p.m. Insulin Lispro signed as administered, but number of units not documented (No corresponding blood sugar documented).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019178	A. BUILDING: _____ B. WING _____	R-C 04/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VITACARE LIVING MOUNT HOREB	104 LINCOLN CT MOUNT HOREB, WI 53572

(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 415	Continued From page 10 - 04/04/2026 12:00 p.m. Blood Sugar documented as 199. Insulin Lispro signed as administered, but number of units not documented. Per order, 2 units should have been administered. - 04/04/2026 4:00 p.m. Insulin Lispro signed as administered, but number of units not documented (No corresponding blood sugar documented). - 04/05/2026 8:00 a.m. Insulin Lispro signed as administered, but number of units not documented (No corresponding blood sugar documented). - 04/05/2026 12:00 p.m. Insulin Lispro signed as administered, but number of units not documented (No corresponding blood sugar documented). - 04/06/2026 8:00 a.m. Insulin Lispro signed as administered, but number of units not documented (No corresponding blood sugar documented). - 04/08/2026 4:00 p.m. Insulin Lispro signed as administered, but number of units not documented (No corresponding blood sugar documented). - 04/09/2026 8:00 a.m. Insulin Lispro signed as administered, but number of units not documented (No corresponding blood sugar documented). - 04/09/2026 12:00 p.m. Insulin Lispro signed as administered, but number of units not documented (No corresponding blood sugar documented). - 04/10/2026 4:00 p.m. Insulin Lispro signed as administered, but number of units not documented (No corresponding blood sugar documented). - 04/13/2026 8:00 a.m. Insulin Lispro signed as administered, but number of units not documented (No corresponding blood sugar	N 415		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019178	A. BUILDING: _____ B. WING _____	R-C 04/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VITACARE LIVING MOUNT HOREB	104 LINCOLN CT MOUNT HOREB, WI 53572

(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 415	Continued From page 11	N 415		

documented).
- 04/13/2026 12:00 p.m. Insulin Lispro signed as administered, but number of units not documented (No corresponding blood sugar documented).

On 04/14/2026 at approximately 12:00 p.m., Surveyor shared concern with Assistant Director B that Resident 9's record did not include documentation of all insulin administrations. Assistant Director B provided Surveyor with the same medication administration record (MAR), Surveyor had just reviewed which revealed concern. Surveyor asked Assistant Director B for any additional documentation that would record insulin administration. No additional documentation was provided.

On 04/14/2026 at approximately 1:00 p.m., Surveyors reviewed concern with Assistant Director B, RN R and Regional Nurse O that Resident 9's record did not document his/her insulin administration each time insulin was administered. Regional Nurse O, who participated in the interview via phone, insisted that all insulin administration was documented. Surveyor explained information reviewed and lack of insulin administration documentation. Regional Nurse O stated nursing and Assistant Director B were responsible for weekly audits of diabetic management. Assistant Director B and RN R, who were present at the facility, did not provide additional documentation to indicate all insulin administration was documented. Surveyors asked Regional Nurse O, Assistant Director B and RN R if they had any additional comments or questions before ending interview. No additional comments or questions were made.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019178	A. BUILDING: _____ B. WING _____	R-C 04/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VITACARE LIVING MOUNT HOREB	104 LINCOLN CT MOUNT HOREB, WI 53572

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{N 427}	Continued From page 12	{N 427}		
{N 427}	83.38(1)(c) Leisure time activities. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Leisure time activities. The CBRF shall provide a daily activity program to meet the interests and capabilities of the residents. Employees shall encourage and promote resident participation in the activity program. The CBRF shall develop and post the activity schedule in an area available to residents. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure daily activity programming was provided to meet the interests and capabilities of the residents and employees did not encourage and promote resident participation in activity programs. This is a repeat deficiency. See Statement of Deficiency (SOD) VTVD12, dated 12/08/2025. Findings include: On 04/14/2026, Surveyors conducted a verification visit at the provider's facility. On 04/14/2026 at 9:10 a.m., Surveyor observed a white board posted in the facility's dining room that stated "Agenda: 10 AM Snack, 11 AM Daily Chronicles 2 PM Bingo." Surveyor also observed a monthly activity calendar posted in the dining	{N 427}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019178	A. BUILDING: _____ B. WING _____	R-C 04/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VITACARE LIVING MOUNT HOREB	104 LINCOLN CT MOUNT HOREB, WI 53572

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{N 427}	Continued From page 13	{N 427}		

room that listed the following schedule for 04/14/2026, "10:00 Snack, 11:00 Daily Chronicles, 2:00 Crafts, 3:00 Walking Group." Surveyor noted the agenda listed on the whiteboard matched a date on the calendar that occurred 5 days prior to Surveyor's visit.

On 04/14/2026 at approximately 10:30 a.m., Surveyors witnessed caregivers serve residents popcorn. Surveyors did not witness daily chronicles take place. Surveyors did not witness employees encourage residents to participate in an activity program.

On 04/14/2026 at 12:24 p.m., Surveyor interviewed Resident Care Specialist M regarding the provider's activity program. Surveyor asked whether the schedule on the white board or the schedule on the posted calendar was supposed to be followed. Resident Care Specialist M replied, "Today's plan should be whatever is on the board. It's [night shift]'s job to change it." Resident Care Specialist M was unsure what or if activities would take place that day and explained that most of the time residents weren't interested in activities.

On 04/14/2026 at approximately 1:00 p.m., Surveyors reviewed concern with Assistant Director B, RN R and Regional Nurse O that the provider did not ensure daily activity program was provided to residents. Regional Nurse O acknowledged Surveyors' concern and stated the provider was working on implementing an activity program.

On 04/14/2026 at 9:49 a.m., Surveyor interviewed Resident 14. Resident 14 stated that no activities are offered. Resident 14 stated that s/he has been to other places that do activities like bingo

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	0019178	A. BUILDING: _____ B. WING _____	R-C 04/14/2026

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{N 427}	Continued From page 14 and games, but there is nothing going on at this facility.	{N 427}		
{N 431}	83.38(1)(g) Health monitoring. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Health monitoring. 1. The CBRF shall monitor the health of residents and make arrangements for physical health, oral health or mental health services unless otherwise arranged for by the resident. Each resident shall have an annual physical health examination completed by a physician or an advanced practice nurse as defined in s. N 8.02(1), unless seen by a physician or an advanced practice nurse as defined in s. N 8.02(1) more frequently. 2. When indicated, a CBRF shall observe residents ' food and fluid intake and acceptance of diet. The CBRF shall report significant deviations from normal food and fluid intake patterns to the resident ' s physician or dietician. 3. The CBRF shall document communication with the resident ' s physician and other health care providers, and shall record any changes in the resident ' s health or mental health status in the resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 3 residents received appropriate health monitoring to meet his/her needs.	{N 431}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{N 431}	Continued From page 15 Resident 9's blood glucose level was not documented 4 times daily. Resident 12's blood glucose levels were not documented daily. This is a repeat deficiency. See Statement of Deficiency (SOD) VTVD12, dated 12/08/2025. Findings include: The facility was licensed as a Class CNA (non-ambulatory) assisted living facility on 04/15/2024 and the licensee can provide care and services to 23 residents within the client groups irreversible dementia/Alzheimer's, advanced aged, and physically disabled. On 04/14/2026, Surveyors conducted a verification visit and identified the following health monitoring concerns: Example 1: Resident 9 On 04/14/2026 at approximately 11:30 a.m., Surveyor reviewed Resident 9's record, provided by Assistant Director B. Resident 9 admitted to the provider's facility on 08/01/2025 with diagnosis of diabetes. Resident 9 had a hospitalization and skilled nursing stay from 02/13/2026 to 04/02/2026. Resident 9's record included an order to check blood glucose 4 times daily at 8:00 a.m., 12:00 p.m., 4:00 p.m. and 8:00 p.m. for diabetes. Resident 9's record, dated 04/02/2026 to 04/14/2026, did not document blood glucose readings for the following dates and times: - 04/03/2026 at 12:00 p.m., 4:00 p.m. and 8:00 p.m.	{N 431}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{N 431}	Continued From page 16 - 04/04/2026 at 4:00 p.m. and 8:00 p.m. - 04/05/2026 at 8:00 a.m., 12:00 p.m. and 8:00 p.m. - 04/06/2026 at 8:00 a.m., 12:00 p.m. and 8:00 p.m. - 04/07/2026 at 8:00 a.m., 12:00 p.m. and 8:00 p.m. - 04/08/2026 at 12:00 p.m., 4:00 p.m. and 8:00 p.m. - 04/09/2026 at 8:00 a.m., 12:00 p.m. and 8:00 p.m. - 04/10/2026 at 8:00 a.m., 12:00 p.m.,4:00 p.m. and 8:00 p.m. - 04/11/2026 at 12:00 p.m., 4:00 p.m. and 8:00 p.m. - 04/12/2026 at 8:00 a.m., 12:00 p.m., 4:00 p.m. and 8:00 p.m. - 04/13/2026 at 8:00 a.m., 12:00 p.m. and 8:00 p.m. - 04/14/2026 at 8:00 a.m. Example 2: Resident 12 On 04/14/2026, Surveyor reviewed Resident 12's record, including his/her medication administration record (MAR). Resident 12 admitted to the facility on 01/30/2023 with diagnoses including, type 2 diabetes with unspecified complications and obesity. Surveyor reviewed Resident 12's physician orders which included an order for Metformin Tab 1000mg to take twice daily and an order for Assure 28ga safety lanced and freestyle lite test strip to test blood sugars once daily at 8:00 a.m. Surveyor reviewed Resident 12's April 2026 MAR; the MAR did not include the documentation of Resident 12's blood glucose levels. On 04/14/2026 at 10:56 a.m., Surveyor Assistant	{N 431}		

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{N 431}	Continued From page 17 Director B for documentation of Resident 12's blood glucose levels for April 2026. Assistant Director B printed out another copy of Resident 12's MAR for Surveyor and acknowledged that 11 of 14 days did not have documentation of Resident 12's blood glucose level. On 04/14/2026 at approximately 1:00 p.m., Surveyors reviewed concern with Assistant Director B, RN R and Regional Nurse O that residents who required routine blood glucose monitoring did not have blood glucose levels consistently documented in their record. Regional Nurse O stated nursing and Assistant Director B were responsible for weekly audits of diabetic management. When asked why blood glucose readings were not documented, Regional Nurse O stated staff have been retrained but why they didn't document, "that's the million dollar question."	{N 431}		
{N 481}	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a living environment that is clean, comfortable, and homelike. This is a repeat deficiency. See Statement of Deficiency (SOD) VTVD11, dated 07/16/2025 and	{N 481}		

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	0019178	A. BUILDING: _____ B. WING _____	R-C 04/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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{N 481}	Continued From page 18 SOD VTVD12, dated 12/08/2025. Findings include: On 04/14/2026, at approximately 9:35 a.m., Surveyor toured the facility and observed: Kitchen: The kitchen cabinets were discolored from what appeared to be water marks and had dust and debris build up on the cabinet lips. Two cabinet doors were broken and did not close properly. The wall behind the sink had paint missing and drip marks down it. There was dark marks on the ceiling above the dishwasher. Stairwell to Downstairs: A garbage bag was left on the landing at the top of the stairs. Surveyor observed the open garbage bag from 12:21 p.m. to approximately 1:30 p.m. when a caregiver took the garbage bag to the dumpster. Carpeting was discolored with what appeared to be a dirt-like buildup. The door frame had a layer of dust on the side with the door hinges. The walls were discolored and had drip marks on them. Downstairs: There were several patched marks that remained white and had not been repainted to match the wall paint. One of 3 lightbulbs was missing in the common bathroom. The air vents throughout facility were covered with a thick layer of dust.	{N 481}		

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{N 481}	Continued From page 19 On 04/14/2026, at approximately 1:00 p.m., Surveyor interviewed Assistant Director B, Nurse R and Regional Nurse O. Assistant Director B and Nurse R looked at the vents in the sunroom. Regional Nurse O stated that they were scheduled to have a vent cleaning in April.	{N 481}		
{N 488}	83.44(1)(c) Clothes dryers enclosed and vented Clothes dryers. The CBRF shall enclose any clothes dryer having a rated capacity of more than 37,000 Btu/hour in a one-hour fire resistive rated enclosure. If the clothes dryer requires a vent, the CBRF shall use dryer vent tubing that is of rigid material with a fire rating that exceeds the temperature rating of the dryer. The dryer vent tubing shall be clean and maintained. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that 2 of 3 clothes dryers had vent tubing of rigid material. Two clothes dryers were observed to have semi-rigid vent tubing in the laundry room downstairs. This is a repeat deficiency. See Statement of Deficiency (SOD) VTVD12, dated 12/08/2025. Findings include: On 04/14/2026 at approximately 9:35 a.m., Surveyor toured the facility. Surveyor observed that the dryer vents for 2 of 2 dryers downstairs were semi-rigid. On 04/14/2026 at approximately 2:00 p.m., Surveyor interviewed Assistant Director B. Assistant Director B stated that the venting for the	{N 488}		

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{N 488}	Continued From page 20 dryer was changed to rigid for the upstairs dryer, but did not switch the venting for the downstairs dryers.	{N 488}		