STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019196	A. BUILDING: _____ B. WING _____	R-C 11/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VITACARE LIVING CROSS PLAINS	2620 MILITARY RD CROSS PLAINS, WI 53528

(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 10/30/2025, with information gathered through 11/18/2025, Surveyor conducted a standard licensure survey, a verification visit and 2 complaint investigations. Seven deficiencies were identified. One of 2 complaints was substantiated. Four of 7 deficiencies were repeat violations (see Statement of Deficiency (SOD) W10511). Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 19	{N 000}		
{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 observation, record review, and interview, the provider did not administer medications in the intervals prescribed by a practitioner for 3 of 4 residents. This is a repeat deficiency. See Statement of Deficiency (SOD) W10511, dated 07/15/2025. Resident 1's Calcipotriene (psoriasis treatment) was documented as administered when the medication was not prescribed.	{N 352}		

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

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{N 352}	Continued From page 1 Resident 8's sliding scale insulin, Humalog, was not administered as prescribed. Resident 9's Estradiol Transdermal System (hormone treatment) was not administered as prescribed. Resident 10 did not receive his/her Fluticasone (nasal spray) as prescribed. Findings Include: On 10/01/2025, the Department received a concern alleging that residents did not receive his/her prescribed medication. Example 1: Resident 1 On 11/11/2025, Surveyor reviewed Resident 1's record. Resident 1 moved into the facility 02/26/2025. Resident 1's Medication Administration Record (MAR), dated 10/01/2025 to 10/30/2025, documented: -Calcipotriene Ointment 0.005% (Daily) Apply topically twice daily Monday thru Friday. Scheduled at 8:00 AM and 8:00 PM. The MAR documented administration on: Saturday 10/11 8:00 AM; 10/04, 10/11, 10/18, 10/25 8:00 PM Sunday 10/05, 10/12, 10/19, 10/26 8:00 AM; 10/05, 10/12, 10/19, 10/26 8:00 PM On 11/18/2025 at 3:30 PM, Surveyor interviewed Administrator A. Administrator A stated that staff would be re-educated as these kind of medication errors should not have occurred. Example 2: Resident 8	{N 352}		

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{N 352}	Continued From page 2 On 10/30/2025, at approximately 2:00 PM, Surveyor interviewed Administrator A. Surveyor asked if there were any residents in the facility that were prescribed an insulin that was to be administered prior to a meal. Administrator A stated Resident 8 was on a sliding scale insulin and dosage was to occur prior to meal intake. Surveyor asked for clarification if Resident 8 was compliant with his/her prescribed insulin. Administrator A stated that Resident 8 was early for all medication administrations and expected to receive his/her medications exactly at prescribed time, if not earlier. Administrator A stated that Resident 8 was currently not in the facility as s/he had been hospitalized. On 11/06/2025, Surveyor reviewed Resident 8's record. Resident 8 moved into the facility 05/22/2025. Resident 8's October 2025 Medication Administration Record (MAR) documented: Humalog Kwikpen 100 unit/ML (milliliter) - Inject 10 units subcutaneously 3 times daily with meals. Use half dose if BG (blood glucose) is less than 100 or only eating 50%. Inject per sliding scale. Scheduled at 8:00 AM, 12:00 PM and 5:00 PM. On 10/10/2025, Resident 8 received his/her 8:00 AM dose at 11:33 AM and his/her 12:00 PM dose at 2:21 PM and his/her 5:00 PM dose at 4:33 PM. Surveyor noted that all medications for Resident 8 were administered at these times. On 11/11/2025 at 8:17 AM, Surveyor emailed Administrator A and identified concern with Resident 8's late medication administration on 10/10/2025. On 11/18/2025 at 3:30 PM, Surveyor interviewed	{N 352}		

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{N 352}	Continued From page 3 Administrator A. Administrator A stated that staff would be re-educated as these kind of medication errors should not have occurred. Administrator A stated s/he reviewed Resident 8's progress notes also and there were no documented concerns on why Resident 8's medications were administered late. Administrator A confirmed that Resident 8 should receive his/her insulin prior to eating. Example 3: Resident 9 On 10/30/2025, at approximately 12:30 PM, Surveyor and Administrator A observed 2 unopened boxes of Resident 9's Estradiol Transdermal System which contained 4 patches. One box had a dispensed date of 07/07/2025 and the other was 10/03/2025. The label stated, "Apply 1 patch topically once weekly on Friday (hazard)." On 10/30/2025, Surveyor and Administrator A reviewed Resident 9's record. Resident 9 moved into facility 07/08/2025. Resident 9's pharmacy delivery report documented a box of the medication had been delivered on 07/07/2025 and 10/03/2025. Resident 9's MARs, dated 07/08/2025 to 10/30/2025, documented that the medication had been administered 14 out of 16 opportunities. Administrator A stated the medication had not been administered as the boxes of estradiol had not been opened. Example 4: Resident 10 On 10/30/2025, at approximately 12:30 PM,	{N 352}		

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{N 352}	Continued From page 4 Surveyor and Administrator A observed 2 opened bottles of Resident 10's Fluticasone. One bottle was dispensed 04/23/2025 and one was dispensed 09/26/2025. Administrator A stated the medication appeared to have not been administered as prescribed. On 11/11/2025, Surveyor reviewed Resident 10's record. Resident 10 moved into the facility 09/26/2024. Resident 10's pharmacy 2025 Fluticasone delivery report documented that the Fluticasone had been delivered to the provider 04/23/2025, 08/05/2025 and 09/26/2025. Resident 10's MARs, dated 08/01/2025 to 10/31/2025, documented: Fluticasone 50 MCG (micrograms) Nasal Spray - Spray 2 sprays in each nostril once daily. Scheduled at 8:00 AM. The August MAR documented med administration 29 of 31 opportunities. The September MAR documented med administration 23 of 30 opportunities. The October MAR documented med administration 27 of 31 opportunities. "Each bottle contains a net fill weight of 16 g (grams) and will provide 120 actuations. Each actuation delivers 50 mcg (micrograms) of fluticasone propionate in 100 mg (milligram) of formulation through the nasal adapter. The correct amount of medication in each spray cannot be assured after 120 sprays even though the bottle is not completely empty." (Source: National Institute of Health website, Fluticasone Propionate, 12/2022, https://dailymed.nlm.nih.gov/dailymed/fda	{N 352}		

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{N 352}	Continued From page 5 (retrieval date - July 24, 2024).) Based on this information, Resident 10's bottle of Fluticasone would have lasted approximately 30 days (120 actuations divided by 4 (2 actuations per nostril per day) = 30). On 11/11/2025 at 8:11 PM, Surveyor emailed Administrator A and asked for clarification on when Resident 10 was prescribed Fluticasone due to the dates of the opened bottles that were observed by the Surveyor. On 11/18/2025 at 3:30 PM, Surveyor interviewed Administrator A. Administrator A stated that staff would be re-educated as these kind of medication errors should not have occurred. Cross Reference: N0415 DHS 83.37(2)(d) Documentation of Medication Administration	{N 352}		
N 406	83.37(1)(g) Disposition of medications. Disposition of medications. 1. When a resident is discharged, the resident ' s medications shall be sent with the resident. 2. If a resident ' s medication has been changed or discontinued, the CBRF may retain a resident ' s medication for no more than 30 days unless an order by a physician or a request by a pharmacist is written every 30 days to retain the medication. 3. The CBRF shall develop and implement a policy for disposing unused, discontinued, outdated, or recalled medications in compliance with federal, state and local standards or laws. The CBRF shall arrange for the stored medications to be destroyed in compliance with standard practices. Medications that cannot be returned to the pharmacy shall be separated from other	N 406		

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N 406	Continued From page 6	N 406		

medication in current use in the facility and stored in a locked area, with access limited to the administrator or designee. The administrator or designee and one other employee shall witness, sign, and date the record of destruction. The record shall include the medication name, strength and amount.

This Rule is not met as evidenced by:
Based on observation, record review and interview, the provider did not ensure outdated medications were separated from other medications in current use in the facility and disposed of for 2 of 2 residents.

Resident 8's outdated eyedrops were stored with his/her current prescribed medications.

Resident 11's discontinued Quetiapine (psychotropic) was stored with his/her current prescribed medications.

Findings include:

Example 1: Resident 8

On 10/30/2025, at approximately 12:20 PM, Surveyor observed a bottle of Resident 8's Ketotifen Fumarate Ophthalmic Solution (eye drops). The handwritten open date on the bottle was 06/09/2025. The label stated, "Instill 1 drop in each eye twice daily as needed for itching."

"Zaditen ® Eye Drop: The contents and dispenser remain sterile until the original closure is broken. Zaditen multiple dose containers (5 mL [milliliter] plastic bottle) must be discarded 4 weeks after opening." (Source: Novartis, Zaditen Eye Drop,

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N 406	Continued From page 7 May 2014, https://www.novartis.com/sg-en/sites/novartis_sg/files/Zaditen_Eyedrop-May2014.SINv3-App090920.pdf (retrieval date - January 13, 2025).) The bottle of Ketotifen should have been discarded approximately 07/09/2025. Example 2: Resident 11 On 10/30/2025, at approximately 12:30 PM, Surveyor observed Resident 11's blister card of Quetiapine in the med cart with a label that stated, "Take ½ tablet (25 MG [milligrams]) by mouth twice daily as needed for agitation with concern for violence." Dispensed 06/26/2025. On 11/11/2025, Surveyor reviewed Resident 11's record. Resident 11's October 2025 MAR did not document that s/he was prescribed 'as-needed' (PRN) Quetiapine. Resident 11's "Telephone Order from prescriber," dated 07/30/2025, documented: "Quetiapine PRN DC (discontinue)." On 11/18/2025 at 3:30 PM, Surveyor interviewed Administrator A. Administrator A stated s/he would be discussing the concern with the nurse to ensure a med audit process was implemented.	N 406		
{N 408}	83.37(1)(i) PRN psychotropic medication. As needed (PRN) psychotropic medication. When a psychotropic medication is prescribed on an as needed basis for a resident, the CBRF shall do all of the following: 1. The resident ' s	{N 408}		

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{N 408}	Continued From page 8 individual service plan shall include the rationale for use and a detailed description of the behaviors which indicate the need for administration of PRN psychotropic medication. 2. The administrator or qualified designee shall monitor at least monthly for the inappropriate use of PRN psychotropic medication, including but not limited to, use contrary to the individual service plan, presence of significant adverse side effects, use for discipline or staff convenience, or contrary to the intended use. 3. Documentation in the resident ' s record shall include the rationale for use, description of behaviors requiring the PRN psychotropic medication, the effectiveness of the medication, the presence of any side effects, and monitoring for inappropriate use for each PRN psychotropic medication given. This Rule is not met as evidenced by: Based on observation, record review and interviews, the provider did not ensure that 1 of 2 residents prescribed PRN (as needed) psychotropic medication were documented on the resident's Individualized Service Plan (ISP) or include a rationale for use, nor a detailed description of the behaviors, which indicate the need for administration of PRN psychotropic medication. The provider did not ensure that the PRN psychotropic medications were monitored at least monthly for inappropriate use. This is a repeat deficiency. See Statement of Deficiency (SOD) W10511, dated 07/15/2025. Resident 8's PRN Hydroxyzine and PRN Quetiapine were not documented in his/her ISP to include the rationale for use and was not monitored monthly.	{N 408}		

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{N 408}	Continued From page 9 Findings include: On 10/30/2025, at approximately 12:20 PM, Surveyor observed Resident 8's blister cards of PRN Hydroxyzine and PRN Quetiapine in the med cart. The Hydroxyzine blister card was dispensed on 08/12/2025 and had 21 of 30 tablets remaining. The Quetiapine blister card was dispensed on 10/06/2025 and had 12 of 30 tablets remaining. On 11/11/2025, Surveyor reviewed Resident 8's record. Resident 8 moved into the facility 05/22/2025 with diagnoses including depression, anxiety and chronic pain. Resident 8's October Medication Administration Record (MAR) documented: Hydroxyzine 25 MG (milligrams) - Take 1 tablet by mouth 3 times daily as needed for anxiety. 10/02 - Having anxiety and asked for it - went to ER (emergency room) 10/03 - Requested 10/04 - Anxiety helped with pain 10/05 - Requested 10/08 - Anxiety 10/09 - Anxiety 10/10 - Anxiety 10/11 - Anxiety 10/12 - Anxiety 10/13 - Requested 10/14 - Requested 10/15 - Anxiety 10/16 - Requested 10/17 - Anxiety 10/18 - Anxiety 10/19 - Anxiety 10/20 - Anxiety	{N 408}		

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{N 408}	Continued From page 10	{N 408}		

10/20 - Anxiety
10/21 - Anxiety
10/22 - Anxiety
10/22 - Pain
10/23 - Anxiety
10/24 - Requested
10/24 - Anxiety
10/25 - Anxiety - Stated s/he was not having a good day
10/25 - Anxiety
10/26 - Anxiety
10/26 - Requested
Quetiapine Tab (tablet) 25 MG - Take 1 tablet by mouth twice daily as needed for depression/anxiety.
10/04 - Requested
10/08 - Requested
10/09 - Requested
10/10 - Requested
10/11 - Requested
10/12 - Requested
10/13 - Requested
10/18 - Requested
10/19 - Resident states s/he has anxiety
10/22 - Anxiety
10/24 - Anxiety

Resident 8's "Care Plan," dated 11/11/2025, documented:
Medications: Needs help with medication administration; staff to administer all medications per MD (medical doctor) orders. Staff to acknowledge PRN medications and notify PCP (primary care physician) if ineffective.
Psychotropic Medication Review:
Diagnosis(s) supporting psychotropic medication (list): Depression, Anxiety, Cancer Pain
Targeted Behavior/Mood tracking in place and reviewed.
-Hydroxyzine - Take 1 tablet by mouth 3 times

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{N 408}	Continued From page 11 daily as needed for anxiety. Average frequency of PRN - taken 15 times in the month of August 2025 for anxiety -Quetiapine - Take 1 tablet by mouth twice daily as needed for depression/anxiety. Average frequency of PRN - taken 9 times in month of August 2025 for anxiety The care plan did not identify the rationale as to when the Hydroxyzine and Quetiapine should be administered and were not monitored monthly. The care plan only identified PRN review in August 2025. On 11/18/2025 at 3:30 PM, Surveyor interviewed Administrator A. Surveyor and Administrator A discussed Resident 8's behaviors and what would not be considered baseline for him/her and the importance of staff to document what behaviors, if any, Resident 8 had displayed. Administrator A stated s/he would update Resident 8's ISP to identify behaviors that would be a rationale to administer a PRN psychotropic and would ensure that PRN psychotropics were monitored monthly to ensure medication was administered appropriately.	{N 408}		
{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	{N 415}		

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{N 415}	Continued From page 12 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: Based on observation, record review, and interview, the provider did not ensure proper documentation on the Medication Administration Record (MAR) for 3 of 4 residents reviewed. This is a repeat deficiency. See Statement of Deficiency (SOD) W10511, dated 07/15/2025. Resident 1's prescribed Compound W Pad 40% (wart removal system) was not available due to past due pharmacy payments and staff documented that the medication had been administered when the medication was not available. Resident 1's 'as needed' (PRN) Oxycodone (pain) was administered and the MAR did not document resident pain levels. Resident 8's PRN Oxycodone was administered, and the MAR did not document resident pain levels. Resident 11's Famotidine (stomach acid reducer), I-Vite with Lutein (supplement) and Senna Docusate (laxative) were documented as administered when the medication was not available. Findings include: Example 1: Resident 1 On 10/30/2025, Surveyor reviewed Resident 1's record.	{N 415}		

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{N 415}	Continued From page 13 Resident 1 moved into the facility 02/26/2025. Resident 1's Medication Administration Record (MAR), dated 10/01/2025 to 10/30/2025, documented: -Compound W Pad 40% (Daily) (pend past due payments) apply topically as directed every 48 hours. 10/01 - Not in Cart 10/04 - Not available 10/06 - Not available 10/07 - Not available 10/09 - Not in Cart 10/18 - Not in Cart 10/21 - Not available 10/22 - Out of Facility 10/23 - Not available 10/25 - Not available -Oxycodone - Take 1 tablet by mouth twice daily as needed for pain The MAR documented: 1 administration on 10/01, 10/13 to 10/16, 10/19, 10/26 2 administrations on 10/03 to 10/10, 10/12, 10/18, 10/20, 10/21, 10/23 to 10/25, 10/27 3 administrations on 10/02 The MAR did not document pain levels. On 10/30/2025, at approximately 4:00 PM, Surveyor interviewed Administrator A. Surveyor asked for clarification on how Resident 1's Compound W was being administered as the MAR documented the medication was not available but some days it was documented as administered. Administrator A stated Resident 1's prescribed Compound W Pad 40% was not available due to past due pharmacy payments. Administrator A stated that it had been apparent staff did not verify what medications they were	{N 415}		

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	0019196	A. BUILDING: _____ B. WING _____	R-C 11/18/2025

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{N 415}	Continued From page 14 administering with what the orders were on the MAR. Administrator A stated staff would be re-educated on the importance of medication administration documentation. Surveyor stated that Resident 1 was administered Oxycodone, but the MAR did not identify his/her pain level. Administrator A stated s/he would review the MAR electronic system and determine where pain levels should be documented. Example 2: Resident 8 On 11/06/2025, Surveyor reviewed Resident 8's record. Resident 8 moved into the facility 05/22/2025. Resident 8's October 2025 MAR documented: -Oxycodone - Take 1 tablet (20 MG) by mouth every 6 hours as needed for pain The MAR documented: 2 administrations on 10/06, 10/09, 10/14, 10/21 3 administrations on 10/01, 10/03, 10/04, 10/11, 10/16, 10/18, 10/23, 10/26 4 administrations on 10/02, 10/05, 10/07, 10/08, 10/10, 10/12, 10/13, 10/15, 10/17, 10/19, 10/20, 10/22, 10/24, 10/25 The MAR did not document pain levels. On 11/18/2025 at 3:30 PM, Surveyor interviewed Administrator A. Surveyor stated that Resident 8 was administered Oxycodone, but the MAR did not identify his/her pain level. Administrator A stated s/he would review the MAR electronic system and determine where pain levels should be documented. Example 3: Resident 11 On 11/11/2025, Surveyor reviewed Resident 11's	{N 415}		

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{N 415}	Continued From page 15 record. Resident 11 moved into the facility 07/01/2025. Resident 11's October 2025 MAR documented: Famotidine Tab 20 MG (milligram) - Take 1 tablet by mouth twice daily. Scheduled at 8:00 AM. Documented as not available: 10/01 to 10/15, 10/18, 10/22 to 10/26, 10/29, 10/31 Documented as administered: 10/16, 10/17, 10/27, 10/28, 10/30 I-Vite with Lutein Tablet - Take 1 tablet by mouth daily. Scheduled at 8:00 AM. Documented as not available: 10/01 to 10/15, 10/18, 10/22 to 10/26, 10/29, 10/31 Documented as administered: 10/16, 10/17, 10/27, 10/28, 10/30 Senna-Docusate 8.6-50 MG Tab - Take 1 tablet by mouth twice daily. Scheduled at 8:00 AM and 8:00 PM. Documented as not available: 8:00 AM 10/01 to 10/15, 10/18, 10/22 to 10/26, 10/29, 10/31 8:00 PM 10/04, 10/06 to 10/14, 10/16, 10/17, 10/21 to 10/24, 10/27, 10/29 Documented as available: 8:00 AM 10/16, 10/17, 10/27 to 10/30 8:00 PM 10/01, 10/02, 10/03, 10/05, 10/15, 10/25, 10/26, 10/28, 10/30, 10/31 On 11/18/2025, at approximately 3:30 PM, Surveyor interviewed Administrator A. Surveyor asked for clarification on how Resident 11's medications were being administered as the MAR documented the medication was not available but some days it was documented as administered. Administrator A stated that it had been apparent staff did not verify what medications they were	{N 415}		

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{N 415}	Continued From page 16 administering with what the orders were on the MAR.	{N 415}		
{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 safe, clean, comfortable, and homelike. This is a repeat deficiency. See Statement of Deficiency (SOD) W10511, dated 07/15/2025. Findings include: On 10/30/2025, at approximately 12:45 PM, Surveyor toured Resident 1's room and observed: -The walls displayed missing sections of drywall, likely caused by Resident 1's ambulation in his/her wheelchair -The bathroom floor was covered in a dirt-like substance. There was a thick brown coloring around the base of the toilet. -Toilet bowl had a brown colored stain in the drainage area and a brown streaking pattern around the interior bowl. The toilet base had what appeared to be a buildup of hair and dirt. -The toilet paper holder was missing a bracket so the device could not be utilized. -Linoleum around shower showed what appeared	{N 481}		

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{N 481}	Continued From page 17 to be water damage. On 10/30/2025, at approximately 12:50 PM, Surveyor toured Resident 2's room and observed his/her garbage cans overflowing with disposable pads and disposable gloves. On 10/30/2025, at approximately 1:40 PM, Surveyor observed the following concerns in the kitchen: -Microwave interior was covered in a splattering of a yellow and gold substance. The interior top appeared to be bubbling. There was a plate of cold food sitting on the glass turn table. -Oven had a streaking pattern down the front that appeared to be caused from food and liquid drippage. -Sink vanity interior was covered in a buildup of a black and brown substance that appeared unsanitary. -Sticky fly trip which contained flies hung over the sink. -Walls near the garbage can and stove had the appearance of streakage that appeared to be caused from food and liquid drippage. -Baseboards and flooring had black and brown buildup. -Light switch plates had the appearance of dirt/grease buildup. -Cabinetry had the appearance of dirt/grease buildup and streakage that appeared to be caused from food and liquid drippage. -Refrigerator/Freezer was missing a handle. On 10/30/2025, at approximately 3:15 PM, Surveyor interviewed Administrator A. Surveyor reviewed his/her observations with Administrator A and stated s/he would discuss the concern with the provider.	{N 481}		

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N 492	Continued From page 18	N 492		
N 492	83.45(1)(a) Exterior areas. Exterior areas. The CBRF shall maintain the yard, any fences, sidewalks, driveways and parking areas of the CBRF in good repair and free of hazards. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the CBRF (community based residential facility) parking area was in good repair. Findings include: The provider is licensed for a community based residential facility (CBRF), Class CNA (nonambulatory), to serve up to 19 residents within the client groups advanced aged, physically disabled, and irreversible dementia/Alzheimer's. On 10/30/2025, at approximately 4:30 PM, Surveyor and Administrator A observed the parking area. Surveyor noted that the pavement was breaking apart and consisted of different layers of pavement creating obstacles for those ambulating with an assistive device. Surveyor asked for clarification from Administrator A on what the status was of the driveway repair. Surveyor stated s/he had investigated a concern that had been filed with the Department on 06/13/2025 regarding the condition of the driveway; the provider had submitted a quote for the driveway repair, but it appeared the driveway had not been repaired. Administrator A stated s/he was under the impression that the quote covered the total replacement of the driveway but only one of the entrances of the driveway had been repaired. Surveyor asked if s/he had	N 492		

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N 492	Continued From page 19 observed residents struggle when ambulating across the parking lot. Administrator A stated that when residents are in their wheelchairs, and staff are assisting them, that often they would have to roll them backwards so that they do not hit a bump that causes the wheelchair to stop and the resident potentially falling forward and out of their wheelchair.	N 492		
N 499	83.45(3) Toxic substances. Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that cleaning compounds and toxic substances were stored in a secure area. Findings include: On 10/30/2025, at approximately 1:40 PM, Surveyor toured the facility and observed the unlocked laundry room, located off of the kitchen, that contained the following cleaning compounds: -105 count container of dishwasher pacs -Gallon jug of disinfectant (laundry and air freshener) -32 fluid ounce bottle of multi-surface cleaner and bleach -(3) 19 ounce spray cans of glass cleaner -32 ounce bottle of stainless steel cleaner and polisher -(2) 19 ounce spray cans of disinfectant spray -Gallon jug of ammonia -18 ounce spray can of flying insect killer -	N 499		

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N 499	Continued From page 20 outdoor fresh scent -32 fluid ounce bottle of multi-surface disinfectant cleaner -32 fluid ounce bottle of jug of disinfectant (laundry and air freshener) -(2) Gallon jug of bleach -80 fluid ounce bottle of multi-surface cleaner - 2x more concentrated On 10/30/2025, at approximately 2:30 PM, Surveyor interviewed Administrator A. Surveyor discussed his/her observations. Administrator A stated the laundry room was to be locked due to the storage of cleaning compounds in the room. The concern would be discussed with staff.	N 499		