STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015333	A. BUILDING: _____ B. WING _____	R-C 05/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SEBRING ASSISTED CARE RESIDENCE	7710 SOUTH BROOKLINE DRIVE MADISON, WI 53719

(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 05/20/2025, Surveyors conducted a standard survey and 1 verification visit at Sebring Assisted Care Residence. Eight deficiencies were identified. Four of 8 deficiencies were repeat violations. See Statement of Deficiency (SOD) WXZE12 dated 07/16/2019, KEK111 dated 09/23/2019, D6QB11 dated 01/20/2022, D6QB12 dated 03/23/2022, KSK211 dated 06/02/2023, ZILL12 dated 02/20/2024 and ZILL13 dated 07/09/2024. The 1 deficiency cited in SOD Z1LL14 dated 10/11/2024 was substantially corrected. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 39	{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 record review and interview, the licensee did not ensure the community based residential facility (CBRF) and its operation complied with all laws governing the CBRF. From 07/16/2019 to 05/21/2025, the provider did not comply with all the laws governing the CBRF as evidenced by 54 deficiencies identified, 9 repeat violations, and 9 complaints substantiated.	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 This is a repeat of previous statement of deficiency (SOD) D6QB11 dated 01/20/2022 and SOD D6QB12 dated 03/23/2022. FINDINGS INCLUDE: Facility is a Class CNA non-ambulatory facility. Has a capacity of 81 residents and serves advanced aged, irreversible dementia and Alzheimer's. Example 1: Obtain and maintain compliance with laws governing the CBRF. On 07/16/2019, the bureau of assisted living Southern regional office conducted a complaint investigation, and verification visit. As a result of the survey 1 complaint was substantiated and 2 deficiencies were identified in SOD WXZE12: 1.) 83.12(4)(c) Reporting Incidents With Serious Injury 2.) 83.32(3)(h) Rights of Residents: Receive Medication On 12/19/2019, the bureau of assisted living Southern regional office conducted a complaint investigation and standard survey. As a result of the survey 1 complaint was substantiated and 23 deficiencies were identified in SOD KEK111: 1.) 83.12(4)(a) Reporting When Resident Whereabouts Unknown 2.) 83.12(4)(c) Reporting Incidents With Serious Injury 3.) 83.14(2)(e) Notify Within 7 Days Of Administrator Change 4.) 83.25 Continuing Education 5.) 83.32(3)(i) Rights Of Residents: Adequate Treatment 6.) 83.32(3)(n) Rights Of Residents: Safe Environment	N 196		

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N 196	Continued From page 2 7.) 83.33(1)(d) Grievance Procedure: Written Summary 8.) 83.35(1)(c) Listed Areas For Assessment 9.) 83.35(3)(c) Implement, Follow The ISP 10.) 83.35(5)(b) Annual Evaluation Of Evacuation Limits 11.) 83.15(3)a) Administrator Supervise Daily Operation 12.) 83.36(1)(a) Adequate Staff To Meet Resident Needs 13.) 83.37(1)(h) Scheduled Psychotropic Medications 14.) 83.37(1)(i) PRN Psychotropic Medications 15.) 83.37(2)(e) Other Administration Given Or Delegated By RN 16.) 83.37(3)(g) Medication Storage: Controlled Substance 17.) 83.41(1)(b) Equipment 18.) 83.42(2) Resident Records Safeguarded 19.) 83.44(2)(a) Cleanliness 20.) 83.45(2) Storage Areas 21.) 83.45(3) Toxic Substances 22.) 83.46(1)(f) Combustibles 23.)83.47(2)(e) Other Evacuation Drills On 12/19/2019, the bureau of assisted living Southern regional office conducted a verification visit. As a result of the survey 1 deficiency was identified in SOD 62US12: 1.) 83.17(2)(d) Documentation Of Medication Administration On 08/26/2021, the bureau of assisted living Southern regional office conducted a complaint investigation, standard survey and a verification visit. As a result of the survey 4 deficiencies were identified and 1 complaint unsubstantiated in SOD 62US13: 1.) 83.17(2)(a) Employees Screened For Communicable Disease	N 196		

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N 196	Continued From page 3 2.) 83.28(4)(a) Resident Health Screening And Documentation 3.) 83.35(3)(b) Service Plan Development: Parties Involved 4.) 83.35(3)(d) Service Plan Annually Or On Changes On 01/20/2022, the bureau of assisted living Southern regional office conducted a desk review survey. As a result of the survey 1 deficiency was identified in SOD D6QB11: 1.) 83.14(2)(a) Licensee Ensures Facility Complies With Laws On 02/15/2022, the bureau of assisted living Southern regional office conducted a complaint investigation and verification visit. As a result of the survey 3 deficiencies were identified and 1 complaint unsubstantiated in SOD 62US14: 1.) 83.12(5)(a) Notification: Incident, Injury, Changes 2.) 83.35(1)(b) Sources Used For Assessment Information On 03/23/2022, the bureau of assisted living Southern regional office conducted a desk review survey. As a result of the survey 1 deficiency was identified in SOD D6QB12: 1.) 83.14(2)(a) Licensee Ensures Facility Complies With Laws On 06/02/2023, the bureau of assisted living Southern regional office conducted a standard survey and complaint investigation. As a result of the survey 3 deficiencies were identified in SOD KSK211: 1.) 83.25 Continuing Education 2.) 83.33(3)(h) Rights Of Residents: Receive Medication 3.) 83.37(2)(d) Documentation Of Medication	N 196		

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N 196	Continued From page 4 Administration On 09/22/2023, the bureau of assisted living Southern regional office conducted a complaint investigation. As a result of the survey 1 deficiency was identified and 1 complaint substantiated in SOD ZILL11: 1.) 83.38(1)(g) Health Monitoring On 02/20/2024, the bureau of assisted living Southern regional office conducted a complaint investigation and verification visit. As a result of the survey 5 deficiencies were identified and 3 complaints substantiated in SOD Z1LL12: 1.) 83.15(3)(a) Administrator Shall Supervise Daily Operation 2.) 83.32(3)(h) Rights Of Residents: Receive Medication 3.) 83.35(3)(d) Service Plans Updated Annually And On Changes 4.) 83.38(1)(g) Health Monitoring 5.) 50.07 Prohibited Acts On 07/09/2024, the bureau of assisted living Southern regional office conducted a verification visit. As a result of the survey, 1 deficiency was identified in SOD Z1LL13: 1.) 83.32(3)(h) Rights Of Residents: Receive Medication On 10/11/2024, the bureau of assisted living Southern regional office conducted a complaint investigation and a verification visit. As a result of the survey, 1 violation was identified and a complaint substantiated in SOD Z1LL14: 1.) 83.36(1)(a) Adequate Staff To Meet Resident Needs On 05/21/2025, the bureau of assisted living Southern regional office conducted a standard	N 196		

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N 196	Continued From page 5 survey and a verification visit. As a result of the survey, 8 violations were identified in SOD Z1LL15. 1.) 83.14(2)(a) Licensee Ensures Facility Complies With Laws 2.) 83.17(1) Licensee Conduct Caregiver Background Check 3.) 83.18(1) Employee Records Maintained And Current 4.) 83.25 Continuing Education 5.) 83.32(3)(h) Rights Of Residents: Receive Medication 6.) 83.37(2)(e) Other Administration Given Or Delegated By An Rn 7.) 83.46(1)(c) Heating System Maintenance 8.) 83.37(3) Fire Inspection Example 2: Repeat violations of laws governing the CBRF. 1.) 83.14(2)(a) Licensee Ensures Facility Complies With Laws 2.) 83.15(3)(a) Administrator Shall Supervise Daily Operation 3.) 83.25 Continuing Education 4.) 83.32(3)(h) Rights Of Residents: Receive Medication 5.) 83.32(3)(i) Rights Of Residents: Adequate Treatment 6.) 83.35(3)(d) Service Plans Updated Annually Or On Changes 7.) 83.36(1)(a) Adequate Staff To Meet Resident Needs 8.) 83.37(2)(e) Other Administration Given Or Delegated By An Rn 9.) 83.38(1)(g) Health Monitoring Example 3: Number of Complaints Substantiated. 1.) SOD WXZE12 dated 07/06/2019 - 1 complaint	N 196		

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N 196	Continued From page 6 substantiated. 2.) SOD KEK111 dated 09/23/2029 - 1 complaint substantiated. 3.) SOD 62US13 dated 08/26/2021 - 1 complaint substantiated. 4.) SOD 62US14 dated 02/15/2022 - 1 complaint substantiated. 5.) SOD Z1LL11 dated 09/22/2023 - 1 complaint substantiated. 6.) SOD ZILL12 dated 02/20/2024 - 3 complaints substantiated. 7.) SOD Z1LL14 dated 10/11/2024 - 1 complaint substantiated. INTERVIEW: On 05/20/2025 at 2:50 PM, Surveyor discussed the above concern with Administrator WW and Health & Wellness Director RR. Administrator WW and Wellness Director RR acknowledged facility was not in compliance with the following: staff training, RN delegation, medication administration, heating system safety/maintenance, and maintaining staff records. SUMMARY: The licensee did not ensure the facility, and its operation complied with all laws governing the CBRF. The current survey included a standard survey and verification visit. As a result, 8 deficiencies were identified.	N 196		
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,	N 219		

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N 219	Continued From page 7 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 provider did not ensure a background check was conducted every 4 years after hire in accordance with s. 50.065, Stats., and ch. DHS 12. A 4-year background check was not conducted for Caregiver I. Findings include: The facility is licensed as a CLASS CNA (nonambulatory) CBRF able to serve up to 81 residents within the client groups of irreversible dementia/Alzheimer's disease and advanced age. On 05/20/2025, Surveyor reviewed Caregiver I's employee record. Caregiver I was hired 04/02/2020. The record did not contain a 4-year background check. On 05/20/2025 at 1:44 PM, Surveyor interviewed Business Office Manager YY who stated they did not have a 4-year background check for Caregiver I.	N 219		

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N 219	Continued From page 8 On 05/20/2025 at 2:46 PM Surveyor discussed concern of no 4 year back ground check with Health and Wellness Director RR and Administrator WW. Administrator WW stated all the management staff were new and were conducting 4-year background checks.	N 219		
N 223	83.18(1) Employee records maintained and current. 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 interview, the provider did not ensure each employee's record included a completed caregiver background check following procedures under s. 50.065, Stats., and ch. HFS 12. Cook XX's employee record did include a complete caregiver background check. Findings include: The complete background check is to include the background information disclosure form (BID), the criminal history search from the department of	N 223		

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N 223	Continued From page 9 justice (DOJ), and the information maintained by the department of safety and professional services regarding a person's credentials (IBIS). The IBIS is a letter from the Department of Health Services stating whether or not the individual has any findings of caregiver misconduct by various state agencies. On 05/20/2025, Surveyor reviewed Cook XX's employee record. The staff roster identified Cook XX was hired 07/23/2024. His/her record contained a BID dated 12/08/2023, a DOJ dated 12/20/2023 and an IBIS dated 12/20/2023. Three pages (1, 2 and 4) of 5 pages were missing from the IBIS. On 05/20/2025 at 12:37 PM, Surveyor interviewed Administrator WW and Business Office Manager YY. Business Office Manager YY stated Cook XX was hired 12/08/2023, left employment on 07/15/2024 and was rehired on 07/23/2024. Business Office Manager YY stated the BID, DOJ, and IBIS contained in Cook XX's record was all they had. On 05/20/2025 at 2:46 PM Surveyor discussed concern employee record missing required documentation with Health and Wellness Director RR and Administrator WW. Administrator WW stated "Okay."	N 223		
N 277	83.25 Continuing education The administrator and resident care staff shall receive at least 15 hours per calendar year of continuing education beginning with the first full calendar year of employment. Continuing education shall be relevant to the job	N 277		

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N 277	Continued From page 10 responsibilities and shall include, at a minimum, all of the following: (1) Standard precautions; (2) Client group related training; (3) Medications; (4) Resident rights; (5) Prevention and reporting of abuse, neglect and misappropriation; (6) Fire safety and emergency procedures, including first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure all resident care staff received at least 15 hours per calendar year of continuing education beginning with the first full calendar year of employment and included at a minimum all of the following: (1) standard precautions; (2) client groups (3) medications; (4) resident rights; (5) prevention and reporting of abuse, neglect and misappropriation; (6) fire safety and emergency procedures, including first aid. Caregiver I's annual training in 2023 and 2024 did not meet the annual continuing education requirements. This is repeat violation. See Statement of Deficiency (SOD) KSK211 dated 06/02/2023, and KEK111 dated 09/23/2019, Findings include: The facility is licensed as a CLASS CNA (nonambulatory) CBRF able to serve up to 81 residents within the client groups of irreversible dementia/Alzheimer's disease and advanced age. On 05/20/2025, Surveyor reviewed Caregiver I's	N 277		

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N 277	Continued From page 11 employee record. S/he was hired 04/02/2020. Caregiver I completed 7.75 hours of continuing education in 2023. The 2023 continuing education did not include training in client groups, medications, resident rights, or prevention and reporting of abuse, neglect and misappropriation. Caregiver I's 2024 continuing education did not include training in prevention and reporting of abuse, neglect and misappropriation. On 05/20/2025 at 1:06 PM, Surveyor interviewed Caregiver I who stated s/he had been administering medications for the past 15 years. On 05/20/2025 at 2:46 PM Surveyor discussed concern of annual training with Health and Wellness Director RR and Administrator WW. Administrator WW stated the corporate office set up annual training and s/he would look for any additional training for Caregiver I and submit to Surveyor by 3:00 PM on 05/21/2025. On 05/25/2025 at 4:18 PM, Surveyor received an email from Administrator WW with Caregiver I's annual training attached. The training did not include additional training hours or training in client groups, medications, resident rights, or prevention and reporting of abuse, neglect and misappropriation for 2023, and did not include training in preventing abuse, neglect and misappropriation in 2024.	N 277		
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:	N 352		

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N 352	Continued From page 12	N 352		

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 ensure Resident 14 received all prescribed medication in the dosage and at intervals prescribed be their practitioner.

From 03/01/2025 to 03/17/2025, Resident 14 did not receive his/her latanoprost 0.005% eye drops, once daily at bedtime.

On 02/18/2025, Practitioner ZZ discontinued Resident 14's Donepezil 5 mg tablet, once daily.

From 02/19/2025 to 03/20/2025, Resident 14 was administered Donepezil 5 mg tablet, once daily without and active practitioner's order.

This is a repeat of previous statement of deficiency (SOD) WXZE12 dated 07/16/19, SOD KSK211 dated 06/02/2023, SOD ZILL12 dated 02/20/2024 and SOD ZILL13 dated 07/09/2024.

FINDINGS INCLUDE:

On 05/20/2025, Surveyor arrived at facility for a standard survey.

On 05/20/2025 at approximately 10:00 AM, Surveyor requested Resident 14's facility record.

On 05/20/2025, Surveyor reviewed Resident 14's individualized service plan (ISP). Resident 14 was admitted to the facility on 01/17/2024. Resident 14's ISP was not signed by Resident 14. Resident

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SEBRING ASSISTED CARE RESIDENCE	7710 SOUTH BROOKLINE DRIVE MADISON, WI 53719

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N 352	Continued From page 13 14 was diagnosed with but not limited to: dementia, glaucoma, adult failure to thrive, psychotic disturbance, mood disturbance and anxiety. On 05/20/2025, Surveyor reviewed Resident 14's progress notes from 02/17/2025 to 04/20/2025. Surveyor reviewed many entries that mentioned Resident 14's prescription Latanoprost Ophthalmic Solution 0.005% and Donepezil 5 mg tablets. 1.) Resident 14's Latanoprost Ophthalmic Solution 0.005% was ordered as, "Instill 1 drop in left eye at bedtime ..." Resident 14's Latanoprost Ophthalmic Solution 0.005% eye drops were documented as, "not on cart" for the following intervals: 02/17/2025 at 7:39 PM, 03/04/2025 at 7:46 PM, 03/06/2025 at 08:11 PM, 03/09/2025 at 7:53 PM, 03/11/2025, at 7:27 PM, 03/14/2025 at 8:03 PM, 3/16/2025 at 7:25 PM and 03/17/2025 at 8:08 PM. 2.) Resident 14's Donepezil HCL 5 mg tablet was ordered as, "Give 1 tablet by mouth one time a day for memory loss ...". Resident 14's Donepezil 5 mg tablets were documented as, "not on cart," for the following intervals: 03/22/2025 at 9:08 AM, 03/26/2025 at 8:44 AM, 03/29/2025 at 8:44 AM, 04/01/2025 at 8:40 AM, 04/03/2025 at 9:29 AM, 04/07/2025 at 8:24 AM, 04/08/2025 at 8:29 AM, 04/09/2025 at 8:58 AM, 04/11/2025 at 8:46 AM and 04/17/2025 at 11:03 AM. 3.) On 03/24/2025 at 8:45 AM, Practitioner ZZ documented the following, "Discontinue donepezil due to progression of dementia and continued behaviors after 6 mo of use ...." 4.) On 04/21/2025 at 8:35 AM, Caregiver VV documented the following, "Donepezil HCL Oral	N 352		

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	0015333	A. BUILDING: _____ B. WING _____	R-C 05/21/2025

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N 352	Continued From page 14 Tablet 5 MG ...d/c (discharge) ..." On 05/20/2025, Surveyor reviewed Resident 14's March 2025 medication administration record (MAR) and April 2025 MAR: 1.) From 03/01/2025 to 03/21/2025, Resident 14's Donepezil 5 mg tablets were documented as administered. 2.) From 03/22/2025 to 04/22/2025, Resident 14's Donepezil 5 mg tablets were documented intermittently as "other". 3.) From 03/01/2025 to 03/17/2025, Resident 14's Latanoprost Ophthalmic Solution 0.005% eye drops were documented as "other" seven times, was not documented 4 times, and was documented as administered six times. On 05/20/2025 at 12:20 PM, Surveyor approached Caregiver VV while s/he was standing at the memory care medication cart. Surveyor showed Caregiver VV Resident 14's April 2025 MAR and asked why the Resident 14's Donepezil 5 mg tablets were intermittently documented as "other," from 04/01/2025 to 04/22/2025. Caregiver VV stated Resident 14's Donepezil 5 mg tablets had not been delivered with cycle fill. Resident 14 stated s/he had reported the missing Donepezil tablets to Health & Wellness Director RR. Caregiver VV stated Resident 14 had been administered his/her Donepezil 5 mg tablets until end of March. Surveyor showed Caregiver VV Resident 14's March 2025 MAR and asked why his/her Latanoprost eye drops were intermittently documented at "other," from 03/01/2025 to 03/17/2025. Caregiver VV stated Resident 14's Latanoprost eye drops had been missing from the medication carty during that time.	N 352		

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N 352	Continued From page 15 On 05/20/2025 at 1:03 PM, Surveyor spoke with Pharmacist AAA on the phone. Pharmacist AAA verified his/her pharmacy supplied medication to facility. Pharmacist AAA was able to review Resident 14's electronic health record (EHR) while speaking with Surveyor. Pharmacist AAA reported Resident 14's Donepezil 5 mg tablets were last delivered to the facility on 02/12/2025. Pharmacist AAA stated Resident 14's prescription order for Donepezil 5mg tablet once daily was discontinued on 02/18/2025. Pharmacist AAA stated pharmacy had notified the facility with a fax on 02/18/2025 with a copy of the discontinuation order. On 05/20/2025, Surveyor reviewed the facilities copy of the pharmacy delivery slip dated 02/17/2025. Resident 14's Donepezil 5 mg tablets were listed as delivered. The quantity delivered totaled 28 pills. On 05/20/2025 at 2:50 PM, Surveyor discussed the above concern with Administrator WW and Health & Wellness Director RR. Health & Wellness Director RR stated if staff documented the latanoprost eye drops as "not in cart," then the latanoprost eye drops were not available to the Resident 14's during that time. Health & Wellness Director RR reviewed Resident 14's March 2025 MAR and acknowledged Resident 14's Latanoprost eye drops were not available to his/her from 03/01/2025 to 03/17/2025. Health & Wellness Director RR showed Surveyor a note from Practitioner ZZ dated 03/25/2025 documenting Resident 14's Donepezil HCL 5 mg tablets had been discontinued. Health & Wellness Director RR acknowledged facility had been last delivered a 28-day supply of Resident 14's Donepezil 5 mg tablets on 02/17/2025.	N 352		

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N 352	Continued From page 16 Administrator WW pointed out that since there had been only 28 days in February 2025, that facility had been able to be administered Resident 14's Donepezil 5 mg tablets daily until 03/20/2025. Health & Wellness Director RR stated s/he had missed the fax from the clinic stating Resident 14's Donepezil 5 mg tablets had been discontinued on 03/25/2025, and that was why the order had remained active on his/her MAR until 04/22/2025. Administrator WW and Health & Wellness Director RR acknowledged staff had intermittently documented administering Resident 14's Donepezil 5mg tablets from 03/20/2025 to 04/21/2025, and that the tablets were not physically available in the cart during that period. Administrator WW and Health & Wellness Director RR did not know why the pharmacy had stated Resident 14's Donepezil 5 mg tablet order had been discontinued on 02/18/2025. On 05/23/2025, Surveyor reviewed Resident 14's facility record. Surveyor reviewed a fax from Practitioner ZZ's office dated 02/18/2025. Practitioner ZZ had order Resident 14's Donepezil 5 mg tablets to be discontinued on 02/18/2025. The fax was had a time signature on top, "5/20/2025 ...1:52 PM ...TO: [X-XXX-XXX-XXXX] ...". On 05/23/2025 at 8:46 AM, Surveyor emailed Administrator WW and notified him/her that Resident 14's Donepezil 5 mg tablets had been discontinued by Practitioner ZZ on 02/18/2025.	N 352		
N 416	83.37(2)(e) Other administration given or delegated by RN Other administration. Injectables, nebulizers,	N 416		

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N 416	Continued From page 17 stomal and enteral medications, and medications, treatments or preparations delivered vaginally or rectally shall be administered by a registered nurse or by a licensed practical nurse within the scope of their license. Medication administration described under sub. (2)(e) may be delegated to non-licensed employees pursuant to s. N 6.03(3). This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a non-licensed staff was delegated by a registered nurse (RN) to administer injectable medications pursuant to s. N 6.03(3). One of 2 staff reviewed were not RN delegated to administer injectable medications. This is a repeat violation. See Statement Of Deficiency (SOD) dated KEK111, dated 09/23/2019. Findings include: The facility is licensed as a CLASS CNA (nonambulatory) CBRF able to serve up to 81 residents within the client groups of irreversible dementia/Alzheimer's disease and advanced age. On 05/20/2025, Surveyor reviewed Caregiver I's employee record. The record contained nurse delegation for insulin delivery signed (not dated) by (former) RN Consultant CC. The record contained no additional RN delegation. On 05/20/2025 at 12:12 PM, Surveyor interviewed Health and Wellness Director RR who stated RN Consultant CC was no longer employed by the company.	N 416		

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N 416	Continued From page 18 On 05/20/2025 at 1:06 PM, Surveyor interviewed Caregiver I who stated s/he was RN delegated by (former) RN Consultant CC and had not received RN delegation since RN Consultant CC left employment. Caregiver I stated RN Consultant CC left employment before Health and Wellneess Director RR was hired. Caregiver I stated s/he regularly administered insulin via injection to Resident 13. On 05/20/2025, Surveyor checked the staff roster which identified Health and Wellneess Director RR was hired 04/28/2020. On 05/20/2025 at 2:46 PM, Surveyor discussed concern of RN delegation with Health and Wellness Director RR and Administrator WW. Health and Wellness Director RR stated s/he would delegate Caregiver I.	N 416		
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 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:	N 504		

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N 504	Continued From page 19 Based on record review and interview, the provider did not ensure that a heating contractor or local utility company completed all of the following maintenance and made available to the facility documentation of the maintenance performed. FINDINGS INCLUDE: On 05/20/2025, Surveyor arrived at the facility for a standard survey. On 05/20/2025 at approximately 10:00 AM, Surveyor requested all 2024 annual environmental reports from Director BBB. On 05/20/2025, Surveyor reviewed the binder delivered to him/her by Director BBB. Surveyor reviewed permits for the 3 heating boilers used by facility. The 3 of the 3 permits stated, "STATE OF WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES ...Heating Boiler ...EXPIRATION DATE 02/12/2025. On 05/20/2025 at 1:30 PM, Surveyor asked Director BBB if s/he had the 3 heating boilers been inspected more recently than the current permits documented. Director BBB stated s/he had been having difficulty making appointments to renew the permits on the heating boilers. Director BBB acknowledged the permits for the 3 heating boilers were expired. On 05/20/2025 at 3:30 PM, Surveyor discussed the above concerns with Administrator WW and Health & Wellness Director RR. Administrator WW and Health & Wellness Director RR acknowledged the 3 boilers did not have active permits.	N 504		

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N 530	Continued From page 20	N 530		
N 530	83.47(3) Fire inspection. Fire inspection. The CBRF shall arrange for an annual inspection by the local fire authority or certified fire inspector and shall retain fire inspection reports for 2 years. This Rule is not met as evidenced by: Based on record review and interview, the provider did not arrange for an annual inspection by the local fire authority or certified fire inspector and shall retain fire inspection reports for 2 years. FINDINGS INCLUDE: On 05/20/2025, Surveyor arrived at the facility for a standard survey. On 05/20/2025 at approximately 10:00 AM, Surveyor requested all 2024 annual environmental reports from Director BBB. On 05/20/2025, Surveyor reviewed the binder delivered to him/her by Director BBB. Surveyor could not locate a 2024 annual fire inspection. On 05/20/2025 at 1:30 PM, Surveyor asked Director BBB if s/he had a copy of the 2024 fire inspection. Director BBB stated s/he knew the fire inspection had been completed and stated s/he would locate the fire inspection. On 05/20/2025 at 3:30 PM, Surveyor discussed the above concerns with Administrator WW and Health & Wellness Director RR. Administrator WW and Health & Wellness Director RR acknowledged Surveyor had not been provided a copy of the 2024 annual fire inspection	N 530		

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N 530	Continued From page 21 Administrator WW stated s/he would email the document to Surveyor within the next 24 hours, if located. On 05/22/2025 at 9:00 AM, Surveyor checked his/her email and had not been sent a 2024 annual fire inspection to review.	N 530		