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	0018568	A. BUILDING: _____ B. WING _____	R-C 05/19/2026

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EICKSTAEDT	101 EICKSTAEDT LANE WATERTOWN, WI 53094

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{N 000}	Initial Comments On 05/12/2026, with information obtained through 05/19/2026, the Bureau of Assisted Living, Southern Regional Office, conducted a verification visit and standard licensing survey at Eickstaedt, a community-based residential facility (CBRF) located in Watertown, WI. As a result of the survey, 3 deficiencies were identified. Two deficiencies were repeat deficiencies from Statement of Deficiencies (SOD) ZBMH12, dated 02/05/2026, and SOD ZBMH11, dated 09/12/2025. Under statutory provisions of Wis. Stat. Chapter 50, a $200 revisit fee is being assessed. Census: 4	{N 000}		
N 388	83.35(3)(c) Implement, follow the individual service plan Implementation. The CBRF shall implement and follow the individual service plan as written. This Rule is not met as evidenced by: Based on record review, observation, and interview, the provider did not ensure that the individual service plan (ISP) for Resident 3 regarding data collection for his/her self-injurious behavior was implemented as written. This is a repeat deficiency. See Statement of Deficiency (SOD) ZBMH11, dated 09/12/2025. Findings include: On 05/12/2026, at approximately 8:56 a.m.,	N 388		

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

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Surveyor observed Caregiver C attempt to administer a rectal suppository to Resident 3 in the bathroom. During the process of assisting Resident 3 with transferring, Surveyor observed red marks on Resident 3's hand, near his/her thenar webspace, consistent in shape and size with a bite. At the end of the attempt, Caregiver C propelled Resident 3 out of the bathroom in his/her manual wheelchair. Surveyor observed Resident 3 bring his/her hand to his/her mouth and place his/her hand's thenar webspace area in his/her mouth, consistent in the area that the marks were observed.

At approximately 3:43 p.m., Surveyor observed Caregiver U perform personal cares for Resident 3. At the end of the cares, while assisting Resident 3 in transferring to his/her manual wheelchair, Surveyor observed Resident 3 bring his/her hand to his/her mouth. Caregiver U redirected Resident 3 from biting him/herself. Surveyor continued to observe red marks on Resident 3's hand consistent in shape and size with a bite.

On 05/15/2026, Surveyor reviewed Resident 3's record. Resident 3 was admitted to the provider on 06/21/2021 with diagnoses including profound developmental disability, hearing loss, blindness, and cri-du-chat syndrome. Resident 3's behavioral needs were documented in a behavioral service plan (BSP), last signed as reviewed on 02/05/2026. The BSP documented that Resident 3 had self-injurious behaviors and specified, "I will bite my wrist ...I do this to express frustration, agitation or that I am upset." The behavior's severity was documented as "high frequency with low intensity" and the BSP documented, "Staff record each instance I bite my wrist every day." The corresponding goal was

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N 388	Continued From page 2 documented as, " ...to hurt myself less frequently, like 3 times a week versus the current numbers." At approximately 3:30 p.m., Surveyor requested from Coordinator of Administrative Services (Coordinator) G any available tracking records of Resident 3's biting him/herself from 04/11/2025 - 05/15/2026. On 05/18/2026, Surveyor reviewed the records provided. Surveyor did not observe any instances documented of Resident 3 biting him/herself. On 05/19/2026, at approximately 3:30 p.m., Surveyor interviewed Coordinator G. Coordinator G acknowledged Surveyor's concern that staff did not appear to be documenting Resident 3's self-biting behavior as called for in his/her BSP, despite having observed that it appeared to be ongoing and occurring on at least 05/12/2026. Coordinator G reported s/he was aware that management staff were looking for ways to adjust the provider's electronic record system to promote staff documenting care needs that called for routine tracking, but s/he wasn't sure where that was in terms of implementation.	N 388		
N 399	83.36(2) Maintain current written staffing schedule Staffing schedule. The CBRF shall maintain a current written schedule for staffing the CBRF. The schedule shall include each employee ' s full name, job assignment and time worked. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that a current written	N 399		

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N 399	Continued From page 3 schedule was maintained that accurately reflected the times worked by employees. Findings include: On 05/12/2026, Surveyor conducted a verification visit. One of the deficiencies from the provider's last Statement of Deficiencies (SOD), SOD ZBMH12, was Wis. Admin. Code § DHS 83.36(1)(a), which directed for employees to be provided "in sufficient numbers on a 24-hour basis to meet the needs of residents." On 05/12/2026, Surveyor reviewed select dates from the staff schedule from 04/11/2026 - 05/12/2026 in order to verify compliance with the above regulation. Surveyor observed that for 05/09/2026, the schedule showed no staff working from 9:00 p.m. (when Caregiver C's shift ended) until 11:00 p.m. (when Caregiver E's shift started). At approximately 3:00 p.m., Surveyor interviewed Lead Caregiver A and Caregiver C about the schedule. Caregiver C reported that on 05/09/2026, s/he worked until sometime after 9:00 p.m. (his/her documented end time) but s/he could not recall when. S/he reported that Caregiver E came in earlier than his/her scheduled documented time to relieve him/her. Lead Caregiver A reported s/he worked on 05/10/2026 from 7:00 p.m. until 11:00 p.m. Upon reviewing the schedule, Lead Caregiver A was not documented as having worked anytime on 05/10/2026. Surveyor observed that the schedule for that day, 05/12/2026, showed that Caregiver U was scheduled to work from 3:00 p.m. - 11:00 p.m. but the other open shift that day was "Pending." Lead Caregiver A reported that s/he had a planned event with his/her family member that day but that s/he would stay past her scheduled end time of 3:00 p.m. to assist	N 399		

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N 399	Continued From page 4 Caregiver U. From the remainder of the day Surveyor was onsite, until approximately 4:25 p.m., Surveyor observed Lead Caregiver A working. At approximately 12:45 p.m., Surveyor interviewed Lead Caregiver A. Lead Caregiver A reported that s/he sometimes stayed and worked additional shifts s/he was unscheduled for if s/he saw there was only 1 staff on the schedule. On 05/18/2026, Surveyor reviewed rounding notes on residents, where staff appeared to document the cares they performed. Surveyor observed that on 05/10/2026, Lead Caregiver A documented various cares/rounds s/he performed for the provider's 4 residents between 7:50 p.m. - 10:18 p.m., generally corroborating his/her previous report of having worked that evening. Surveyor also observed the following: - 04/12/2026: Caregiver U documented cares performed between 3:09 p.m. - 8:37 p.m. In reviewing the schedule, Surveyor observed that Caregiver U was not documented as being scheduled or having worked that day. - 05/01/2026: Lead Caregiver A documented cares performed between 3:53 p.m. and 10:22 p.m. In reviewing the schedule, Surveyor observed that Lead Caregiver A was documented as only having worked from 7:00 a.m. - 3:00 p.m. that day. - 05/02/2026: Caregiver W documented cares performed between 11:03 a.m. and 2:03 p.m. In reviewing the schedule, Surveyor observed that Caregiver W was not documented as being scheduled or having worked that day.	N 399		

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N 399	Continued From page 5 - 05/05/2026: Former Caregiver V documented cares performed at 2:51 p.m. and 2:52 p.m. In reviewing the schedule, Surveyor observed that Former Caregiver V was not documented as being scheduled or having worked that day. On 05/19/2026, at approximately 3:30 p.m., Surveyor interviewed Coordinator of Administrative Services (Coordinator) G. Coordinator G acknowledged Surveyor's concerns that the staffing schedule did not appear to accurately identify the shifts worked by staff.	N 399		
{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	{N 431}		

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{N 431}	Continued From page 6 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 that the health of 2 of 4 residents reviewed was monitored. Resident 1 was prescribed an as needed (PRN) rectal suppository, which directed for administration when s/he did not have a bowel movement more than 2 days in a row. Resident 1's bowel movements were not tracked on 3 series of occasions by staff, each including 3 consecutive days in which his/her suppository would have potentially needed to be administered. Resident 1 was prescribed a gastrostomy tube (g-tube) Jevity feeding which directed for staff to administer 1 carton daily at 3:00 p.m. if s/he refused breakfast or lunch. Resident 1's meal intake was not tracked on 4 occasions by staff and, by extension, it was unverifiable if staff were administering or holding his/her g-tube feeding in accordance with his/her medical provider's order. On one occasion that Resident 1 was documented as refusing his/her breakfast, 05/07/2026, there was no evidence that staff administered his/her Jevity. Resident 1's medical provider orders called for water flushes of his/her g-tube to be conducted at specific times of the day with specific amounts of water in order to promote his/her hydration secondary to his/her diabetes insipidus. On 05/12/2026, staff documented performing the	{N 431}		

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flushes at their directed times, but this was not accurate with the times staff both reported and were observed to conduct the flushes, which occurred outside of Resident 1's directed times.

Resident 4's individual service plan (ISP) called for staff to provide him/her an Ensure nutritional supplement drink if s/he ate less than 50% of his/her meal. Resident 4's meal intake amount was not tracked on 6 occasions by staff and, by extension, it was unverifiable whether staff provided or held his/her Ensure in accordance with the directive. On 2 occasions, staff noted Resident 4 refusing his/her meal but there was no evidence they provided him/her an Ensure. Resident 4 was documented in his/her medical records to have recent concerns of malnutrition, poor oral intake, and weight loss, and was documented as possibly needing a feeding tube placed in the future to provide nutrition. Due to these concerns, Resident 4's medical provider directed for Resident 4 to follow a regimen of drinking Ensure, increasing his/her water intake, and tracking his/her weight. However, there was no evidence of staff conducting interventions or follow-up monitoring actions to support these increased needs.

This is a repeat deficiency. See Statement of Deficiencies (SOD) ZBMH12, dated 02/05/2026, and SOD ZBMH11, dated 09/12/2025.

Findings include:

Example 1 - 2 - Resident 1's bowel movement and meal intake tracking

On 05/15/2026, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider on 06/21/2021 with diagnoses including

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hypernatremia and intellectual disability. Resident 1 was documented as being "at times" verbal with yes/no responses and being able to verbalize "a few key phrases." Resident 1 was documented as having a legal guardian and needing total assistance for all cares. Resident 1's prescriptions included a bisacodyl 10 mg suppository, active since 11/12/2025, with instructions to, "Insert 1 suppository rectally at bedtime for constipation as needed if no bowel movement for more than 2 days in a row," and a Jevity 1.2 formula (12 oz) carton, active since 04/16/2026, with instructions to give "per G-tube every day at 1500 via gravity if [s/he] refuses breakfast or lunch ..."

From reviewing Resident 1's medication administration records (MARs) from 04/11/2026 - 05/15/2026, Surveyor observed as needed (PRN) entries for both Resident 1's suppository and Jevity administrations. Surveyor observed no documented administrations of his/her Jevity and 1 administration of his/her suppository, which occurred on 04/19/2026 with the notation, "[Resident 1] has not pooped in 3 days."

At approximately 12:30 p.m., Surveyor requested from Coordinator of Administrative Services (Coordinator) G records of Resident 1's bowel movement tracking and meal intake tracking from 04/11/2026 - 05/15/2026.

On 05/18/2026, Surveyor reviewed the records provided and observed the following 3 series in which there was no evidence of Resident 1 having had a bowel movement:

Series 1
- 04/12/2026: No bowel movement recorded
- 04/13/2026: No bowel movement recorded

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{N 431}	Continued From page 9 - 04/14/2026: No bowel movement recorded - 04/15/2026: No bowel movement recorded - 04/16/2026: No bowel movement recorded - 04/17/2026: No bowel movement recorded - 04/18/2026: No bowel movement recorded (Of note, the afternoon of 04/19/2026 is when Resident 1 received a suppository for the documented reason of not having had a bowel movement in the last 3 days, as described above. This was consistent with no bowel movements having been documented on 04/16/2026, 04/17/2026, 04/18/2026, or prior to the PRN administration on 04/19/2026. However, as detailed above, Resident 1 also had no bowel movements documented on 04/12/2026 - 04/16/2026, a period for which an additional suppository administration would have been indicated as per his/her order.) Series 2 (last bowel movement recorded on 04/22/2026 between 1:00 p.m. - 2:55 p.m.) - 04/23/2026: No bowel movement recorded - 04/24/2026: No bowel movement recorded - 04/25/2026: No bowel movement recorded (Surveyor noted the administration of Resident 1's suppository would have been indicated within this period.) Series 3 (last bowel movement recorded on 05/08/2026 between 10:00 p.m. - 10:14 p.m.) - 05/09/2026: No bowel movement recorded - 05/10/2026: No bowel movement recorded - 05/11/2026: No bowel movement recorded (Surveyor noted the administration of Resident 1's suppository would have been indicated within this period.)	{N 431}		

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{N 431}	Continued From page 10 From the documents provided, Surveyor observed the following 4 occasions in which there was no documentation if Resident 1 ate his/her breakfast or lunch l (refusal of which would have indicated administration of his/her Jevity at 3:00 p.m. that day in accordance with his/her medical provider's order): - 04/19/2026: No recording on whether s/he ate his/her lunch - 04/22/2026: No recording on whether s/he ate his/her breakfast - 04/29/2026: No recording on whether s/he ate his/her breakfast - 05/06/2026: No recording on whether s/he ate his/her breakfast From the records, staff documented on 05/07/2026 at 9:28 a.m. that Resident 1 "refused to eat breakfast drank 600 [cubic centimeters (cc)] of juice." Surveyor confirmed from the notes and Resident 1's MARs, where there was an entry for his/her Jevity feeding, that Jevity was not documented as having been administered to him/her as directed by his/her medical provider due to his/her breakfast refusal. On 05/19/2026, at approximately 3:30 p.m., Surveyor interviewed Coordinator G. Coordinator G acknowledged Surveyor's concern that there were gaps in staff's tracking of Resident 1's bowel movements and meal intake. Coordinator G reported s/he was aware that management staff were looking for ways to adjust the provider's electronic record system to promote staff documenting care needs that called for routine tracking, but s/he wasn't sure where that was in terms of implementation. Example 3 - Resident 1's g-tube water flush	{N 431}		

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regimen not followed on 05/12/2026

On 05/12/2026, at approximately 8:25 a.m., Surveyor arrived onsite and immediately began observing cares. At approximately 8:34 a.m., Surveyor observed Caregiver C propel Resident 1 in his/her wheelchair to the dining area table. Caregiver C then began feeding Resident 1. From approximately 8:40 a.m. - 9:10 a.m., Surveyor observed Lead Caregiver A conducting cares with Resident 2 and Caregiver C assisting Resident 3 with cares. Surveyor confirmed they were the only 2 staff working. At approximately 9:10 a.m., Surveyor observed Lead Caregiver A bring Resident 1 back to his/her room (out of Surveyor's sight).

At approximately 10:09 a.m., Surveyor interviewed Lead Caregiver A. Lead Caregiver A reported that staff were to conduct g-tube water flushes with Resident 1 consisting of 600 mL of water at various points throughout the day. Surveyor observed that Resident 1 was currently receiving a water flush and had approximately 400 mL of water left. Lead Caregiver A reported s/he thought s/he started the flush around 9:40 a.m. Lead Caregiver A reported this was Resident 1's scheduled 9:00 a.m. flush that s/he conducted, which s/he reported was late due to being behind. Lead Caregiver A reported s/he intended to give the next flush at 11:00 a.m. so as not to give Resident 1 too much water at once. Surveyor did not observe an additional flush conducted.

At approximately 12:29 p.m., Surveyor interviewed Lead Caregiver A. Surveyor asked Lead Caregiver A when Resident 1 would receive his/her next flush. Lead Caregiver A reported s/he would conduct it in a couple of minutes. Surveyor

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confirmed with Lead Caregiver A that this was the flush s/he intended to conduct at 11:00 a.m. and that a flush hadn't yet occurred after the last one observed by Surveyor. Lead Caregiver A was then observed conducting a flush for Resident 1.

The next flush Surveyor observed for Resident 1 was conducted by Caregiver C at 2:05 p.m.

The next flush Surveyor observed for Resident 1 was conducted by Lead Caregiver A at 4:15 p.m.

On 05/18/2026, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider on 06/21/2021 with diagnoses including hypernatremia and intellectual disability. Resident 1's ISP, most recently updated 04/16/2026, documented the need for staff to manage his/her g-tube for medication administration and feedings, and referenced water flushes that occurred specifically with his/her medication administration. While the ISP did not reference his/her g-tube flush regimen, Surveyor observed that staff appeared to be initialing off on conducting Resident 1's water flush regimen at the times prescribed by his/her medical provider within his/her MARs.

Resident 1's medical records included an emergency department visit note dated 04/03/2026. Resident 1 was admitted to the emergency department for an aspiration event, but one of his/her encounter diagnoses included "mild hypernatremia in setting of diabetes insipidus." The note documented, " ...[His/her] blood work showed that [his/her] sodium level was mildly elevated above [his/her] normal range, which can happen with [his/her] diabetes insipidus, especially when [s/he] is not getting [his/her] full amount of free water." Under the

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heading, "Instructions for Group Home Staff" the following was documented: "Continue all of [his/her] current medications without change, including ...[his/her] free water regimen via G-tube. These are essential for managing [his/her] diabetes insipidus and must not be interrupted."

According to the National Institutes of Health (NIH), diabetes insipidus "is a rare disorder that causes the body to make too much urine." The NIH also reports that the "main complication of diabetes insipidus is dehydration, which happens when your body loses too much fluid and electrolytes to work properly. If you have diabetes insipidus, you can usually make up for the large amount of fluids you pass in your urine by drinking more liquids. But if you don't, you could quickly become dehydrated," (Source: NIH: National Institute of Diabetes and Digestive and Kidney Diseases, Diabetes Insipidus, September 2021, https://www.niddk.nih.gov/health-information/kidney-disease/diabetes-insipidus (retrieval date - May 18, 2026).).

Resident 1's g-tube water flush regimen, as directed in an order by his/her medical provider, was as follows: "Hydration protocol - 600 cc via G tube at 0700, 0900, 1100, 1300, 1500, 1700, 1900, + free water to drink ..."

On 05/19/2026, Surveyor reviewed Resident 1's MAR for 05/12/2026, the day Surveyor was onsite. Surveyor observed the following for that day:

- 9:00 a.m. water flush signed off as conducted by Caregiver C at 8:02 a.m. Surveyor noted this was inconsistent with the report from Lead Caregiver

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A of him/herself having conducted the 9:00 a.m. flush at 9:40 a.m. and also inconsistent with Surveyor's observation that day of the flush having only been 1/3 completed at 10:09 a.m. (described above).

- 11:00 a.m. water flush signed off as conducted by Lead Caregiver A at 11:55 a.m. Surveyor noted from observations that no flush occurred at or around that time. Resident 1's 11:00 a.m. water flush did not occur until approximately a couple minutes after 12:29 p.m. when Surveyor asked Lead Caregiver A about the flush (described above).

- 1:00 p.m. water flush signed off as conducted by Caregiver C at 2:00 p.m. (1 hour after its scheduled time but consistent with Surveyor's observations of the flush conducted at 2:05 p.m. by Caregiver C).

- 3:00 p.m. water flush signed off as conducted by Lead Caregiver A at 3:07 p.m. Surveyor noted from observations that no water flush occurred at or around that time. Since Resident 1's previous water flush at 2:05 p.m., Resident 1 was observed in bed including up to at least 3:20 p.m. Surveyor observed no flush having occurred between those 2 times. The next flush observed by Surveyor as having occurred was conducted at 4:15 p.m. by Lead Caregiver A.

On 05/19/2026, at approximately 3:30 p.m., Surveyor interviewed Coordinator G. Coordinator G acknowledged Surveyor's concern that on 05/12/2026 Resident 4's g-tube water flushes were not conducted at intervals in accordance with his/her medical provider order.

Example 4 - Resident 4's meal tracking and

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{N 431}	Continued From page 15 Ensure offerings On 05/12/2026, at approximately 12:45 p.m., Surveyor interviewed Lead Caregiver A regarding residents' needs. Lead Caregiver A reported that Resident 4 had been at about the same level of functioning since Surveyor's last survey on 01/22/2026. Lead Caregiver A reported that Resident 4 did not require any oral intake monitoring by staff. On 05/15/2026, Surveyor reviewed Resident 4's record. Resident 4 was admitted to the provider on 06/21/2021 with diagnoses including developmental disability. Resident 4 was documented as being non-verbal, requiring total assistance for all cares, and unable to make his/her needs known. Resident 4's ISP, dated 03/10/2026, documented that Resident 4 was to be offered an Ensure nutritional supplement if s/he ate 50% or less of his/her meal. A medical record from an outpatient appointment Resident 4 had with his/her medical provider on 03/09/2026 indicated that s/he was experiencing concerns of malnutrition, poor oral intake, and weight loss. His/her medical provider directed for encouragement of his/her current diet and noted that Resident 4 might require a future "feeding tube to provide nutrition." At approximately 12:30 p.m., Surveyor requested from Coordinator G any documentation regarding staff's tracking of Resident 4's Ensure intake when given from 04/11/2026 - 05/15/2026. On 05/18/2026, Surveyor reviewed the records provided. From the records, Surveyor observed a series of rounding notes, where staff documented cares for the residents including meal intake	{N 431}		

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{N 431}	Continued From page 16 tracking for Resident 4. Surveyor observed the following 6 occasions in which Resident 4's meal intake was not recorded (Less than 50% consumption of which would have warranted the provision of an Ensure nutritional supplement): - 04/13/2026: Noted that s/he was eating breakfast but amount/percentage consumed not recorded - 04/15/2026: Noted that s/he was eating breakfast but amount/percentage consumed not recorded - 04/17/2026: No evidence documented of Resident 4 consuming dinner (of note, s/he was documented as refusing lunch that day as described below) - 04/27/2026: Noted that s/he was eating breakfast but amount/percentage consumed not recorded - 04/29/2026: An entry at 2:09 p.m. documented, "ate half food." This was the only entry that addressed any food consumed prior to dinner. From the notation, it was not clear as to whether Resident 4 ate half of his/her breakfast in addition to half his/her lunch, if s/he ate half of his/her lunch only (with missing breakfast consumption documentation), or if s/he ate a collective half of the total of his/her aggregate breakfast and lunch meals. Of note, for the only other meal offering that day - dinner - Resident 4 was documented to refuse food. - 05/10/2026: No evidence documented of Resident 4 consuming dinner (of note, s/he was documented as refusing both breakfast and lunch that day and having an Ensure for each)	{N 431}		

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{N 431}	Continued From page 17 In reviewing the records, Surveyor also noted 2 occasions - 04/17/2026 lunchtime and 05/13/2026 breakfast - in which staff documented Resident 4 refused his/her meals but there was no evidence that they offered him/her an Ensure. On 05/19/2026, at approximately 3:30 p.m., Surveyor interviewed Coordinator G. Coordinator G acknowledged Surveyor's concern that there were gaps in staff's tracking of Resident 4's meal intake. Coordinator G reported s/he was aware that management staff were looking for ways to adjust the provider's electronic record system to promote staff documenting care needs that called for routine tracking, but s/he wasn't sure where that was at in terms of implementation. Example 5 - Resident 4's malnutrition-related increased needs On 05/12/2026, at approximately 12:45 p.m., Surveyor interviewed Lead Caregiver A regarding residents' needs. Lead Caregiver A reported that Resident 4 had been at about the same level of functioning since Surveyor's last survey on 01/22/2026. Lead Caregiver A reported that Resident 4 did not require any weight monitoring or oral intake monitoring by staff. Lead Caregiver A reported that none of the provider's 4 residents required weight monitoring by staff. On 05/12/2026, Surveyor reviewed "Monthly Vitals" tracking records for the provider's 4 residents. From the records, it appeared that staff tracked residents' weight, temperature, pulse, blood pressure, oxygen saturation level, and respiratory rate once per month, though the day of each month's recording was not documented. All 4 residents had the same baseline tracking	{N 431}		

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{N 431}	Continued From page 18 frequency of once per month. On 05/15/2026, Surveyor reviewed Resident 4's record. Resident 4 was admitted to the provider on 06/21/2021 with diagnoses including developmental disability. Resident 4 was documented as being non-verbal, requiring total assistance for all cares, and unable to make his/her needs known. Resident 4's ISP, dated 03/10/2026, documented that Resident 4 was to be offered an Ensure nutritional supplement if s/he ate 50% or less of his/her meal. The ISP also documented, "[S/he] should be encouraged to take small bites of food and small sips of liquids." A section detailing an ISP review meeting that occurred that day documented, "[Lead Caregiver A] told the [primary care provider (PCP)] that [Resident 4] is refusing to eat and drink. Ensure is offered to [him/her] but [s/he] will not drink that either. The PCP said that the next step would be for [Resident 4] to get a g-tube for nourishment ..." Surveyor reviewed medical records for Resident 4, which included an emergency department admission note dated 02/25/2026 which documented that s/he was brought in and subsequently hospitalized with concerns of vomiting and "decreased oral intake." During that admission, Resident 4 was diagnosed with aspiration pneumonia as confirmed by chest x-ray. A post-hospitalization follow-up with his/her outpatient medical provider on 03/09/2026 documented the following: - Under the "Encounter Reason ..." section: "[Local hospital] admission 2/23-2/25 due to vomiting,, [sic] hard time getting [him/her] to eat still, dropped weight ...The patient presents for follow-up after a recent hospitalization for	{N 431}		

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{N 431}	Continued From page 19 aspiration pneumonia and for management of ongoing issues including poor oral intake, weight loss, and constipation." - Under the "History of Present Illness" section: " ...[S/he] has a history of chronic swallowing difficulties, which puts [him/her] at high risk for aspiration. Associated with this, [s/he] has poor oral intake and has recently lost two pounds, with [his/her] weight now at 101 pounds from 103 pounds ...During [his/her] recent admission, laboratory results showed anemia ...[S/he] also has issues with constipation, characterized by hard stools, which is likely related to dehydration from [his/her] poor oral intake." - Under the "Review of Systems" section: " ...Reports weight loss ...Reports poor appetite and not eating. Reports hard, pebble-like stools ..." - Under the "Assessment and Plan" section: " ...2. Malnutrition, poor oral intake, and weight loss: The patient's oral intake is poor, resulting in a weight loss of two pounds to a current weight of 101 pounds. [S/he] is on a pureed diet and sometimes consumes Ensure, though this has not been effective. [His/her] nutritional status will be monitored by encouraging [his/her] current diet, tracking [his/her] weight, and arranging a follow-up visit in a couple of months. The option of a feeding tube to provide nutrition will be part of the goals discussed with [his/her] guardian ... " ...4. Constipation: The patient has hard, pebble-like stools, likely secondary to dehydration from poor oral intake. [S/he] will continue [his/her] current regimen of docusate and lactulose, with an emphasis on increasing [his/her] water intake ...	{N 431}		

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{N 431}	Continued From page 20 " ...Recommend guardian potentially consider eval for feeding tube if oral intake not improving ..." - Under the "Patient Instructions" section: " ...Continue to encourage a pureed diet and drinking Ensure to help with nutrition. - Increase water intake to help with constipation ... - We will have a discussion with your guardian about goals of care, including the possibility of a feeding tube ... - Please schedule a follow-up appointment in a couple of months to monitor your weight." Surveyor compared Resident 4's previous active ISP (dated 10/21/2025 and provided during the previous survey that occurred on 01/22/2026) with the current one (03/10/2026). Resident 4's ISP from 10/21/2025 documented that s/he had been eating well and gained weight since the ISP review prior to that. Surveyor noted that the only intervention added to his/her 03/10/2026 ISP, where his/her oral intake concerns were already noted by staff and the review of which occurred after his/her medical appointment described above, was for staff to encourage small bites of food and small sips of liquid. Surveyor did not observe any interventional methods to promote weight monitoring, increased water intake, or increased food and Ensure intake as directed by his/her medical provider on 03/09/2026. At approximately 12:30 p.m., Surveyor requested from Coordinator G any documentation regarding staff's tracking of Resident 4's Ensure intake when given and water intake from 04/11/2026 - 05/15/2026. On 05/18/2026, Surveyor reviewed the records provided. From the records, Surveyor observed a	{N 431}		

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{N 431}	Continued From page 21 series of rounding notes, where staff documented cares for the residents including intake tracking for Resident 4. Surveyor observed the following from the notes: 1. On several occasions, staff did not record a specific amount of Resident 4's liquid intake. Because of this, Surveyor noted that it would be unclear to establish a liquid intake baseline for Resident 4 and by extension, track any improvements in his/her hydration in accordance with his/her medical provider's directive. This included the following: - 04/13/2026: "Drank half [his/her] juice" with lunch and drank 100% of "drink" for dinner (amounts not specified) - 04/14/2026: Drank "half glass of [his/her] juice" with breakfast and drank chocolate milk in the afternoon (amounts not specified) - 04/18/2026: With dinner, " ...drank [his/her] ensure and I gave [him/her] chol [sic] milk ..." (amount of chocolate milk not specified) - 04/27/2026: "Ate 100% of her food and drink" with dinner (amount not specified) - 05/11/2026: "Still drinking juice" noted for breakfast (amount consumed not specified) - 05/12/2026: Ate 100% of food "and drink" for dinner (amount not specified) 2. When Resident 4 was recorded as having limited liquid intake, there was no evidence of staff providing increased opportunities or encouragement for liquid intake during the day in accordance with her medical provider's directive	{N 431}		

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{N 431}	Continued From page 22 for increased hydration. This included the following: - 04/12/2026: 450 cc (the equivalent of approximately 15 ounces) of an unspecified liquid drank with breakfast, but no other annotations of any liquid intake attempts outside of his/her lunch Ensure (given due to food refusal) - 04/15/2026: Only liquids noted all day were "finished [his/her] chocolate milk and half a cup of juice" with dinner - 04/17/2026: Only liquid noted all day was 4500 cc of milk with breakfast (Surveyor noted this was likely a typographical error as this would have entailed approximately an entire gallon of milk consumed). - 04/19/2026: Drank a protein shake with dinner, but no other annotations of any liquid intake attempts outside of his/her breakfast and lunch Ensures (given due to food refusal). - 04/22/2026: Drank 2 cups of chocolate milk with dinner, but no other annotations of any liquid intake attempts outside of his/her breakfast and lunch Ensures (given due to food refusal) - 04/24/2026: Drank "half a glass of juice" with breakfast, but no other annotations of any liquid intake attempts outside of his/her lunch and dinner Ensures (given due to food refusal) - 04/29/2026: "[S/he] ...is trying to drink an ensure" with dinner, but no other annotations of liquid intake attempts - 04/30/2026: Drank 600 mL of an unspecified liquid with breakfast, but no other annotations of	{N 431}		

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{N 431}	Continued From page 23 liquid intake attempts outside of his/her lunch Ensure (given due to food refusal) - 05/03/2026: Only liquid intake attempts noted all day were Ensures given at breakfast and dinner (given due to food refusal) - 05/06/2026: Drank 600 mL with lunch, but no other annotations of liquid intake attempts outside of his/her dinner Ensure (given due to food refusal) - 05/08/2026: Drank a 450 cc milkshake with lunch, but no other annotations of liquid intake attempts outside of his/her breakfast and dinner Ensures (given due to food refusal) - 05/10/2026: Drank 575 cc with breakfast, but no other annotations of liquid intake attempts outside of his/her breakfast and lunch Ensures (given due to food refusal) - 05/13/2026: Drank 450 cc of an unspecified liquid with breakfast, but no other annotations of liquid intake attempts outside of his/her lunch and dinner Ensures (given due to food refusal) (Of note, Surveyor noted several occasions where staff documented Resident 4 experiencing "hard" stools, consistent with what was reported to his/her medical provider and assessed by his/her medical provider to be related to dehydration, including: 04/17/2026, 04/19/2026, 04/25/2026, 05/01/2026.) 3. On several occasions when staff noted that Resident 4 refused a meal and was provided Ensure, the documentation wasn't clear if s/he consumed the Ensure (related to the concern in his/her ISP that s/he both refused meals and	{N 431}		

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{N 431}	Continued From page 24 wouldn't drink his/her Ensure), including the following dates/mealtimes: - 04/18/2026: Ensure given due to lunch refusal (not specified if drank) - 04/19/2026: Ensures given due to breakfast and lunch refusal (not specified if drank) - 04/20/2026: Ensure given at 7:44 p.m. with a follow-up note at 7:45 p.m. that documented, "trying to get [Resident 4] to eat" (not specified if Ensure drank) - 04/22/2026: Ensures given with breakfast and lunch (not specified if drank) - 04/24/2026: Ensure given for dinner (not specified if drank) - 05/03/2026: Ensure given for breakfast (not specified if drank) - 05/05/2026: Ensure given for breakfast (not specified if drank) - 05/08/2026: Ensures given for breakfast and dinner (not specified if drank) - 05/13/2026: Ensures given for lunch and dinner (not specified if drank) From the entirety of records provided, Surveyor did not observe any measures implemented to increase Resident 4's weight monitoring outside of the baseline 1x/month that was standard for all the provider's residents, despite an onset concern of unanticipated weight loss and malnutrition. Surveyor did not observe evidence of any interventions implemented to meet his/her need	{N 431}		

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EICKSTAEDT	101 EICKSTAEDT LANE WATERTOWN, WI 53094

(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 431}	Continued From page 25 for increased water intake in accordance with his/her medical provider's directive to alleviate his/her constipation or dehydration concerns. Surveyor did not observe evidence of any interventions implemented to encourage increased his/her nutritional intake (either with his/her pureed food or Ensure) in accordance with his/her medical provider's directive. On 05/19/2026, at approximately 3:30 p.m., Surveyor interviewed Coordinator G. Coordinator G acknowledged Surveyor's concerns regarding Resident 4's nutritional monitoring. Coordinator G reported s/he was aware that management staff were looking for ways to adjust the provider's electronic record system to promote staff documenting care needs that called for routine tracking, but s/he wasn't sure where that was in terms of implementation.	{N 431}		