STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019044	A. BUILDING: _____ B. WING _____	R-C 09/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LILAC SPRINGS ASSISTED LIVING LLC	403 ONEIL ST LAKE MILLS, WI 53551

(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 09/16/2025, Surveyor conducted a verification visit and complaint investigation at Lilac Springs Assisted Living LLC, a community-based residential facility (CBRF) located in Lake Mills, WI. As a result of the survey, 3 deficiencies were identified. Two (2) were repeat deficiencies and 1 previous deficiency from statement of deficiency (SOD) ZOLI14, dated 04/24/2025 was substantially corrected. The complaint was unsubstantiated through SOD ZOLI14, dated 04/24/2025. Under statutory provisions of Wis. Stat. Chapter 50, a $200 revisit fee is being assessed. Census: 18	{N 000}		
{N 389}	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan.	{N 389}		

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

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{N 389}	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the provider did not update Resident 15's individual service plan (ISP) to include fall interventions. This is a repeat deficiency. See Statement of Deficiency (SOD) S9RD11, dated 06/23/2023, SOD ZOLI11, dated 01/23/2024, SOD ZOLI12, dated 05/30/2024, SOD ZOLI13, dated 09/27/2024; and SOD XOLI14, dated 04/22/2025. Findings include: On 09/16/2025, Surveyor reviewed Resident 15's record. Resident 15 was admitted to the provider on 05/13/2025 with diagnoses including chronic pulmonary embolism. Resident 15's hospital discharge summaries which document: -05/16/2025: Patient falls all the time s/he says, reportedly 3 times, most recently last night. Fall resulted in a nasal fracture. -05/30-06/03/2025: Patient admitted for multiple concerns including a cough, shortness of breath, failure to thrive and gait imbalance after a fall. -06/15/2025: Patient reported s/he lost his/her balance resulting in a laceration to the right eyebrow. Patient has a history of falls and dementia. -06/23-06/25/2025: Patient had 2 episodes of seizure-like activity a minute apart, each lasting about 1.5 minutes. Resident's eyes were rolled back, and s/he became unresponsive with whole body shaking. Reportedly patient had a fall recently. Neurology was contacted and Depakote was increased to 250 in the morning and 500 mg at bedtime. Surveyor reviewed Resident 15's current ISP, dated 05/12/2025, which documented:	{N 389}		

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{N 389}	Continued From page 2 -Under "Movement" heading, "Resident has been identified as a fall risk." -Under "Safety" heading, "Resident is getting up at night and wandering. Multiple resident falls." -No documentation of Resident 15 having seizures. At 10:30 a.m., Surveyor reviewed the above concerns with Administrator BB. Administrator BB stated that Resident 15's acknowledged that the ISP does not identify Resident 15 has having seizures but stated that the ISP does identify him/her as a fall risk. Surveyor asked if the facility had documentation in the ISP to identify the program services, frequency and approaches used to reduce the risk of Resident 15's falls. Administrator BB stated no that s/he was not aware that was required. Surveyor asked if Resident 15 had a seizure protocol. Administrator BB was unaware and stated s/he is in the process of making the ISPs more individualized, but it has been hard because s/he is also working the floor.	{N 389}		
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	N 406		

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N 406	Continued From page 3 destroyed in compliance with standard practices. Medications that cannot be returned to the pharmacy shall be separated from other 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 retained discontinued resident medication for over 30 days without a physician's order. The provider had Resident 16's discontinued Haloperidol for over 30 days and stored it in with his/her current medications in the medication cart. Findings include: On 09/16/2025, at 9:07 a.m., Surveyor reviewed the provider's medication administration cart with Administrator BB, who was administering medications that day. Surveyor observed Resident 16's medication punch card for Haloperidol 0.5 mg to take as needed (PRN) due to agitation. Administrator BB stated that s/he believed Resident 16's PRN Haloperidol had been discontinued. Surveyor reviewed the record of Resident 16. Resident 16 was admitted to the provider on 11/12/2024 with diagnoses including dementia, psychotic disturbances, mood disturbance, and	N 406		

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N 406	Continued From page 4 anxiety. Surveyor reviewed Resident 16's individual service plan (ISP), dated 12/24/2024. The ISP included a current list of medications which did not include PRN Haloperidol. Under "Psychotropic Medication" heading in the ISP, it states, "Not Applicable". Surveyor reviewed Resident 16's September 2025 medication administration record (MAR). Resident 16 did not have a physician order for PRN Haloperidol. Surveyor reviewed a physician order for Haloperidol 0.5 mg tablet to take (1) every 6 hours as needed for agitation with a start date of 10/30/2024. At approximately 10:00 a.m., Surveyor went in to the medication room with Administrator BB. Administrator BB logged into the provider's computer and pulled up Resident 16's MAR and verified that Resident 16 did not have a current physician order for PRN Haloperidol stating, "This should not be in my med cart." Administrator BB observed a note in Resident 16's record, entered by previous Administrator Y, confirming that Resident 16's PRN Haloperidol had been discontinued in July 2025. Administrator BB then removed the discontinued medication from the medication cart and stated s/he will destroy the medication.	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	{N 408}		

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{N 408}	Continued From page 5 shall do all of the following: 1. The resident ' s 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 record review and interview, the provider did not ensure that the individual service plans (ISP) for 1 of 1 resident reviewed with a prescription for as-needed (PRN) psychotropic medication included a rationale for use and a detailed description of the behaviors indicating the need for administration of the PRN medication. Resident 15's ISP did not include rationales for use or detailed descriptions of behaviors indicating the need for his/her prescribed PRN Hydroxyzine. This is a repeat deficiency. See Statement of Deficiency (SOD) S9RD11, dated 06/23/2023 and SOD ZOLI14, dated 04/22/2025. Findings include:	{N 408}		

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{N 408}	Continued From page 6 On 09/16/2025, Surveyor reviewed Resident 15's record. Resident 15 was admitted to the provider on 05/13/2025 with diagnoses including chronic pulmonary embolism. Resident 15's prescriptions included the following: -Hydroxyzine HCL 25 MG tablet to take 1 tablet three times daily as needed for anxiety. Surveyor reviewed Resident 15's current ISP, dated 05/12/2025, which identified that Resident 15 is prescribed Hydroxyzine HCL 25 MG, but does not identify that it is a PRN medication or identify the rationale for use and a detailed description of the behaviors which indicate the need for administration of PRN Hydroxyzine. Under "Psychotropic Medication" heading in Resident 15's ISP, it states, "Not Applicable". At 10:30 a.m., Surveyor reviewed the above concerns with Administrator BB. Administrator BB stated s/he did not know Resident 15 was prescribed a PRN psychotropic medication. Surveyor reviewed Resident 15's September medication administration record (MAR) with Administrator BB and identified that the PRN Hydroxyzine was administered on 09/04/2025. Administrator BB stated that it was his/her initials that signed out the PRN medication.	{N 408}		