STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0021156	A. BUILDING: _____ B. WING _____	C 03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MITCHELL MANOR OAK CREEK	8740 S OAK PARK DRIVE OAK CREEK, WI 53154

(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 03/26/2026, Surveyors completed a standard survey and 2 complaint investigation at Mitchell Manor Oak Creek. As a result, 4 deficiencies were identified. One of 2 complaints was unsubstantiated. One of 2 complaints was substantiated. Census: 23	N 000		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not obtain documentation from a physician, a registered nurse or a physician's assistant indicating 3 of 4 caregivers reviewed were screened for clinically apparent communicable diseases within 90 days before the start of employment. Caregiver C, Caregiver D, and Caregiver E, was not screened for clinically apparent communicable disease.	N 220		

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

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N 220	Continued From page 1 Findings include: On 03/26/2026, at approximately 10:00 AM, Surveyors reviewed staff records and identified the following: Caregiver C was hired on 01/30/2026. Caregiver C's record contained a health screen document signed and dated 01/30/2026. The health screen did not contain evidence indicating Caregiver C was screened for apparent communicable disease. Caregiver D was hired on 12/30/2025. Caregiver D's record contained a health screen document signed and dated 04/09/2025. The health screen did not contain evidence indicating Caregiver D was screened for apparent communicable disease. Caregiver E was hired on 01/30/2026. Caregiver E's record contained a health screen document signed and dated 01/30/2026. The health screen did not contain evidence indicating Caregiver E was screened for apparent communicable disease. On 03/26/2026, at approximately 1:44 PM, Surveyors interviewed Executive Director A (ED A) and Regional Director B (RD B). ED A and RD B reported the new hire form used to screen for tuberculosis (TB) did not contain an area for communicable disease screening. ED A and RD B reported the form used was a new form implemented as of November 2025. RD B confirmed s/he would ensure all communicable disease screenings were completed in the future.	N 220		

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N 410	Continued From page 2	N 410		
N 410	83.37(1)(k) Medication error or adverse reaction. Medication error or adverse reaction. 1. The CBRF shall document in the resident ' s record any error in the administration of prescription or over-the-counter medication, known adverse drug reaction or resident refusal to take medication. 2. The CBRF shall report all errors in the administration of medication and any adverse drug reactions to a licensed practitioner, supervising nurse or pharmacist immediately. Unless otherwise directed by the prescribing practitioner, the CBRF shall report to the prescribing practitioner, supervising nurse or pharmacist as soon as possible after the resident refuses a medication for 2 consecutive days. This Rule is not met as evidenced by: Based on record review and interview, the provider did not report to the prescribing practitioner, supervising nurse or pharmacist, as soon as possible, for 1 (Resident 1) of 4 residents reviewed. The prescribing practitioner, supervising nurse or pharmacist was not contacted after Resident 1 refused medication for 2 consecutive days on 2 separate occasions. Findings include: On 03/26/2026 at approximately 9:30 AM, Surveyor reviewed Resident 1's record and identified the following: Resident 1 was admitted to the facility on 11/24/2025 with primary diagnoses including constipation. Resident 1 had a Physician Order,	N 410		

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N 410	Continued From page 3 with a start date of 11/24/2025 for polyethylene glycol powder, "take 17 grams by mouth daily. Stir and dissolve powder in any 4 to 8 ounces by beverage, then drink." Resident 1's March 2026 medication administration record (MAR) indicated Resident 1 refused polyethylene glycol powder on 03/04/2026 to 03/05/2026 and 03/07/2026 to 03/08/2026. Resident 1 refused polyethylene glycol powder for 2 consecutive days on 2 separate occasions. On 03/26/2026 at approximately 1:44 PM, Surveyor interviewed Executive Director A and Nurse Regional Director B. Nurse Regional Director B was under the impression a resident's prescribing practitioner should be notified after a resident refused medication(s) for 3 consecutive days. Executive Director A reported he/she has been working with staff regarding medication administration and medication management and will re-educate staff about reporting to the nurse if a resident refuses medication(s) for 2 consecutive days.	N 410		
N 415	83.37(2)(d) Documentation of medication administration. Documentation of medication administration. As required under s. DHS 83.42(1)(o), at the time of medication administration, the person administering the medication or treatment shall document in the resident record the name, dosage, date and time of medication taken or treatments performed and initial the medication administration record. Any side effects observed by the employee or symptoms reported by the resident shall be documented. The need for any PRN medication and the resident ' s response shall be documented.	N 415		

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N 415	Continued From page 4 This Rule is not met as evidenced by: Based on record review and interview, the provider did not have documentation of the time of medication administration, the person administering the medication or treatment and the name, dosage, date and time of medication taken or treatments performed and initialed in the medication administration record (MAR) for 2 (Resident 1 and Resident 2) of 4 residents reviewed. The provider did not accurately document when Resident 1's medication was administered. No staff initial was observed for a total of 58 administered doses of prescribed medications between January 2026 to March 2026. The provider did not accurately document when Resident 2's medication was administered. No staff initial was observed for a total of 80 administered doses of prescribed medications in January 2026 to Match 2026. Findings include: On 03/02/2026, the Department received a complaint alleging medication error. On 03/26/2026 at approximately 2:00 PM, Surveyor reviewed the facility's Medication Management policy, with a revision date of 12/19/2022. The policy stated the following: " ...Community Staff will document each time they provide medications administration assistance on the Medication Administration Record (MAR) provided by the pharmacy ..."	N 415		

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N 415	Continued From page 5 On 03/26/2026 at approximately 9:30 AM, Surveyor reviewed resident's records. The following was identified: Resident 1 was admitted on 11/24/2025. Resident 1's individualized service plan, dated 02/15/2026, indicated facility staff manages and administers Resident 1's medications. Resident 1's January 2026, February 2026 and March 2026 MAR indicated the following orders, and prescribed medications were not documented as administered: -Donepezil hydrochloride (HCl) tablet 10 milligrams (mg). Give 0.5 tablet by mouth at bedtime for dementia. Seven doses were not documented as administered. -Trazadone HCl tablet 50 mg. Give 1 tablet by mouth at bedtime for depression. Six doses were not documented as administered. -Xarelto tablet 15 mg. Give 1 tablet by mouth in the evening for A-fib. Six doses were not documented as given. -Metoprolol tartrate tablet 25 mg. Give 12.5 mg by mouth two times a day for hypertension (HTN). Ten doses were not documented as given. -Amlodipine besylate 2.5 mg tablet. Give 1 tablet by mouth once daily for HTN. Four doses were not documented as given. -Aspirin 81 mg chewable tablet. Give 1 tablet by mouth once daily to preventitive. Four doses were not documented as given. -Memantine HCl 5 mg tablet. Give 1 tablet by mouth once daily for dementia. Four doses were	N 415		

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not documented as given.

-Polyethylene glycol 3350 powder. Take 17 grams (g) by mouth daily. Stir and dissolve powder in any 4 to 8 ounces of beverage, then drink. Five doses were not documented as given.

-Vitamin C 250 mg tablet. Give 1 tablet by mouth once daily for supplement. Four doses were not documented as administered.

-Cyanocobalamin 500 mg by mouth one time a day. Four doses were not documented as administered.

Fish Oil - Vitamin D. Take by mouth one time a day. Four doses were not documented as administered.

Resident 2 was admitted on 11/24/2025. Resident 2's individualized service plan, dated 03/14/2026, indicated facility staff manages and administers Resident 2's medications. Resident 2's January 2026, February 2026 and March 2026 MARs indicated the following orders, and prescribed medications were not documented as administered:

-Basaglar Kwikpen subcutaneous solution pen-injector 100 unit/milliliter (ml). Inject 30 unit subcutaneously two times a day for diabetes. Eleven doses were not documented as administered.

-Levetiracetam oral solution 100 milliliters (ml). Give 10 ml by mouth two times a day for seizures. Ten doses were not documented as administered.

-Metformin HCl extended release (ER) tablet 500

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mg. Give 1 tablet by mouth two times a day for diabetes. Three doses were not documented as administered.

-Primidone tablet 250 mg. Give 1 tablet by mouth two times a day for seizures. Four does were not documented as administered.

-Lamotrigine tablet 25 mg. Give 1 tablet by mouth three times a day for seizures. Twenty-five doses were not documented as administered.

-Spironolactone 50 mg. Give 1 tablet by mouth once a day. Six doses were not documented as administered.

-Folic acid 1 mg tablet. Take 1 tablet by mouth every morning. Four doses were not documented as administered.

-Losartan potassium 25 mg tablet. Give 1 tablet by mouth once daily. Five doses were not documented as administered.

-Pantoprazole 40 mg tablet. Take 1 tablet by mouth in the morning. Four doses were not documented as administered.

-Vitamin B-12. Give 1 tablet by mouth once daily. Four doses were not documented as administered.

-Vitamin D3 50 micrograms (MCG). Take 1 capsule by mouth daily. Four doses were not documented as administered.

On 03/26/2026 at approximately 1:44 PM, Surveyor interviewed Executive Director A and Nurse Regional Director B. Executive Director A disclosed the two facility nurses "walked off on

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N 415	Continued From page 8 the job" one day apart from each other, while he/she was on vacation. Executive Director A reported he/she came into work, the day after the second nurse "walked off" to resident documents being shredded. Executive Director A could not state what the documents were, and if those documents indicated why the above medications were not documented as administered. Since then, Executive Director A and Nurse Regional Director B have identified deficiencies within medication management and administration. Executive Director A and Nurse Regional Director B have conducted in-service and hands-on training with the caregivers on medication management and administration. Executive Director A and Nurse Regional Director B will re-educate the medication passers on the importance of documenting appropriately when medication(s) is administered.	N 415		
N 452	83.41(3)(b) Food safety. Food safety. Whether food is prepared at the CBRF or off-site, the CBRF shall store, prepare, distribute and serve food under sanitary conditions for the prevention of food borne illnesses, including food prepared off-site, according to all of the following: 1. The CBRF shall refrigerate all foods requiring refrigeration at or below 40°F. Food shall be covered and stored in a sanitary manner. 2. The CBRF shall maintain freezing units at 0°F or below. Frozen foods shall be packaged, labeled and dated. 3. The CBRF shall hold hot foods at 140°F or above and shall hold cold foods at 40°F or below until serving.	N 452		

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N 452	Continued From page 9	N 452		

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure food was stored to prevent foodborne illness, which had the potential to affect 23 of 23 residents. The facility did not properly food was properly sealed and labeled with opened dates.

Findings include:

On 03/26/2026, at approximately 12:35 PM, Surveyors toured the facility. At approximately 12:43AM, Surveyor entered the memory care kitchenette/dining area and observed the following:

Freezer:

1 - 3 gallon container of Wholesome Farms butter pecan flavored ice cream without a label or open date.

1 - blue gel eye mask in the doorway of the freezer laying on top of a red sticky substance.

Refrigerator:

2- 1 gallons of opened Glenview Farms reduced fat 2% milk. One gallon of the 2% milk had a best by date of 03/15/2026. The milk did not have an open date or label.

Upper Kitchenette Cabinet:

A bowl of butter sitting on the shelf in the cabinet

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N 452	Continued From page 10 uncovered with a black plastic knife sitting in the butter. The butter appeared discolored with a dull faded yellow hue and contained a grainy gritty texture with brown specs consistent with improper storage. On 03/26/2026, at approximately 1:44 PM, Surveyors interviewed Executive Director (ED) A and Nurse Regional Director (RD) B. Surveyors interviewed ED A and RD B. Surveyors informed ED A and RD B of the above concerns. ED A and RD B could not state why the above items were not sealed, labeled and/or dated with an open date. ED A stated s/he would correct the above mentioned issues.	N 452		