STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017089	A. BUILDING: _____ B. WING _____	R-C 05/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIMENSIONS LIVING PEWAUKEE EAST	W232N3471 HUNTERS RIDGE RD PEWAUKEE, WI 53072

(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 05/27/2025 - 05/28/2025, Surveyors conducted a verification visit and 2 complaint investigations at Dimensions Living Pewaukee East, a CBRF in Pewaukee WI. Seven deficiencies were identified. [Two] of 7 deficiencies were repeat violations (see statement of deficiency (SOD) 4NVT11, dated 02/22/2024, SOD 4NVT12, dated 07/09/2024, and SOD 4NVT13, dated 12/16/2024.) Both complaints were substantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 13	{N 000}		
N 164	83.12(4)(b) Reporting when law enforcement is called. A CBRF shall send a written report to the department within 3 working days after any of the following occurs: Any time law enforcement personnel are called to the CBRF as a result of an incident that jeopardizes the health, safety, or welfare of residents or employees. The CBRF ' s report to the department shall provide a description of the circumstances requiring the law enforcement intervention. This reporting requirement does not apply to residents under the jurisdiction of government correctional agencies. This Rule is not met as evidenced by: Based on record review and interview, the provider did not send a written report to the Department within 3 working days after law enforcement personnel was called to the facility	N 164		

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

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N 164	Continued From page 1 as a result of an incident that jeopardized the health, safety, or welfare of residents or employees. On 03/28/2025, Resident 2 was assaulted by another resident. Law enforcement was summoned to the facility on 03/30/2025 to investigate the incident. The provider did not submit a report to the Department related to the incident. Findings include: On 05/01/2025, the Department received a complaint which included details of a resident-to-resident assault that occurred on 03/28/2025. On 05/27/2025, Surveyors conducted an on-site complaint investigation. On 05/27/2025, Surveyor reviewed the Department's records. There was no self-report on file related to a resident-to-resident incident that resulted in law enforcement involvement on or around 03/28/2025. On 05/27/2025 at approximately 9:30 AM, Surveyor interviewed VP of Operations CC. VP of Operations CC informed Surveyor the current managing company took over operation of the facility around April 1st, 2025. VP of Operations CC stated records prior to April 1st would need to be requested from the previous managing company. At approximately 10:00 AM, Surveyor requested records from VP of Operations CC, including a self-report for resident-to-resident altercation on 03/28/2025, progress notes, and incident reports for Resident 2. Resident 2's incident report, dated 03/28/2025, documented the following:	N 164		

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N 164	Continued From page 2	N 164		

" ... Behavior (Resident to Resident Altercation)- [Resident 2] had scratches on [his/her] face and first shift reported that [Resident 2] had an altercation with another resident..."

Progress notes did not include details of the incident.

On 05/27/2025 at approximately 2:15 PM, Surveyor interviewed Regional Clinician DD. Surveyor inquired about any other documentation related to the incident on 03/28/2025 including a self-report to the Department. Regional Clinician DD stated s/he would have to look into it.

On 03/28/2025 at approximately 11:30 AM, VP of Operations CC sent an email to Surveyors. It did not include record of a self-report, but included an additional statement related to the incident on 03/28/2025 that documented the following:

"While having breakfast, [Resident 2] reached for [other resident's], orange juice. [Other resident] became upset and reacted by striking [him/her] in the face ... [Resident 2] sustained minor injuries to the face and lip ..."

Surveyor obtained a copy of the police report, dated 03/30/2025, which documented the following:

" ... Occurred between 11:00:00 03/28/2025 and 11:30:00 03/30/2025 ... Synopsis: This report is in regard to a battery that occurred on 03/28/2025 between 1100 hours and 1130 hours at [Facility Name] located at [address]. [Resident 2] suffers from advanced Dementia and was struck on the left side of [his/her] face by [other resident] who also suffers from advanced Dementia ... [Officer] then looked at [Resident 2's] face and observed

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N 164	Continued From page 3 multiple scratches on the left side of [his/her] face. [Officer] did not observe any bruising of swelling on the left side of [Resident 2's] face ..."	N 164		
N 352	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure that Resident 22 received his/her medications as prescribed by his/her practitioner. Between 05/01/2025 to 05/27/2025, there was 12 occasions in which Resident 22's Diclofenac1% gel was not available due to non-availability. Between 05/01/2025 to 05/27/2025, there was 14 occasions in which Resident 22's Aspercreme lidocaine patch was not available due to non-availability. Findings include: On 05/27/2025 at 9:30 AM, Surveyor interviewed Resident 22 in their room. Surveyor observed a tube of Diclofenac 1% gel laying on a side table next to Resident 22's recliner. The container appeared empty/flattened. Resident 22 reported s/he used that gel due to his/her chronic pain. Resident 22 stated s/he had a fracture at his/her	N 352		

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N 352	Continued From page 4 last placement that did not heal right and ongoing arthritis concerns. Resident 22 reported the facility continues to run out of their pain medications including the gel and patches. Resident 22 stated s/he relied on the staff to administer/reorder their medications, but they just keep telling me they are waiting on the pharmacy. Resident 22 stated s/he did not have family that visited often and the ongoing concerns with the provider's call light system had made it hard to follow up with anyone regarding concerns. On 05/27/2025, Surveyor reviewed Resident 22's record. Resident 22 admitted to the facility on 07/19/2024. Resident 22 is advanced age and has diagnoses including restless legs syndrome, chronic pain, and depression. Resident 22 was their own legal decision maker. Resident 22's individual service plan (ISP) dated 05/16/2025 documented: staff administer Resident 22's medications and Pain: encourage and assist to call for assistance when in pain, reposition self, ask for medication, tell you how much pain is experienced, tell you what increases or alleviates pain." Resident 22's physician orders included the following: "Diclofenac sodium 1% gel with directions to apply topically to affected areas four times daily for pain, with a start date of 04/01/2025 and Aspercreme lidocaine 4% patch with directions to apply 1 patch topically to left elbow in the morning and remove per schedule (12 hr on, 12 hr off) for arthritis pain." Surveyor reviewed Resident 22's medication administration record (MAR) from May 2025. The MAR included chart codes with 14=med not available. The following dates staff indicated "14.": Diclofenac 1% gel: 05/01/2025 (2x), 05/04/2025,	N 352		

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N 352	Continued From page 5 05/17/2025 (2x), 05/19/2025 (2x), 05/20/2025 (2x), 05/26/2025 (2x), 05/27/2025. Aspercreme lidocaine patch: 05/07/2025, 05/09/2025, 05/14/2025, 05/16/2025, 05/17/2025, 05/19/2025, 05/20/2025, 05/21/2025, 05/22/2025, 05/23/2025, 05/24/2025, 05/25/2025, 05/26/2025, 05/27/2025 Resident 22's progress note dated 05/09/2025 documented: "Aspercreme lidocaine 4% patch: Med not in house." On 05/27/2025 at 2:30 PM, Surveyor interviewed VP of Operations (VPO) CC and Regional Clinician DD. Surveyor questioned why Resident 22's pain medications were unavailable over 26x, in the month of May. Both staff stated they would need to investigate this further and did not provide anymore information. As of 05/28/2025, no further information was submitted. Cross Reference: N0353 83.32(3)(i) Rights Of Residents: Adequate Treatment N0388 83.35(3)(c) Implement, Follow The Individual Service Plan	N 352		
{N 353}	83.32(3)(i) Rights of Residents: Adequate treatment In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Prompt and adequate treatment. Receive prompt and adequate treatment that is appropriate to the resident ' s needs.	{N 353}		

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{N 353}	Continued From page 6 This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure that Resident 2 received prompt and adequate treatment appropriate to his/her needs. From at least 03/27/2025 to 05/27/2025, Resident 22's call light was not working which contributed to long response times waiting for activities of daily living (ADL's) to be completed. During survey, Surveyor tested Resident 22's call light with him/her waiting for over 25 minutes until the Surveyor notified staff Resident 22's call light was pushed. Staff reported they did not carry the facility tablet which notified them when call lights were pushed due to ongoing issues with the system. This is a repeat violation. See Statement of Deficiency (SOD) 4NVT13, dated 12/16/2024. Findings include: On 05/27/2025 at 9:30 AM, Surveyor interviewed Resident 22 in their room. Resident 22 reported long call light wait times when needing assistance with ADLs. Resident 22 reported s/he will push their call light, but no one will come until the next mealtime when staff assist me to the dining room via wheelchair. Resident 22 stated s/he had brought this up with the former administrator, but management continues to change, and nothing is done about it. Resident 22 stated s/he had a cellphone s/he used in the past to call the facility requesting help, but staff do not answer the phone resulting in staying awake and not receiving help until 3rd shift arrives. Resident 22 stated this continues to occur many times a week. Surveyor observed Resident 22's call light	{N 353}		

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{N 353}	Continued From page 7 next to him/her. Resident 22 pushed their call light at 9:35AM. By 10:00 AM, no staff had responded to Resident 22's room. At 12:12 PM, Surveyor interviewed Resident 22 in the dining room. S/he reported they had a bowel movement (bm) in the commode (right next to recliner chair) at 11am, pushed his/her call button and staff did not respond until right before lunch to bring me. On 05/27/2025 at 10:07 AM, Surveyor interviewed Caregiver BB. Surveyor shared Resident 22's call light was pushed over 25 minutes ago, and no staff responded. Caregiver BB confirmed Resident 22's call light was not working. Caregiver BB reported when residents push their call light, a notification is sent to an iPad, caregivers are supposed to carry. Caregiver BB reported the provider was down to 1 iPad. Caregiver BB stated the provider's call light system was very spotty, so staff did not carry the iPad anymore, instead trying to check on the residents every few hours. On 05/27/2025, Surveyor reviewed Resident 22's record. Resident 22 admitted to the facility on 07/19/2024. Resident 22 is advanced age and has diagnoses including restless legs syndrome, chronic pain, and depression. Resident 22 was their own legal decision maker. Resident 22's individual service plan (ISP) dated 05/16/2025 documented: "Bladder and Bowels: is continent of bladder and bowels. Uses bedside commode. [S/he] can transfer self to commode. Commode needs to be emptied by staff. Evacuation: Requires assistance for evacuation from the building in the event of an emergency. Falls: is at risk for falls due to weakness and unsteady gait. Assistive Devices: Requires assistance for wheelchair. Standby assistance to transfer. Staff needs to wheel resident to meals and activities.	{N 353}		

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{N 353}	Continued From page 8 Toileting: Care staff to set up commode at bedside every night and empty and clean in the morning. The bedside commode needs to be emptied during the day as well. Requires assistance with incontinence supplies." A review of the provider's call light report from 03/27/2025 to 05/27/2025 did not record any responses from Resident 22's room or responder, including today's attempt with the Surveyor. On 05/27/2025 at 1:30 PM, Surveyor interviewed VP of Operations (VPO) CC and Regional Clinician DD regarding the provider's call light system. VPO CC reported each resident who was capable of using a pendant is given one, and each time pushed, a notification is sent to an iPad, staff carry. VPO CC reported their team took over the facility in April 2025 and was aware of concerns with the call light system, but thought they were addressed. Surveyor asked if VPO CC could demonstrate how the call light system worked. VPO CC got Caregiver BB to assist us. Caregiver BB led us to Resident 23's room. Caregiver BB pushed Resident 23's call button. VPO CC asked Caregiver BB "where was the iPad?" Caregiver BB reported s/he did not have or use the iPad. Caregiver BB stated "the charger was lost the last 2 days, so staff have not used the iPad." Caregiver BB led us to the staff break room and found the iPad on a table. The iPad was on, but not logged into the provider's call light system. VPO CC acknowledged staff were not carrying the iPad which notified them of call light requests. Caregiver BB stated s/he had reported concerns about the call light system to the previous administrator. VPO CC told Caregiver BB that staff had to tell management if concerns continued with the call light system.	{N 353}		

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{N 353}	Continued From page 9 On 05/27/2025 at 2:30 PM, Surveyor interviewed VPO CC and Regional Clinician DD. Surveyor expressed concern the provider's call light report submitted for review did not include any requests for assistance for Resident 22 including today's test. VPO CC stated s/he was going to have their IT company come out to assess the call light system. Cross Reference: N0352 83.32(3)(h) Rights Of Residents: Receive Medication N0388 83.35(3)(c) Implement, Follow The Individual Service Plan	{N 353}		
{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 observation, record review, and interview, the provider did not ensure the individual service plans (ISPs) for Resident 2 and Resident 22 were implemented and followed as written. The provider did not record Resident 2's monthly weights in accordance with his/her ISP for several months. Resident 22's ISP directed staff to empty his/her commode and assist with housekeeping services daily and as needed. On the day of survey, over an approximate 5-hour time (9:30 AM to 2:22 PM), Surveyor observed Resident 22's room in an unkept condition, with food crumbs and debris in the carpet, and bowel movement (bm) left in the	{N 388}		

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{N 388}	Continued From page 10 commode without staff attention. This deficiency is being cited for the 4th time. See Statements of Deficiency (SOD) 4NVT13, dated 12/16/2024, SOD 4NVT12, dated 07/09/2024, and SOD 4NVT11, dated 02/22/2024. Findings include: On 05/01/2025, the Department received a complaint alleging concerns with Resident 2 experiencing significant weight loss and cleanliness in the facility. On 05/27/2025, Surveyor conducted a complaint investigation and identified the following: Example 1- Resident 2 Resident 2's records were reviewed and documented the following: Resident 2 admitted to the facility on 03/08/2021 with diagnosis that included dementia, major depressive disorder, and anxiety disorder. Resident 2's ISP stated: " ... Eating/ Meals/ Nutrition- ... Interventions- ... Weight monthly or as per MD orders. Resident is on Hospice Services." Resident 2's vitals history included 2 weights obtained for 2025, and were as follows: - 01/30/2025: 111 lbs - 05/26/2025: 110 lbs On 05/27/2025 at approximately 9:15 AM, Surveyor interviewed VP of Operations CC, who stated the [managing company] recently took over and they were working with the previous	{N 388}		

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{N 388}	Continued From page 11	{N 388}		

company to obtain records. Around 10:00 AM, Surveyor requested Resident 2's weights from January 1st, 2025 - present. At 12:00 PM, VP of Operations CC sent Resident 2's weights via email, which only included the weights noted above from 01/30/2025 & 05/26/2025.

On 05/27/2025 at approximately 12:50 PM, Surveyor interviewed Facility LPN EE. LPN EE stated things have been challenging as the managing company recently took over, there have been many agency staff working, and that the management company is still working through care plan updates and simplifying charting, as some has been electronic, and some has been paper.

On 05/27/2025 at approximately 2:30 PM, Surveyors interviewed Regional Clinician DD regarding ISP tasks not being followed. Surveyors asked Regional Clinician DD who was responsible for updating the ISPs and ensuring they are accurate and being followed. Regional Clinician DD stated nursing staff would have that responsibility and confirmed Facility LPN EE would have the primary responsibility of these tasks.

Example 2- Resident 22

On 05/27/2025 at 9:30 AM, Surveyor interviewed Resident 22 in their room. Surveyor observed Resident 22's carpet covered in small pieces of what appeared to be paper products and food crumbs. Resident 22 was sitting in his/her recliner chair. Observed a commode next to the recliner. Resident 22 reported the staff was responsible for cleaning their room, but it had been over a month since any cleaning took place. Resident 22 reported s/he can self-transfer to the commode

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{N 388}	Continued From page 12	{N 388}		

but relies on staff to empty it. Resident 22 reported ongoing concerns with the staff's call light system not working and having to smell the odor of bm next to them since staff only come to assist/empty commode at mealtimes or before bed.

On 05/27/2025 at 10:07 AM, Surveyor interviewed Caregiver BB regarding the condition of Resident 22's room. Caregiver BB reported the provider did not have a housekeeper and shared staff were responsible for cleaning, cooking, and caregiving so it was hard to keep up with all tasks.

On 05/27/2025 at 12:00 PM, Surveyor observed Resident 22's room again and observed the same conditions on the carpet and bm in the commode.

On 05/27/2025 at 12:12 PM, Surveyor interviewed Resident 22 in the dining room. S/he reported they had a bowel movement (bm) in the commode (right next to recliner chair) at 11 am, pushed his/her call button and staff did not respond until right before lunch to bring me. Resident 22 reported staff did not empty the commode while assisting before lunch.

On 05/27/2025 at 1:30 PM, Surveyor interviewed VP of Operations (VPO) CC and Regional Clinician DD. Surveyor shared observations from Resident 22's room and times observed. VPO CC shared caregivers were responsible for providing housekeeping services.

On 05/27/2025 at 2:22 PM, Surveyor observed Resident 22's room again and observed the same conditions on the carpet and bm in the commode.

On 05/27/2025, Surveyor reviewed Resident 22's

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DIMENSIONS LIVING PEWAUKEE EAST	W232N3471 HUNTERS RIDGE RD PEWAUKEE, WI 53072

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{N 388}	Continued From page 13 record. Resident 22 admitted to the facility on 07/19/2024. Resident 22 is advanced age and has diagnoses including restless legs syndrome, chronic pain, and depression. Resident 22 was their own legal decision maker. Resident 22's ISP dated 05/16/2025 documented: "Bladder and Bowels: is continent of bladder and bowels. Uses bedside commode. [S/he] can transfer self to commode. Commode needs to be emptied by staff. Toileting: Care staff to set up commode at bedside every night and empty and clean in the morning. The bedside commode needs to be emptied during the day as well. Housekeeping: requires assistance, facility will provide housekeeping services to resident daily and as needed." The provider failed to implement Resident 22's ISP as written. The provider did not ensure housekeeping services were completed and Resident 22's commode was emptied per his/her ISP. Cross Reference: N0352 83.32(3)(h) Rights of Residents: Receive Medication N0353 83.32(3)(i) Rights Of Residents: Adequate Treatment	{N 388}		
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	N 389		

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N 389	Continued From page 14 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. This Rule is not met as evidenced by: Based on observation, record review, and interview, the individual service plan (ISP) was not updated for 2 of 2 residents reviewed when there was a change in resident needs and abilities. Resident 2's ISP was not updated to include the directions and indication for the use of as needed (PRN) Lorazepam or aggressive behaviors displayed. Resident 22's ISP was not updated to include use of bed rails. This is a repeat violation. See Statement of Deficiency (SOD) 4NVT11, dated 02/22/2024. Findings include: Example 1- Resident 2 On 05/27/2025 Surveyor reviewed Resident 2's record which documented the following: Resident 2 admitted to the facility on 03/08/2021 with diagnosis that included dementia, major depressive disorder, and anxiety disorder. Resident 2's medication administration record (MAR) documented the following:	N 389		

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N 389	Continued From page 15 An order for Lorazepam with a start date of 04/02/2025, that reads as- Lorazepam 1 mg tablet give 1 tablet by mouth every hour as needed for anxiety/agitation/restlessness/nausea or vomiting (indications for use: anxiety, agitation, restlessness, nausea). Discontinue date of 05/21/2025. An order for Lorazepam with a start date of 05/22/2025, that reads as- Lorazepam 1 mg tablet give 1 tablet by mouth every hour as needed for anxiety/agitation/restlessness/nausea/vomiting (Related Diagnoses: Senile degeneration of brain, not elsewhere classified). PRN Lorazepam was administered on the following dates and times: -05/09/2025 at 2:48 PM -05/18/2025 at 5:45 PM -05/22/2025 at 5:32 PM -05/26/2025 at 11:28 AM and at 6:32 PM -05/27/2025 at 9:34 AM On 05/27/2025 at approximately 10:30 AM, Surveyor interviewed Resident 24. Resident 24 informed Surveyor of several residents who become aggressive, including Resident 2. Resident 24 stated Resident 2 hits and pinches other residents and staff at times. Resident 24 stated staff try to intervene at times but that is when they get hit too. On 05/27/2025, Surveyor reviewed Resident 2's ISP, which did not include information about the use of Lorazepam as a PRN psychotropic medication, or that Resident 2 becomes aggressive and how to respond to the behavior.	N 389		

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N 389	Continued From page 16 On 05/27/2025 at approximately 12:50 PM, Surveyor interviewed Facility LPN EE. LPN EE stated things have been challenging as the managing company recently took over, there have been many agency staff working, and that the management company is still working through care plan updates and simplifying charting, as some has been electronic, and some has been paper. On 05/27/2025 at approximately 2:30 PM, Surveyors interviewed Regional Clinician DD regarding ISPs not being followed or updated. Surveyors asked Regional Clinician DD who was responsible for updating the ISPs. Regional Clinician DD stated nursing staff would have that responsibility and confirmed Facility LPN EE would have the primary responsibility of the task. Example 2- Resident 22 According to the Food and Drug Administration, "National surveys of patient deaths occurring in the bed environment demonstrate the risk of entrapment when a patient slips between the mattress and bed rail or when the patient becomes entrapped in the bed rail itself. The population at risk for entrapment are patients who are frail or elderly or those who have conditions such as agitation, delirium, confusion, pain, uncontrolled body movement, hypoxia, fecal impaction, and acute urinary retention that cause them to move about the bed or try to exit from the bed. The absence of timely toileting, position change, and nursing care are factors that may also contribute to the risk of entrapment. The risk may also increase due to technical issues such as the mis-sizing of mattresses, bed rails with winged edges, loose bed rails, or design elements such as wide spaces between vertical	N 389		

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N 389	Continued From page 17	N 389		

bars in the rails themselves..." (Source: U.S. Food and Drug Administration (FDA) Hospital Bed Safety Workgroup, Clinical Guidance For the Assessment and Implementation of Bed Rails In Hospitals, Long Term Care Facilities, and Home Care Settings, April 2003, https://www.fda.gov/media/88765/download (retrieval date - June 5th, 2025).)

On 05/27/2025 at 9:30 AM, Surveyor interviewed Resident 22 in their room. Resident 22 was sitting in a recliner chair. Resident 22 stated s/he used a wheelchair, and staff transported him/her to meals and activities. Resident 22 reported s/he required assistance for all transfers due to his/her unsteady gait. At 9:37 AM, Surveyor observed Resident 22's bed which had half-length bed rails up and attached to each side of the bed. Resident 22 reported s/he used the bed rails for repositioning.

On 05/27/2025, Surveyor reviewed Resident 22's record. Resident 22 admitted to the facility on 07/19/2024. Resident 22 is over 90 and has diagnoses including restless legs syndrome, chronic pain, and depression. Resident 22 was their own legal decision maker. Resident 22's individual service plan (ISP) dated 05/16/2025 documented: "Falls: is at risk for falls due to weakness and unsteady gait. Requires reminders for: call for assistance, use of mobility devices, use of the bathroom, going to activities. Assistive Devices: requires assistance for wheelchair. Standby assistance to transfer. Staff needs to wheel resident to meals and activities. Transferring: requires assistance for transfers." The ISP did not contain any information regarding his/her bedrails.

On 05/27/2025 at 2:30 PM, Surveyor interviewed

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N 389	Continued From page 18 VP of Operations (VPO) CC and Regional Clinician DD. Surveyor questioned why Resident 22's ISP did not identify the use of bed rails. Both staff acknowledged bedrails should have been identified on the ISP. Both staff stated they would need to investigate this further. As of 05/28/2025, no further information was submitted.	N 389		
N 416	83.37(2)(e) Other administration given or delegated by RN Other administration. Injectables, nebulizers, 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 administration of injectable medications were delegated by a Registered Nurse (RN) pursuant to the Nurse Practice Act [s. N6.03(3)] and in accordance with accepted standards of practice, for 1 of 1 unlicensed caregiver reviewed, who administered insulin injections. Findings include: Chapter N6.03(3) is the Standard of Practice for RNs and addresses the supervision and direction of delegated tasks. The RN may delegate a task based on the educational preparation and demonstrated abilities of the person supervised,	N 416		

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N 416	Continued From page 19 but must provide directions and assistance, and observe, monitor, and evaluate the effectiveness of the delegated tasks. On 05/27/2025, Surveyor observed Med Passer FF administering medications during the morning shift. At approximately 10:20 AM, Surveyor interviewed Med Passer FF, who stated s/he worked through a staffing agency, and it was his/her first day at the facility. On 05/27/2025 around 2:15 PM, Surveyor interviewed Regional Clinician DD. Surveyor asked if there were any residents who required insulin, or other delegated medications. Regional Clinician DD stated s/he would need to verify. Surveyor asked if Med Passer FF was delegated by an RN. Regional Clinician DD stated s/he would need to verify before providing a response. On 05/27/2025 at approximately 2:35 PM, Regional Clinician DD stated there were residents who required insulin. Regional Clinician DD confirmed Med Passer FF would have administered scheduled insulin as the med passer that day. Surveyor asked who completes RN delegation, and Regional Clinician DD stated it is either him/herself, or another RN within the company. Regional Clinician DD was unable to provide record of RN delegation for Med Passer FF. Surveyor stated the provider had until 10:00 AM on 05/28/2025 to submit a list of agency staff, record of their RN delegation and face sheets, ISPs, physician orders, and medication administration records, for all residents who receive insulin. None of the records listed above were received	N 416		

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N 416	Continued From page 20 by 10:00 AM on 05/28/2025.	N 416		
N 427	83.38(1)(c) Leisure time activities. 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: Leisure time activities. The CBRF shall provide a daily activity program to meet the interests and capabilities of the residents. Employees shall encourage and promote resident participation in the activity program. The CBRF shall develop and post the activity schedule in an area available to residents. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure leisure activities appropriate to resident interests and capabilities were provided daily. No activities were observed during survey. Findings include: On 05/27/2025 from 8:45 a.m.- 3:00 p.m., Surveyors did not observe activities being offered to residents. Surveyors observed residents in their rooms or watching TV in the living room. Surveyors did not observe activity calendars in the facility. On 05/27/2025 at approximately 9:30 a.m.,	N 427		

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N 427	Continued From page 21 Surveyor interviewed Resident 22. Resident 22 reported the facility had not employed an activity director since Christmas. Resident 22 reported s/he relies on staff to transport him/her via wheelchair to different areas of the building, but since no activities were being offered, staff only assisted with transport to meals. O 05/272025 at approximately 10:30 a.m., Surveyor interviewed Resident 24. Resident 24 stated that staff are not doing activities because staff are expected to be caregivers, housekeepers and dietary staff. Resident 24 said "[s/he]had been doing the activities with the other residents such as coloring and painting." On 05/27/2025 at approximately 2:30 p.m., Surveyor interviewed VP of Operations CC. VP of Operations CC started that his/her company had just taken over the facility on 04/01/2025. VP of Operations CC stated the facility was using the universal care motto for caregivers. VP of Operations CC reported that an activity calendar had been worked on and will be implemented.	N 427		