Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017505	A. BUILDING: _____ B. WING _____	C 10/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPEN ARMS ASSISTED LIVING	**9348 ANGELICA DR MOUNT PLEASANT, WI 53177**

(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
M 000	INITIAL COMMENTS On 10/15/2026, Surveyor completed a complaint survey at Open Arms Assisted Living. As a result, 1 deficiency was identified. One of 1 complaint was unsubstantiated. Census: 4	M 000		
M 424	88.06(3)(f) REVIEW OF ISP The individual service plan shall be reviewed at least once every 6 months by the licensee, the resident or the resident's guardian, the service coordinator, if any, the designated representative, if any, the placing agency with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This review is to determine continued appropriateness of the plan and to update the plan as necessary. A plan shall be updated, in writing, whenever the resident's needs or preferences change substantially or when requested by the resident or the resident's guardian. This Rule is not met as evidenced by: Based on record review and interview, the provider did not review and/or update 1 1 (Resident 1) resident reviewed, who required a review of their Individual Service Plan (ISP), upon a change in condition. Resident 1's ISP was not updated to reflect flushes pertaining to Resident	M 424		

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

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M 424	Continued From page 1 1's gastrostomy port. Findings include: On 10/14/2026 at approximately 9:00 AM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 02/14/2024. Resident 1's record contained a physician order with an encounter date of 08/19/2026 that stated the following: " ...You may use the Gastrostomy port for crushed medications. Make sure the medication is finely crushed and mixed thoroughly with water before inserting as it may clog the tube. Flush the port liberally with 50-100m (milliliters) of water after mediation is given ..." Resident 1's ISP, with an updated date of 07/21/2026, did not mention the need for Resident 1's gastrostomy port to be flushed after administering medications. On 10/15/2026 at 11:27 AM, Surveyor interviewed Administrator A. Administrator A confirmed staff are flushing Resident 1's gastrostomy port is flushed prior to and after administering Resident 1's medication. Administrator A acknowledged Resident 1's ISP does not address the need to flush Resident 1's gastrostomy port. Administrator A is responsible for completing and updating Resident 1's ISP. Administrator A thought the ISP addressed Resident 1's gastrostomy port flushes, but will update Resident 1's ISP to address the need to flush Resident 1's gastrostomy port.	M 424		