STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	390229	A. BUILDING: _____ B. WING _____	C 08/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANHATTAN	2031 MANHATTAN DR WAUKESHA, WI 53188

(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 08/20/2026, Surveyor conducted a complaint investigation at Manhattan, an AFH in Waukesha. Three deficiencies were identified. One of the 3 deficiencies was a repeat deficiency. See Statement of Deficiency (SOD) W24811, dated 11/02/2022. Complaint was substantiated. Census: 2	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	M 424		

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

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M 424	Continued From page 1	M 424		

provider did not ensure 1 of 2 residents reviewed had record of their individual service plan (ISP) reviewed at least once every 6 months by the licensee, resident or resident's legal representative and the placing agency.

Resident 2's ISP should have been reviewed in July 2026.

Findings include:

On 08/20/2026, Surveyor arrived at the facility to conduct a complaint investigation alleging the facility was not passing medications and providing transportation to residents.

On 08/20/2026 at approximately 10:00 AM, Surveyor reviewed Resident 2's records and identified the following concerns:

-Resident 2 was admitted to the providers home on 06/10/2025. Resident 2 was his/her own person and was enrolled in a managed care organization. Resident 2's ISP was dated 01/14/2026 and had not been updated at the 6-month review.

On 08/20/2026 at approximately 11:00 AM, Surveyor requested an updated ISP for Resident 2 from Program Director B. Program Director B printed off an ISP dated 10/01/2026. Program Director B stated that Resident 2 was not due for an ISP update until 10/01/2026. Surveyor reviewed the current ISP dated 01/14/2026 with Program Director B. Program Director B acknowledged that the ISP was past due.

On 08/20/2026 at approximately 11:30 AM, Surveyor reviewed concern with Manager A and Program Director B that Resident 2's ISP had not

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M 424	Continued From page 2 been updated in 6 months. Program Director B stated s/he would get the plans updated.	M 424		
M 458	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be securely stored, shall remain in its original container as received from the pharmacy and be stored as specified by the pharmacist. This Rule is not met as evidenced by: Based on observation and staff interview, the provider did not ensure medications were securely stored or disposed of according to standards of practice. Resident 2 and Resident 3's discontinued and expired medications were not disposed of according to standards of practice. Findings include: On 08/20/2026 at 10:45 AM, Surveyor completed a medication cart audit with Manager A. Surveyor observed several discontinued and expired medications stored in the medication cart. Example 1-Resident 2 On 08/20/2026, Surveyor observed the following	M 458		

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discontinued or expired medications for Resident 2:

-2 bottles of polyethylene glycol with a discard date of 05/23/2025
-nystatin powder with a discard date of 03/06/2025
-muscle rub cream with a discard date of 08/14/2026

Surveyor reviewed Resident 2's medical administration record (MAR) from 06/06/2026 through 08/19/2026 and observed that Resident 2 was not on the nystatin powder or the muscle rub cream. Resident 2 had a new medication order, dated 08/14/2026 to begin taking the polyethylene glycol.

On 08/20/2026 at approximately 10:50 AM, Surveyor interviewed Manager A. Manager A acknowledged the discontinued and expired medications in the cart. Manager A stated that s/he was unsure what to do with the old medications because they had been in the cart since his/her hire date.

On 08/20/2026 at approximately 10:55 AM, Surveyor interviewed Resident 2. Resident 2 stated that s/he had been having problems with his/her bowels and was taken off the polyethylene glycol for a while. Resident 2 stated that s/he had just started taking the medication a few days ago.

Example 2-Resident 3

On 08/20/2026, Surveyor observed the following discontinued or expired medications for Resident 3:

-3 bottles of neo/polydex opth ointment, dated

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M 458	Continued From page 4 07/22/2024, 07/31/2025 and 12/29/2025. On 08/20/2026 at approximately 10:52 AM, Surveyor interviewed Manager A. Manager A acknowledged the discontinued and expired medications in the cart. Manager A stated that Resident 3 did not live in the facility. Manager A stated that Resident 3 moved out a few months ago but could not confirm the date of move. On 08/20/2026 at approximately 11:30 AM, Surveyor reviewed concern with Manager A and Program Director B that Resident 2 and Resident 3 had discontinued and expired medications in the medication cart. Program Director B stated that the facility would ensure that the medication cart would be cleaned out of all discontinued and expired medications.	M 458		
M 466	88.07(3)(e)1 MEDICATION- RECORD KEEPING The licensee shall keep a record of all prescription medications controlled, dispensed or administered by the licensee which show the name of the resident, the name of the particular medication, the date and time the resident took the medication and errors and omissions. The medication controlled by the licensee shall be kept in a locked place. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a record was kept of all prescription medications administered by the provider's staff. The provider did not maintain	M 466		

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accurate records of all medications administered to Resident 1.

This is a repeat violation. See Statement of Deficiency (SOD) W24811, dated 11/02/2022.

Findings include:

On 08/20/2026, Surveyor arrived at the facility to conduct a complaint investigation alleging the facility was not passing medications and providing transportation to residents.

On 08/20/2026 at approximately 9:30 AM, Surveyor reviewed Resident 1's Medication Administration Record (MARs) from 06/06/2026 to 07/27/2026 and identified the following medications had blank entries:

- Guanfacine ER 4mg at 8:00 AM: 3 of 52 entries were blank.
- Invega injection 234/1.5 8:00 AM: 1 of 2 entries were blank.
- Ketoconazole 2% shampoo 8:00 AM: 3of 26 entries were blank.
- Levothyroxine 75mcg 8:00 AM: 4 of 52 entries were blank.
- Lursasidone 40mg 8:00 AM: 4 of 52 entries were blank.
- Oxcarbazepine 300mg 8:00 AM & 8:00 PM: 8 of 104 entries were blank.
- Trazodone hcl 50mg 8:00 PM: 2 of 52 entries were blank.

On 08/20/2026 at approximately 11:30 AM, Surveyor asked Manager A and Program Director B about the blank entries in the MARs for Resident 1. Manager A stated that medications were given as prescribed, but that caregivers forgot to document at times because Resident 1

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M 466	Continued From page 6 was out of the facility a lot. Program Director B stated that the facility would monitor the MAR's and ensure staff were filling out the MAR's when residents are not in the facility.	M 466		