STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015624	A. BUILDING: _____ B. WING _____	C 05/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW BROOKE POINT SENIOR LIVING CBF	1800 BLUEBELL LN STEVENS POINT, WI 54481

(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 05/11/2026, with additional information obtained through 05/26/2026, Surveyors conducted a standard survey and (5) complaint investigations at Willow Brooke Point Senior Living CBRF in Stevens Point. As a result, 4 of 5 complaints were substantiated. Eleven (10) new deficiencies were identified. One (1) of 10 deficiencies is being cited for a third time. Census: 37	N 000		
N 158	83.12(2)(a) Caregiver: Investigating abuse & neglect Investigating and reporting abuse, neglect, or misappropriation of property. Caregiver. 1. When a CBRF receives a report of an allegation of abuse or neglect of a resident, or misappropriation of property, the CBRF shall take immediate steps to ensure the safety of all residents. 2. The CBRF shall investigate and document any allegation of abuse or neglect of a resident, or misappropriation of property by a caregiver. If the CBRF ' s investigation concludes that the alleged abuse, or neglect of a resident or misappropriation of property meets the definition of abuse or neglect of a resident, or of misappropriation of property, the CBRF shall report the incident to the department on a form provided by the department, within 7 calendar days from the date the CBRF knew or should have known about the abuse, neglect, or misappropriation of property. The CBRF shall maintain documentation of any investigation. This Rule is not met as evidenced by:	N 158		

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

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N 158	Continued From page 1 Based on record review and interview, the provider did not ensure the safety of all residents and investigate and report an allegation of abuse for Resident 3. Findings include: The provider is licensed to provide services for up to 52 residents who may be of advanced age, physically disabled, developmentally disabled and/or have Alzheimer's/dementia. On 05/26/2026, Surveyor requested to review grievances submitted by Resident 2. Executive Director A (ED-A) and Clinical Director B (CD-B) provided a document titled, "Complaint Form," dated 12/24/2025. The form was filled out by Former Caregiver G (FC-G) on behalf of Resident 2. Surveyor noted the top portion of the form was handwritten and stated, "...some caregivers in the past have done sexual favors for [Resident 3]." On 05/11/2026 at 11:15 A.M., Surveyor reviewed Resident 3's Individual Service Plan (ISP) and noted Resident 3 admitted to the facility on 11/07/2024 with diagnoses including unspecified mental disorder due to known psychological condition and alcohol abuse. On 05/26/2026 at 3:00 P.M., Surveyors interviewed ED-A and CD-B. ED-A and CD-B both confirmed working at the facility when the complaint was submitted but were not aware of the abuse allegation of Resident 3 and confirmed no investigation was conducted nor was the abuse allegation reported to the department or to the Office of Caregiver Quality. CD-B and ED-A both agreed the abuse allegation needs to be investigated and stated they will begin investigating immediately.	N 158		

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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 three working days after law enforcement personnel were called to the facility as a result of an incident that jeopardized the health, safety, or welfare of residents or employees. On 04/09/2026, law enforcement visited the facility responding to an alleged theft reported by Resident 8. Findings include: The facility was licensed as Class CNA (nonambulatory) to serve the following residents: physically disabled, advanced age, developmentally disabled and irreversible dementia/Alzheimer's. On 05/12/2026 at 10:30 A.M., Surveyor interviewed Resident 8. S/he volunteered to Surveyor that s/he had his/her fanny pack stolen which contained $5,300.00 in cash and his/her social security card.	N 164		

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N 164	Continued From page 3 On 5/13/2026 at 3:00 P.M., Surveyor reviewed police records. Document titled, "Stevens Point Police Dept" dated 04/09/2026 read in part, " ...on 04/09/2026 at approximately 0856 hours, I, [police officer] responded to 1800 Bluebell Ln ...for the report of a property crime. The caller ...stated [his/her] wallet with over $5,000.00 was taken. Upon arrival, I met with [Resident 8] ...Staff at [facility] will continue to look for and keep an eye out for [Resident 8's] wallet and fanny pack ..." On 05/26/2026 at 10:00 A.M., Surveyors interviewed Executive Director A (ED-A) and Clinical Director B (CB-B). ED-A and CD-B acknowledged the police were at the facility on 04/09/2026, following Resident 8's allegation into possible theft involving his/her money and social security card. ED-A and CD-B confirmed the incident on 04/09/2026 where police were called to the facility due to a possible theft was not reported to the department within 3 working days after the incident.	N 164		
N 328	83.31(4)(c) Involuntary discharge notice requirements. Discharge or transfer initiated by CBRF. Notice requirements. Every notice of involuntary discharge shall be in writing to the resident or resident ' s legal representative and shall include all of the following: 1. A statement setting forth the reason and justification for discharge listed under par. (b). 2. A statement that the resident or the resident ' s legal representative may ask the department to review the involuntary discharge by sending a written request within 10 days of receipt of the discharge statement to the department ' s regional office with a copy to the	N 328		

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CBRF. The notice shall state that the request must provide an explanation why the discharge should not take place. 3. The name, address and telephone number of the department ' s regional office director. 4. The name, address and telephone number of the regional office of the board on aging and long term care ' s ombudsman program. For residents with developmental disability or mental illness, the notice shall include the name, address and telephone number of the protection and advocacy agency designated under s. 51.62(2)(a), Stats.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not provide an involuntary discharge notice to 2 of 2 residents that included the following requirements: contact information for the department's regional office director, and/or the correct contact information for the regional office for the Board on Aging and Long-Term Care's ombudsman program.

Findings include:

On 02/09/2026, the department received a complaint alleging improper 30-day involuntary discharge notices.

Resident 2

On 05/11/2026 at 11:00 A.M., Surveyor reviewed Resident 2's 30-day involuntary discharge notice dated 12/30/2025. The notice mentioned Resident 2 could request a review from the department's regional office director within 10 days, but did not include the name, address and telephone number of the department's regional

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N 328	Continued From page 5 office director. Resident 3 On 05/11/2026 at 11:15 A.M., Surveyor reviewed Resident 3's 30-day involuntary discharge notice dated 03/20/2026. The 30-day involuntary discharge notice stated the ombudsman is available to assist and answer any questions the resident may have but did not include the name and address of the regional office for the Board on Aging and Long-Term Care's ombudsman program. On 05/11/2026 at 4:00 P.M., Surveyors interviewed Executive Director A (ED-A) about the missing information in Resident 2's 30-day involuntary discharge notice and the incorrect/missing information in Resident 3's 30-day involuntary discharge notice. ED-A stated s/he was not aware of the missing/incorrect information. ED-A acknowledged the findings. Resident 2's 30-day involuntary discharge notice did not include the contact information for the department's regional office director; therefore, Resident 2 was unable to file an appeal if s/he wished. Resident 3's 30-day involuntary discharge notice did not include the correct information for the ombudsman limiting his/her ability to obtain assistance.	N 328		
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	N 352		

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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 record review, observation and staff and resident interviews, the provider did not ensure residents received medication in the dosage and intervals prescribed by the practitioner for Resident 4 and Resident 7.
]
Resident 4 did not receive insulin as prescribed.
Resident 7 did not receive benazepril as prescribed.

This is a repeat deficiency. See SOD J07R13, dated 04/25/2022 and SOD J07R14, dated 02/28/2023.

Findings include:

The facility was licensed as Class CNA (nonambulatory) to serve the following residents: physically disabled, advanced age, developmentally disabled and irreversible dementia/Alzheimer's.

RESIDENT 4

On 08/11/2026 at 8:50 A.M., Resident 4 approached Surveyor and stated that s/he had not received his/her insulin for "two full days going on three" due to the facility "forgetting" to order it.

On 05/11/2026 at 8:55 A.M., Surveyor interviewed Medication Aide C. S/he confirmed that the facility did not have Resident 4's "long acting insulin", that Resident 4 is prescribed it twice daily, and that staff had not refilled it. S/he acknowledged that s/he had not administered Resident 4 his/her

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N 352	Continued From page 7 long-acting insulin during his/her morning medication pass on 05/10/2026 and 05/11/2026 due to the facility running out of it. On 08/11/2026 at 4:00 P.M., Surveyor reviewed Resident 4's provided medication administration record (MAR) from May of 2026 and noted two occasions on 05/10/2026 and one occasion on 05/11/2026 where staff charted a number seven. The MAR read in part, " ...Semglee Subcutaneous Solution 100 UNIT/ML (Insulin Glargine) Inject 23 units subcutaneously one time a day for Diabetes ...Semglee Subcutanious Solution 100 UNIT/ML (Insulin Glargine) Inject 25 unit subcutaneously at bedtime for Diabetes ..." On 08/11/2026 at 4:10 P.M., Surveyor interviewed Medication Aide D. S/he acknowledged that s/he had not administered Resident 4's scheduled insulin on the evening of 05/10/2026. S/he explained to Surveyor that s/he had charted a number "7" on Resident 4's MAR on 05/10/2026 and that it meant that Semglee Subcutaneous Solution 100 UNIT/ML was unavailable to administer. On 05/19/2026 at 10:28 A.M., following Surveyors request, Clinical Director B (CD-B) emailed Resident 4's face sheet, most recent and up to date individualized service plan (ISP) and progress notes from 05/10/2026 and 05/11/2026. Resident 4 was admitted to the facility on 02/12/2024 with diagnoses that include Quadriplegia, epilepsy, anxiety and type 2 diabetes. Progress notes provided read in part, " ...05/10/2026 12:44 ...Semglee Subcutaneous Solution 100 UNIT/ML Inject 23 unit subcutaneously one time a day for Diabetes.	N 352		

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N 352	Continued From page 8 There is no more of this insulin in the med room. I called ...They told me to call back tomorrow and speak with an actual pharmacist and tell them that it is urgent that we need this insulin since resident is out ...It should be in by Tuesday ...Author: [Medication Aide C] ...5/10/2026 20:42 ... Semglee Subcutaneous Solution 100 UNIT/ML Inject 25 unit subcutaneously at bedtime for Diabetes ...not in cart has been ordered ...Author: [Medication Aide D] ...05/11/2026 08:06 ... Semglee Subcutaneous Solution 100 UNIT/ML Inject 23 unit subcutaneously one time a day for Diabetes ...should be in by Tuesday ...Author: [Medication Aide C] ... 05/11/2026 21:37 ...Semglee Subcutaneous Solution 100 UNIT/ML Inject 25 unit subcutaneously at bedtime for Diabetes. has [sic] been ordered. Author: [Medication Aide D] ..." Resident 4's most recent and up to date ISP dated 11/20/2025 identified the need for staff to perform medication administration and read in part, " ...Staff performs insulin injections and/or glucose monitoring as directed by Medical Practitioner ....Insulin dependent to control diabetes ..." On 05/21/2026 at 1:04 P.M., CD-B provided a document titled, "Medication Review Report" dated 04/20/2026 and signed by Resident 4's medical provider. The document included the following orders: -- " ...SEMGLEE ...100UNIT/ML PEN Inject 23 unit subcutaneously one time a day for diabetes ..." -- " ...SEMGLEE ...100UNIT/ML PEN Inject 28 unit subcutaneously at bedtime for diabetes ..."	N 352		

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N 352	Continued From page 9 RESIDENT 7 On 05/12/2026, at 8:22 A.M., Surveyor observed the medication cart. Surveyor observed Resident 7's medication card for benazepril. The label on the card reflected benazepril 40mg - take 1 tab by mouth daily. Surveyor observed the electronic medication administration record (MAR) for May 2026. The MAR contained the order dated 02/26/2026, which reflected benazepril 20mg - take 1 tab by mouth daily. The card reflected 20 out of 30 pills were popped out of the card. On 05/12/2026, at 8:25 A.M., Surveyor interviewed Medication Technician G (MT-G). MT-G reported s/he was unsure why there was a discrepancy between the order and the medication card. MT-G confirmed s/he administered the 40mg dose from the medication card that morning. On 05/12/2026, at approximately 4:30 P.M., Surveyor interviewed Executive Director A (ED-A) and Clinical Director B (CD-B). ED-A and CD-B reported they recently changed pharmacies and have had difficulties ensuring medications match the orders. CD-B advised they would ensure Resident 7's medication card and order reflect the same information.	N 352		
N 355	83.32(3)(k) Rights of Residents: Self-determination In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Self-determination. Make decisions relating to care, activities, daily routines and other aspects of life which enhance the resident ' s self reliance and support the resident ' s autonomy and	N 355		

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N 355	Continued From page 10 decision making. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 2's right to self-determination was respected. Resident 2 was not given the choice to move rooms, which caused prolonged anxiety and lack of sleep. Findings include: On 02/09/2026, the department received a complaint about resident rights. On 05/11/2026 at 11:00 A.M., Surveyor reviewed Resident 2's Individual Service Plan (ISP) which noted Resident 2 admitted to the facility on 07/27/2023 with diagnoses including spinal muscular atrophy, adjustment disorder with anxiety, chronic idiopathic constipation, obstructive sleep apnea and neuromuscular scoliosis. Resident 2 makes his/her own decisions, transfers using a mechanical lift and uses a motorized wheelchair for ambulation. On 05/13/2026 at 11:00 A.M., Surveyors interviewed Resident 2. Resident 2 described Resident 3, his/her neighbor, as being intoxicated weekly, screaming vulgar language while watching (explicit) movies loudly for hours at all different times. Resident 2 reported concerns to caregivers and management along with multiple requests to move rooms at the facility. Resident 2 said management permitted him/her to move to another room for approximately 6 days, then forced him/her back to his/her original room and issued a 30-day discharge notice the same day.	N 355		

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Resident 2 shared s/he experiences anxiety, discomfort and constipation, some nights sleeping in his/her wheelchair to ensure a quick exit from his/her room to avoid Resident 3.

On 05/11/2026 at 11:30 A.M., Surveyor reviewed Resident 2's progress notes. The notes showed examples of Resident 2 being frustrated with his/her neighbor, Resident 3. The notes are as follows:

- 12/25/2025 - "[Resident 2] threatened to call the police on [Resident 3]. [Resident 2] is temporarily in 28 until management can follow up with [him/her] for a permanent solution."

- 12/25/2025 - "[Resident 2] is temporarily staying in room #28 because [s/he] claims [his/her] next door neighbor in room #18 is performing [explicit] acts upon [him/her] self. [Resident 2] claims [s/he] can hear it through the walls and was up extremely early this morning due to this. [Resident 1] seemed very uneasy today and asked caregivers to leave [him/her] alone. [S/he] also refused breakfast and lunch.

- 01/04/2026 - " ...Rang at 3am saying [Resident 3] was playing with his/herself and [s/he] has been listening to it for the last three (sic) and [s/he] cant (sic) sleep. Staff (sic) put [him/her] to bed at 2am. Staff (sic) listened for about 5 mins didn't hear anything. [Resident 2] started argue (sic) with staff telling staff that [Resident 3] needs to be moved into other building staff told him they cant (sic) move [Resident 3]. [Resident 2] then started saying that we need to put [him/her] into a different room cause [s/he] cant (sic) sleep listen to [Resident 3] ..."

- 01/11/2026 - " ... [Resident 2] came out to the

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main lobby yelling at [Resident 3] saying [Resident 3] was a "sick [explicit]" and to "not touch [him/her]". I tried to calm resident (sic). I let [him/her] know that we had to calm down because other residents are sleeping, [s/he] proceeded to yell "well [s/he] is a sick [explicit] and [s/he] has been doing it for 4 hours ..."

- 04/27/2026 - "[Resident 2] called to be taken off of toilet. When care staff began to hoyer (sic) [Resident 2], [s/he] began to get very frustrated stating that [s/he] could not use the bathroom because [his/her] neighbor [Resident 3] was purposely going into the bathroom and [explicit] when [s/he] was trying to use the toilet. [Resident 2] stated that [s/he] hasn't been able to [to have a bowel movement] due to this and that [s/he] didn't want the med tech to check for PRN medications as it was because of [Resident 3] that [s/he] could not have a bowel movement, and [s/he] wouldn't be able to now for three days. [Resident 2] made multiple threats saying that, "if I had a bat I'd go in there and beat [him/her]" and other comments about harming the [Resident 3]. [Resident 2] also stated that [s/he] wanted to move out of the facility to a place that had less people with high energy."

On 05/12/2026 at 11:30 A.M., Surveyor reviewed Resident 3's progress notes. The notes showed examples of Resident 3 being intoxicated, watching explicit material and disturbing [his/her] neighbors. The notes are as follows:

- 05/08/2025 - " .... [Resident 3] was seen at the [Emergency Department] .... Reason for Visit: ... Diagnosis: facial laceration, head injury, alcohol intoxication ... BAC [Blood Alcohol Concentration] was taken and was at .215 ..."

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N 355	Continued From page 13 - 07/07/2025 - "[Resident 3] is exhibiting symptoms of Alcohol (sic) intoxication. During rounds NOC [nocturnal] staff mentioned that they had seen [Resident 3] drink. During an interaction with resident, Writer noticed that [Resident 3] had slurred speech and an unstable gait as well as smelling of alcohol. Staff will continue to monitor." - 07/22/2025 - "While I was walking through the hall past the bathrooms the [Resident 3] was walking the opposite way to [his/her] apartment while holding [his/her] arm behind [his/her] back. I noticed a sudden smell of alcohol and turned around to see the [Resident 3] had moved [his/her] arm in from of [him/her] with a white cup. I had immediately told the other staff members and we had (sic) got a hold of the person on call. We had them on the phone the whole time of us searching the [Resident 3's] room for the glass, eventually we found it in the cupboard under the kitchen counter. We then dumped it out." - 08/23/2025 - "[Resident 3] was seen early in the morning approximately 7:30am, showing signs of intoxication [Resident 3] had unstable gait and loud, slurred speech." - 12/25/2025 - "[Resident 3] has been watching [explicit] on and off for hours all day. you (sic) are able to hear it through the walls. when (sic) requested to stop or tum it down [s/he] told staff to get out and then locked [his/her] door (sic)" - 02/16/2026 - "[Resident 3] was showing signs of alcohol intoxication today. [S/he] was unsteady while walking, forgetting [his/her] walker and falling asleep at the dining table. Multiple other residents told care staff [s/he] was intoxicated." - 03/18/2026 - "[Resident 3] was drinking from	N 355		

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N 355	Continued From page 14 3/17 through 3/18 for the holidays, [Resident 3] was slurring their words and asked staff to come in their room to drink as well as shouting "do you have drugs for me" when staff knocked on their door." - 04/01/2026 - " ... staff has (sic) noted and (sic) brought a smell of alcohol to care staff, along with a change in behavior ..." - 04/13/2026 - " ... [Resident 3] admitted to staff that [s/he] had be (sic) drinking. [Resident 3] was very giggly and walked into the door when coming inside ... " On 05/12/2026 at 4:30 P.M., Surveyors interviewed Clinical Director B (CD-B) who stated management approved moving Resident 2 to a different room on Christmas Eve to avoid him/her calling law enforcement. CD-B stated once the holidays were over Resident 2 was moved back to his/her original room. CD-B explained the room Resident 2 was moved into was already paid for by another resident, so they had to move him/her back to his/her original room. Surveyor asked if they had other empty rooms for Resident 2 to move into. CD-B stated yes but we issued the discharge notice, so we won't approve a room change. On 05/20/2026, Surveyor reviewed Managed Care Organization Case Manager H (MCOCM-H) notes for Resident 2, including the following: 03/25/2026 - "[Resident 2] corresponded with [MCOCM-H] to express frustration with a neighbor. [Resident 2] would like to have himself or the neighbor moved to a different room. [MCOCM-H] provided this update to [facility] staff. They will not be moving [Resident 2] due to the	N 355		

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damage in the room caused by [his/her] power chair and the 30 day notice. [Executive Director D (ED-A)] will update [Resident 2].

04/06/2026 - " ... [Resident 2] states [s/he] has not been sleeping in [his/her] room due to [his/her] neighbor. [Resident 2] states [his/her] legs are swollen and purple due to sleeping in his wheelchair. [Resident 2] reports [s/he] has not been using [his/her] [Continuous Positive Airway Pressure (CPAP)] at night. [Resident 2] declines to speak with facility management and is requesting [Interdisciplinary Team (IDT)] have [his/her] neighbor moved. [IDT] verified with [ED-A] that [Resident 2] will occasionally sleep in the lobby area. [ED-A] states [Resident 2] has been telling staff [s/he] plans to stay at a hotel ..."

04/10/2026 - " ... [Resident 2] states during this visit [s/he] spoke with [ED-A] about switching rooms. [ED-A] provided education on why they would not approve a room change at this time. [Resident 2] expressed frustration with this decision ...[Resident 2] was issued a 30 day notice at the end of last year and has refused options to move and indicates that [s/he] plans to stay at current residence. The provider is not willing to rescind the notice, however. Only noted concerns are with [his/her] neighbor. No aggressive behavior at this time. [Resident 2] appears to understand [his/her] situation but [his/her] capacity and cognition is difficult to know at this time. [Resident 2's] refusing to even allow the team to consider other residential options. [Resident 2] been sleeping in the lobby due to issues with [his/her] neighbor and the facility will not accommodate a move at this time, other than the [Resident 2] leaving.

05/15/2026 - " ... [MCOCM-H] contacted [Adult

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N 355	Continued From page 16 Protective Services (APS)] regarding concerns with potential eviction and [Resident 2] needs for care. [APS] advised as long as [Resident 2] is [his/her] own person [s/he] has the right to make choices regarding [his/her] care. They recommend if [Resident 2] has income to try the [Motel], [Charity], or other motels in town ..." On 05/26/2026, Surveyor requested to review grievances submitted by Resident 2. Executive Director A (ED-A) and Clinical Director B (CD-B) provided a document titled, "Complaint Form," dated 12/24/2025. The form was filled out by Former Caregiver G (FC-G) on behalf of Resident 2. Surveyor noted the top portion of the form was handwritten and stated, "... [Resident 3] has been watching [explicit movies] almost every day while [s/he] [self satisfies]. [Former Caregiver G (FC-G)] caught (sic) doing it on 12/23/2025 when [Resident 2] was trying to eat dinner .... This is unhealthy for [Resident 3's] next door neighbor [Resident 2] for several reasons. [Resident 2] is a very empathetic person so it affects [his/her] health in several negative ways. As an example, this disrupts [Resident 2's] bodily energy field and is unable to [have a bowel movement] as a result. That is why [Resident 2] becomes constipated often. When [Resident 3] fell off of [his/her] bicycle and was hospitalized [Resident 2] was able to [have a bowel movement] nearly every day because [his/her] health improved during those few months ... [Resident 3] has been caught smoking in [his/her] bathroom ... the smoke leaves [Resident 3's] bathroom and gets into [Resident 2's] bathroom through the same vent system .... [Resident 3] has been caught drinking alcohol several times ... [Resident 2] is asking that [Resident 3] be moved to a different wing of the building because this is considered [explicit] abuse, neglect and many other things."	N 355		

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N 355	Continued From page 17 On 05/26/2026 at 11:00 A.M., Surveyors interviewed CD-B, who stated management had met with Resident 2 about his/her concerns but moving him/her to a different room was not considered. CD-B explained they met with Resident 3, but concerns continued which lead to a 30-day involuntary discharge notice being issued to him/her. CD-B acknowledged the facility did not consider a room change for Resident 2 or Resident 3 as an intervention.	N 355		
N 381	83.35(1)(a) Pre-admission and ongoing assessments. Scope. The CBRF shall assess each resident ' s needs, abilities, and physical and mental condition before admitting the person to the CBRF, when there is a change in needs, abilities or condition, and at least annually. The assessment shall include all areas listed under par. (c). This requirement includes individuals receiving respite care in the CBRF. For emergency admissions the CBRF shall conduct the assessment within 5 days after admission. This Rule is not met as evidenced by: Based on record review and interview, the provider did not assess residents' needs, abilities and physical and emotional condition when there was a change in condition for 2 of 7 residents (Resident 5 and Resident 6). Resident 5 had 10 falls in March and April 2026. Four out of 10 falls resulted in emergency room	N 381		

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(ER) visits. Three of 8 falls that resulted in ER intervention occurred within 48 hours. Resident 5's water was turned off in his/her personal bathroom and bedroom due to behavioral concerns. Resident 5 was not reassessed after the change in ambulation and behaviors to determine appropriate interventions.

Resident 6 had 6 falls in March and April 2026. One fall resulted in an emergency room (ER) visit. Resident 6 was not reassessed following the falls to determine appropriate interventions.

Findings Include:

The facility was licensed as Class CNA (nonambulatory) to serve the following residents: physically disabled, advanced age, developmentally disabled and irreversible dementia/Alzheimer's.

On 12/17/2025 and 02/09/2026, the department received a complaint with concerns regrading falls.

RESIDENT 5

Individual Support Plan (ISP)

On 05/11/2026, Surveyor reviewed Resident 5's ISP dated, 11/30/2025. The ISP identified Resident 5 was diagnosed with dementia, osteoporosis, osteoarthritis, muscle weakness, low back pain and knee arthropathy. The ISP noted the following:

Mobility: Resident 5 was ambulatory and transferred independently. Interventions were identified as, "encourage non-slip socks ... Encourage proper footwear when out of bed

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N 381	Continued From page 19 ...Keep pathways in room clear of clutter ...Arrange furniture to enable easy maneuverability ...ASSIST WITH GETTING TO MEALS AND ACTIVITIES WITH GUIDANCE ..." Wellness/Safety: Resident 5 was on frequent checks. Mental Status: "Requires additional cueing due to impaired judgment ...requires additional safety support at night ..." Comprehensive Assessment On 05/11/2026, Surveyor reviewed Resident 5's comprehensive assessment 11/05/2024. The assessment identified the following: Capacity for Self-Direction: Resident 5 required assistance to identify wants and needs and required reminders and redirection. The assessment noted, "confused." Behavior: Resident 5 was identified as an elopement risk. Surveyor Note: No other behaviors were identified. Fall Risk: Resident 5 was assessed to be a medium fall risk. Progress Notes On 05/11/2026, Surveyor reviewed Resident 5's progress notes. The progress notes identified several falls with some resulting in emergency department visits. The notes were as follows: 03/23/2026 - Fall on 03/21/2026 at approximately 7:59 A.M.:	N 381		

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N 381	Continued From page 20 "[Resident 5] was observed on the floor of [Resident 5's] room ...Med tech went into room to give med and found [Resident 5] in the bathroom sitting in a laundry basket ...I asked what happened and [s/he] could not answer me. [His/her] brief was not on, just had a night shirt on ..." 03/23/2026 - Fall on 03/20/2026 at approximately 8:42 P.M.: "[Resident 5] was observed on the floor in the hallway ...Found [Resident 5] sitting on the floor with no shows on in Hallway ... [Resident 5] was crying and could not tell me if [s/he] fell or not ...." 03/25/2026: "[Resident 5] denies pain from fall on 3/25/26." 03/29/2026 - Fall occurred on 03/29/2026 at approximately 3:00 A.M.: " ...entered [Resident's] room and discovered [him/her] sitting on the ground near [his/her] front door. [Resident 5] was very confused and was unable to recall what happened .... EMS (emergency medical services) called. [Resident 5] transported to [emergency room]. 03/29/2026 - Fall at approximately 5:00 P.M.: " ...[Caregiver D] heard a loud noise coming from the dining room. [S/he] saw [Resident 5] sitting in the dining room and loudly crying. [Resident 5] stated that [s/he] was having right hip pain. As [Caregiver D] began to move [Resident 5] to a more comfortable chair, [s/he] noted that [Resident 5] was holding [his/her] hip and struggling to stand due to the pain ..." 03/30/2026 - Fall at approximately 6:48 A.M.: "[Resident 5] was observed on the floor in the dining room ...[Resident 5] fell/collapsed with	N 381		

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N 381	Continued From page 21 unknown reason ...[Resident's] body was jolting for about 30 seconds after the fall ...contacted EMS. [Resident 5] was taken to [emergency room]. 04/01/2026: "[Resident 5] was treated in ER (emergency room) and returned on 3/30/26 with fractured left 6th ad 7th rib. Treating with analgesics." 04/05/2026: "[Resident 5] up and wandering throughout the night ...s/he appears to be in a lot of pain when laying down [s/he] said ouch multiple times and was touching [his/her] right leg and grimacing like it was hurting. When asked where the pain was [s/he] was unable to verbalize where it was." 04/13/2026 - Fall on 04/12/2026 at approximately 10:00 P.M.: "[Resident 5] was observed on the floor in the lobby...Staff heard a loud noise and found [Resident 5] on [his/her] bottom next to the bird cage. [Resident 5] seemed to be experiencing some pain in [his/her] hip ..." 04/16/2026 - Fall on 04/15/2026 at approximately 1:10 A.M.: "[Resident 5] had an unwitnessed fall in [Resident 5's] room ...Care staff heard yelling coming from [Resident 5's] room. When I went in I heard [him/her] crying and observed [him/her] laying on [his/her] right side between [his/her] cabinets and [his/her] brown chair ...[Resident 5] said [his/her] hips and legs hurt and [his/her] head was close to the cabinets so Care staff also suspected [Resident 5] may have hit [his/her] head ....EMS took [Resident 5] to [emergency room] ...did not find any injuries."	N 381		

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N 381	Continued From page 22 Incident Reports On 05/11/2026, Surveyor reviewed Resident 5's incident reports for March and April 2026. The incident reports documented additional falls as follows: 03/20/2026 at 8:42 P.M.: "[Resident 5] was observed on the floor in the hallway ...Found [Resident 5] sitting on the floor with no shoes on in Hallway ... [Resident 5] was crying ..." 03/29/2026 at 3:00 A.M. - This fall was documented in the progress notes. The incident report noted additional information as follows: " ...Resident 5 was confused and was unable to recall what happened. A slight bruise was noted to the middle of [his/her] forehead ..." 04/12/2026 at 10:00 P.M.: "[Resident 5] was observed on the floor in the lobby ...Staff heard a loud noise and found [Resident 5] on [his/her] bottom next to the bird case. [Resident 5] seemed to be experiencing some pain in [his/her] hip ..." Emergency Department Report Notes On 05/20/2026, Surveyor reviewed Resident 5's emergency room notes for visits due to falls in March and April 2026. The notes provided the following information: 03/29/2026 arrival time 3:58 A.M.: Chief Complaint: "Altered Mental State Trauma 3 (Unwitnessed fall)" Visit Diagnosis: "Unwitnessed fall (primary)" History of Present Illness	N 381		

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[Age/gender] with a history of dementia brought in by EMS after being found down with altered mental status.
The patient can not [sic] provide any history. The patient was apparently put to bed around 11:00 p.m.. Staff found [him/her] earlier this morning on the ground. [S/he] had decreased responsiveness. [S/he] is screaming out as though [s/he's] in pain.

Musculoskeletal:
"Left shoulder: Tenderness present. No deformity ..."

Medical Decision Making
The patient is seen and examined on arrival with EMS. On arrival she is minimally responsive, but shortly after arrival
is screaming out as though [s/he] is in pain. She can not [sic] provide any meaningful history ...It is difficult to
determine where [s/he] is having pain as she is screaming out ...The patient will be transported back to [his/her] assisted living facility.

03/29/2026 arrival time 7:14 P.M.:

Chief Complaint: "Hip injury"
Visit Diagnosis: "Fall (primary) Right hip pain"

History of Present Illness
"This is an [age/gender] with history of hypothyroid, osteoporosis, edema, dementia, who presents for evaluation of leg pain ... Per report, patient had a fall last night and was confused ... was evaluated this [sic] emergency department. Since returning back to the facility was tired in the morning, however this afternoon had another fall ... seemed to be complaining of pain in [his/her] right hip, prompting referral to this ED for further

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N 381	Continued From page 24 evaluation ...." "RLE: Bony tenderness noted to the greater trochanter ..." Medical Decision " ...[S/he] does have focal area of tenderness over the right greater trochanter, but does also arranged the leg freely without apparent discomfort ... Patient appears appropriate for ongoing outpatient management with symptom targeted therapies. Patient was discharged in stable condition ...." 03/30/2026 arrival time 7:31 A.M.: History of Present Illness "This is an [age/gender]. Comes in with a chief complaint of frequent falls and weakness. EMS note that they have been at the facility several times in the past several days and this is the 3rd time [s/he] has been evaluated in the ER in the last 48 hours. [S/he] has had similar complaints each time. Per EMS report the patient believed to have had fallen on [his/her] right side but it sounds like this is unwitnessed and that [s/he] has been complaining of increasing weakness and other problems currently. Patient otherwise is unable to provide [him/her] much history other than 2 [sic] date that [s/he] is in pain ...EMS assessment believe that [s/he] noticed some tenderness over the left sided ribcage. Patient was unaware of how [s/he] hit [his/her] head but has a notable evidence of bruising of [his/her] forehead at this time. Skin: "Positive for wound." Physical Exam	N 381		

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N 381	Continued From page 25 "Currently at this time notable frontal hematoma as well as some ecchymosis over the area ..." ED Course as of 03/30/26 8:53 A.M. "The patient does have rib fractures of the right 6th and 7th ribs seen on xrays here ...we will provide a Lidoderm patch for this ...I am unfortunately very hesitant to administer any more medication at this time given the recent frequent fall history ...." Imaging "There are fractures of the posterior arcs of the right sixth and seventh ribs ... Clinical Hx (history): Neck trauma from a fall, blunt trauma, bruise on head, dementia 04/15/2026 arrival time 2:13 A.M.: History of Present Illness "This is an [age/gender] with history of advanced dementia, anemia, who presents for evaluation after a possible fall ...Per report, patient normally sleeps in [his/her] arm chair, in overnight rounds, was found to be seated on the floor next to her arm chair ... [s/he] had had a fall 2 weeks ago with a bruise on her face, but did not show any new signs of injury. Medical Decision Making "Exam is as above notable for evidence of prior trauma, no evidence of acute trauma. Review of prior records shows prior scalp hematoma in this region noted on the 30th, overall appearance consistent with that timeframe .... Patient appears appropriate for outpatient management. Plan care made for discharge with resumption of standard home therapies. Patient was discharged in stable condition."	N 381		

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N 381	Continued From page 26 Interviews On 05/11/2026, at 11:12 A.M., Surveyor interviewed Medication Aide C (MA-C). MD-C reported Resident 5 had an increase in falls, including one day where s/he fell twice. MA-C added in one week Resident fell approximately 6 times. MA-C recalled observing Resident 5 in the kitchen area and described, "s/he just fell backwards." MA-C reported the last couple of weeks before Resident 5 discharged, s/he had bruises all over his/her face. MA-C confirmed Resident 5's water was shut off in his/her personal bathroom due to leaving the water running. On 05/11/2026, at approximately 3:30 P.M., Surveyors interviewed Medication Aide D (MA-D). MA-D reported approximately the last 3 weeks prior to Resident 5's discharged s/he fell consistently. MA-D recalled 3 days where Resident 5 "kept falling." MA-D explained on one occasion; Resident 5 was sent out to the hospital after a fall that resulted in some broken ribs. MA-A added Resident 5 had a bad bruise on his/her hip and head. MA-D explained it was difficult to supervise Resident 5 because s/he was ambulatory and liked to wander around the building. MA-A reported Resident 5's water was turned off in his/her room because Resident 5 flooded the room. 05/12/2026 at approximately 4:30 P.M., Surveyors interviewed Executive Director A (ED-A) and Clinical Director B (CD-B) regarding Resident 5's falls and his/her water being turned off in his/her room. CD-B confirmed Resident 5 had multiple falls.	N 381		

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N 381	Continued From page 27 Interventions were described as checking in more frequently, encouraging proper footwear and ensuring the call light was accessible. ED-A added one-to-one was provided intermittently. ED-A explained more staff were brought on, but it was not formal. Occasionally, the one-to-one was provided by Wellness Coordinator F (WC-F). ED-A and CD-B reported assessments are completed in the form of an incident report, but nothing formal after a fall. Surveyor inquired about Resident 5's water being shut off in his/her personal bathroom and bedroom. ED-A and CD-B confirmed the water was turned off due to Resident 5's behaviors including leaving the water running and sticking items in the sink. ED-A and CD-B added the toilet still flushed and they provided Resident 5 with hand wipes and bottled water. On 05/26/2026, at 10:00 A.M., CD-B reported reassessment should occur anytime there is a change of condition. Resident 5 had an increase in falls in March and April 2026. Ten falls were documented, and 4 falls resulted in emergency room visits (2 falls on 03/29/202, 03/30/2026 and 04/15/2026). Resident 5 sustained bruising to the head, fractured ribs and complaints of hip pain. Resident 5's water in his/her personal bathroom/bedroom was turned off due to him/her leaving it running as identified in 3 of 3 interviews. Resident 5's most current assessment was dated 11/04/2026 and identified Resident 5 was ambulatory and was a medium risk for falls. The assessment only identified behaviors associated with elopement and nothing regarding leaving the water running. Resident 5's ISP, dated 11/30/2025, documented frequent checks, encouraging him/her to wear non-slip socks and proper footwear. The ISP did not identify the behavior regarding leaving the water running. There were no further assessments	N 381		

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N 381	Continued From page 28 completed to determine appropriate interventions to prevent falls. RESIDENT 6 Individual Support Plan (ISP) On 05/11/2026, Surveyor reviewed Resident 3's ISP dated, 11/30/2025. The ISP identified Resident 6 was diagnosed with visual hallucinations, anxiety disorder, atherosclerotic heart disease and benign intracranial hypertension. The ISP noted the following: Mobility: " ... Resident is ambulatory ... Resident has been identified as a fall risk. Interventions in place to prevent falls ...Encourage slow position changes when not feeling well ...Encourage proper footwear while ambulating ...encourage resident to participate in activities ...Encourage resident to use call light for assistance ...Encourage family to look for memory care for resident safety ...call light within reach when in room ..." Cognitive Impairment: " ...Frequent safety checks ... Resident is visually checked on frequently through the day and night ..." Wellness/Safety: " ...Routine frequent checks for safety ..." Mental Status: " ...requires additional cueing due to impaired judgement ...requires additional safety support at night ..." Progress Notes On 05/11/2026, Surveyor reviewed Resident 6's progress notes. The progress notes identified	N 381		

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several falls with some resulting in emergency department visits. The notes were as follows:

04/12/2026: " ...I noticed a large growing puddle outside of [his/her] door ...saw [his/her] entire room flooded with water and [s/he] was sitting on the floor with the tv knocked over on [his/her] lap and [his/her] head against the TV stand. Emergency services were notified, as well as management ..."

04/13/2026: " ...Resident had an unwitnessed fall on 4/13/26 ...Resident's son was in the room when the fall happened. Residents [sic] son said [s/he] tuned [his/her] back and when [s/he] turned to face the resident, the resident was slowly falling towards the floor ..."

04/19/2026: " ...heard water running in [Resident 6's] room ...[Resident 6] was discovered on the floor, in the shower of [his/her] bathroom, wearing only underwear and socks ...Resident reported hitting [his/her] head. Reporting pain in [his/her] back, head and legs. There was a mark on [his/her] back from the drain ...went to call non-emergency ...activated POA did not want [him/her] sent out ..."

04/26/2026: " ...Resident denies pain from fall on 4/19/26 ..."

Incident Reports

On 05/11/2026, Surveyor reviewed Resident 6's incident reports from January to April of 2026. The incident reports documented the following falls:

03/06/2026 at 12:30 A.M.: " ...Resident was observed on the floor of the living area ...Resident

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N 381	Continued From page 30 claimed [s/he] fell, witness said [s/he] did not ..." 03/08/2026 at 4:15 A.M.: " ...Resident was observed on the floor in [his/her] room ...I heard [him/her] fall ...[s/he] may have hit [his/her] head ...Injury Type ...Abrasion ...Face ..." 03/11/2026 at 4:25 A.M.: " ...Resident had a fall while ambulating ...resident became ...agitated, got up from reclining chair and was attempting to hit care staff ...Resident did not free fall, rather [s/he] sat ...2 skin tears discovered on left arm ...both cleaned and ointment and bandaids [sic] applied ..." 04/12/2026 at 7:50 A.M.: "Resident Had an unwitnessed fall in residence bedroom...huge puddle in the hallway ...there was about ¼ inch of water ...towel ...in the drain of the sink while the water was running ...resident lying on the floor ... [s/he] was face up with [his/her] head by [his/her] TV stand ...didn't want [him/her] to get electrocuted ...get the TV off the resident ...Cook called 911 ...Resident Taken to Hospital ..." 04/19/2026 at approximately 2:00 P.M.: " ... [Resident 6] was discovered on the floor, in the shower ...Resident reported hitting [his/her] head ...Reporting pain to [his/her] back ..." Emergency Department Report Notes On 05/20/2026, Surveyor reviewed Resident 6's emergency room notes from the incident that occurred on 04/12/2026. The notes provided the following information: 04/12/2026 arrival time 8:42 A.M.: Chief Complaint: "Hip Injury"	N 381		

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N 381	Continued From page 31 Visit Diagnosis: "Episode of confusion (primary)" History: " ...[age/gender] with history of nonverbal dementia ...who presented for evaluation of reported confusion ...this morning appeared restless and was provided a dose of lorazepam ...later in the morning ...[s/he] had plugged the sink in [his/her] room and turned on the faucets, causing some flooding. [S/he] subsequently pulled a television off of the shelf ...may have injured [his/her] legs ..." Imaging: " ...Nonacute chest. Chronic and postsurgical changes ...Osteopenia. Left THA appears within normal limits. No fracture. No dislocation. No prior images for comparison ..." Medical Decision Making: " ...Exam is as above notable for dysarthria, no external findings suggestive for acute injury or illness ...[s/he] does have possible tenderness over the left greater trochanter ...Remainder of labs notable for a slight elevation in creatinine, was provided IV fluids for support ...[s/he] does appear [his/her] baseline confusion ...patient appears appropriate for outpatient management ...discharged in stable condition ..." Fall Assessment On 05/11/2026, Surveyor requested to be provided with Resident 6's post fall assessments. Clinical Director B provided a document titled "Fall Risk Assessment" which was dated	N 381		

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N 381	Continued From page 32 05/14/2025 and identified Resident 6's "History of Falls" as "No falls in the last 3 months." Interviews On 05/11/2026 at 11:12 A.M., Surveyors interviewed Medication Aide C. S/he said Resident 6 was ambulatory and required 2 hour checks. S/he stated Resident 6 had "a couple" of falls that were occurring more frequently and was discharged from the facility shortly after the last "big fall." S/he recalled Resident 6 hitting his/her head. On 5/11/2026 at approximately 3:15 P.M., Surveyors interviewed Medication Aide D. S/he said that most of Resident 6's falls occurred "in the middle of the night." S/he stated that Resident 6 would wander frequently, was exit seeking and that staff would administer Lorazepam to "calm [him/her] down" which would also cause [him/her] to become "exhausted." S/he stated s/he required "frequent checks." Medication Aide D recalled an incident where Resident 6's room flooded and s/he was transferred out of the facility for additional care. 05/12/2026 at approximately 4:30 P.M., Surveyors interviewed Executive Director A (ED-A) and Clinical Director B (CD-B) regarding Resident 6's falls. CD-B confirmed Resident 6 had an unwitnessed fall on 4/12/2026 which resulted in Resident 3 being transported to the emergency department. Interventions were acknowledged as encouraging participation in activities, the use of his/her call light for assistance and that it is within reach, and use of non-slip socks. ED-A and CD-B reported assessments are completed in the form of an incident report, but nothing formal after a fall. On	N 381		

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N 381	Continued From page 33 05/26/2026, at 10:00AM, CD-B reported reassessment should occur anytime there is a change of condition. Resident 6 had an increase in falls in March and April 2026. Six (6) falls were documented, and one fall resulted in an emergency room visit. Resident 6's most current assessment was dated 05/14/2025 and identified Resident 6's "history of falls" as "no falls in the last 3 months." Resident 6's ISP, dated 11/30/2025, documented frequent checks, participation in activities, use of proper footwear and call light. There were no further assessments competed to determine appropriate interventions to prevent falls.	N 381		
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 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	N 406		

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N 406	Continued From page 34 record shall include the medication name, strength and amount. This Rule is not met as evidenced by: Based on observation, staff interview and record review the provider did not establish an effective procedure for the proper destruction and disposal of unused, discontinued, or outdated medications. The medication carts observed contained an opened insulin pen labeled for Resident 1 with no dates to determine the specific expiration date of the medication. Additionally, two opened, and in use insulin pens were observed without a pharmacy label identifying which resident the pen was for and did not determine the specific expiration date of the medication. Findings include: The facility was licensed as Class CNA (nonambulatory) to serve the following residents: physically disabled, advanced age, developmentally disabled and irreversible dementia/Alzheimer's. Review of Toujeo Max INJ 300/ML pen Manufacturer's Insert revised 05/2025 indicated, " ...Only use your pen for up to 56 days after its first use ..." Review of the NovoLog FlexPen Manufacturer's Insert revised 02/2023 indicated, " ...out of the refrigerator at room temperature ...for up to 28 days ..." On 05/11/2026 at 8:33 A.M., Surveyor observed the following in the medications carts with	N 406		

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N 406	Continued From page 35 Medication Aide C: -- One open and in use Novolog FlexPen, with no dates to confirm when the pen was opened or expired. The pen did not have a pharmacy label on it and did not display which resident the pen was for. --One open and in use Novolog FlexPen. The pen displayed a faint and illegible date written with black marker. The pen did not have a pharmacy label on it and did not display which resident the pen was for. -- One open and in use Toujeo Pen for Resident 1 with no dates to confirm when the pen was opened or expired. On 05/11/2026 at 8:40 A.M., Surveyor interviewed Medication Aide C. S/he verified that the above insulin pens were open and being used. S/he acknowledged that the forementioned insulin pens were not properly labeled with dates to determine the specific expiration date and s/he would not know when to discard them. S/he also acknowledged that two insulin pens did not display a pharmacy label to identify which resident it was for. On 05/11/2026 at 10:40 A.M., Clinical Director B verified the above insulin pen was open and being used for Resident 1 with no dates to confirm when the pen was opened or expired. S/he also verified that two insulin pens did not contain a pharmacy label identifying what resident the pen was for.	N 406		
N 425	83.38(1)(a) Personal care. As appropriate, the CBRF shall teach residents	N 425		

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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:

Personal care.

Personal care services shall be designed and provided to allow a resident to increase or maintain independence.

This Rule is not met as evidenced by:
Based on interview and record review, the provider did not ensure that personal care services were provided to meet the needs of Resident 8.

Findings include:

The facility was licensed as Class CNA (nonambulatory) to serve the following residents: physically disabled, advanced age, developmentally disabled and irreversible dementia/Alzheimer's.

On 4/23/2026, the department received a complaint with concerns regarding neglect.

Interviews

On 5/12/2026 at 10:30 A.M., Surveyor interviewed Resident 8. Resident 8 stated that s/he is supposed to receive a weekly shower on Tuesdays and prefers to have them done at night.

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N 425	Continued From page 37 S/he stated that a "third shift [gender]" is the "only one" that will attempt to shower him/her. Resident 8 acknowledged that s/he did not receive a shower the week prior and stated the staff "got busy" and have not offer a shower since. Resident 8 recalled only receiving one shower in April and stated the lack of showers made him/her feel "dirty." S/he acknowledged the lack of showering has affected his/her skin. Resident 8 denied receiving consistent 2 hour checks during the night and that it is "worse on the weekend." Resident 8 stated that s/he has "sores" on his/her abdomen that s/he screams "bloody murder about." On 05/11/2026 at 11:12 A.M., Surveyors interviewed Medication Aide C. S/he said Resident 8 has "cists" on his/her private area and had a small "pressure sore" on his/her buttocks. S/he recalled an instance where Resident 8 was "pale and drained" and went to the Emergency Room (ER) due to his/her pain. On 05/11/2026 at 3:00 P.M., Surveyor interviewed Medication Aide D. S/he said Resident 8 has sores in his/her private area that have been "multiplying rapidly." S/he said that Resident 8 receives supplemental care from a dermatologist and home health. S/he stated that occasionally Resident 8 will refuse cares, but sometimes will request them to be completed later. On 05/12/2026 at approximately 4:30 P.M., Surveyors interviewed Executive Director A (ED-A) and Clinical Director B (CD-B). CD- B informed Surveyors that Resident 8 will oftentimes refuse showers, that staff will reapproach and "ask at different times." Comprehensive Evaluation	N 425		

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N 425	Continued From page 38 On 05/11/2026, Surveyor reviewed Resident 8's admission assessment titled, "Wisconsin Comprehensive Evaluation" dated 11/06/2024. The assessment identified Resident 8's skin as "intact," needs "Extensive assistance" with bathing. The document read in part, "skin checks completed during each shower of the week and changes reported ...Toileting ...WILL HAVE STAFF TRANSFER [HIM/HER] INTO [HIS/HER] BED AND CHANGE [HIM/HER] IN THE BED ...Goal: The resident will remain free from skin breakdown due to incontinence and brief use through the next review ..." Individualized Service Plan (ISP) On 5/12/2026, Surveyor reviewed Resident 8's Individual Service Plan (ISP) dated, 11/30/2026. The ISP identified Resident 8 was admitted to the facility on 11/01/2024 and diagnosed with dementia, mood disturbance, anxiety, heart failure and amputee. The ISP noted the following: Mobility: " ...Resident is non-ambulatory ...uses motorized scooter ...Mechanical lift used for transfers: Hoyer Ax2 ..." Toileting: " ...The resident will remain free from skin breakdown due to incontinence and brief use ...Incontinent of bladder requires assistance from staff ...The resident requires assistance for toilet use. Resident can state when [s/he] needs to be changed and will use [his/her] call light during day time hours. During HS (bedtime) staff to check and change the resident every two hours ..." Bathing: " ...Resident will follow bathing schedule without resistance through review date ...SKIN INTEGRITY: Staff to complete skin checks on	N 425		

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N 425	Continued From page 39	N 425		

shower days and report concerns...Resident will receive full physical assistance with bathing ...Resident will need a shower chair that tilts back due to being a double leg amputee Resident will need assistance with drying off and changing into a new set of clothing ..."

Skin Maintenance: " ...Skin check completed during each shower of the week and changes reported to the wellness lead or medical practitioner ...Staff to apply barrier cream with each incontinence episode ..."

Surveyor noted the ISP did not include:

-- Resident 8's history of refusals and interventions in place to approach refusals regarding showering and/or toileting and incontinence checks.
-- Resident 8's preference to receive showers during the evening or at night.

Dermatology

On 05/11/2026, Surveyor reviewed Resident 8's Dermatology visit dated 03/31/2026 and 05/01/2026 and noted the following:

03/31/2026: " ...intertriginous locations ...inguinal folds, abdominal folds ...The patient was instructed to ensure the affected area is completely dry after bathing before applying medications. Ketoconazole cream should be applied first, followed by ...Vaseline, and then a completely dry cotton barrier ...should be performed twice daily ...Must avoid friction from diapers, undergarments, or waistbands against the [private area], lesion, and abdomen to prevent further irritation ..."

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N 425	Continued From page 40 05/01/2026: " ...Ulcer ...patient was advised to use a cotton barrier to reduce friction, irritation and associated pain in the affected abdominal pannus area. Diapers should be avoided. Undergarments should be changed promptly after soiling and pressure/friction on the area should be eliminated...Patient presents today unaware of which creams have been applied or how often. Phone call was placed to assisted living at time of visit where patient resides to which they reported verbally that both medications have been applied ...Presents today with a new ulceration at the left [private area] that is painful and reports this developed after last o.v ...The left [private area] crease ulceration measures ...to which is painful to patient, patient crying out in pain upon attempt for examination in office ...Recommend patient see wound care for further evaluation/treatment ...Continue ...Gentamycin 0.1% cream TID Ketoconazole 2% cream BID ...Intertrigo ...abdominal folds ...is a rash that occurs with friction rubbing of skin in warm and moist environments ...the patient was instructed to ensure the affected area is completely dry after bathing before applying medications. Ketoconazole cream should be applied first, followed by a layer of Vaseline, and then a completely dry cotton barrier. The regimen should be performed twice daily ..." Medication Administration Record (MAR) On 5/12/2026, Surveyor reviewed Resident 8's MAR from May 2026 and noted the following: -- Ketoconazole External Cream 2%: " ...Apply to pannus topically two times a day for infection. D/C when resolved. Order Date 04/01/2026 ...D/C (discontinued) Date 05/04/2026 ..." -- Ketoconazole External Cream 2%: " ...Apply to	N 425		

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N 425	Continued From page 41 pannus, Abdominal fold topically two times a day for Infection. D/C (discontinue) when resolved. Order date 05/04/2026 ..." -- Gentamicin Sulfate External Cream 0.1%: " ...Apply to Bilateral [private area] topically three times a day for Cysts Until Healed. Continue with Keto Cream as well. Order Date 04/17/2026 ..." Progress Notes On 05/12/2026 at 9:30 A.M., Surveyor reviewed Resident 8's progress notes and noted the following: 04/17/2026 at 6:26 P.M.: " ...Resident was aggressive towards staff during a change ...when staff said there was no cream and resident wanted changed [sic] ...stated their butt hurt ...refused to be changed without a cream ...Staff went to med tech to ask if there was anything for their redness and there was nothing ...resident still remained agitated ..." 04/21/2026 at 4:20 P.M.: " ...4 new sores in [his/her] groin area. Started with 3 which are near [his/her] [private part] on [his/her] right side on the butt cheek. Total of 7 spots. This is causing [him/her] a lot of pain ...[practitioner] visited ...Procedure scheduled for May 1st. Reaching out to Derm to see if procedure can be moved up due to pain and number of spots increasing ..." 04/23/2026 at 8:30 A.M.: " ...Resident was sent out to emergency room ...Caregiver went to residents room to help [him/her] get into bed ... [s/he] was having pain due to cysts in [his/her] [private area]...Resident had many cysts in [his/her] [private area]. Resident looked pale from the pain and seemed confused ..."	N 425		

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N 425	Continued From page 42 Emergency Department/Hospitalization On 05/11/2026, Surveyor reviewed hospital documents pertaining to Resident 8's hospitalization from 04/23/2026 through 04/29/2026 which read in part: " ...Chief Complaint Anemia ...This is an [age] bilateral [Above-The-Knee Amputation] ...Presented...with [private area] pain. Patient appears to have multiple pressure ulcer and open wound [sic]. It seems that [s/he] was not able to take care of [him/her] self, failure to thrive ... [S/he] stated that [s/he] was having pain [his/her] [sic] [private area] where ulcers are ...Wound care consult requested ...wounds do not seem to be grossly infected ...will provide Rocephin empirically ..." Care Audit Report Following Surveyors request, on 05/13/2026, CD-B emailed surveyors documents titled "Point of Care Audit Report" which included March, April, and part of May. Surveyor noted the following: Bathing/Showering: -- Read in part, " ...full physical assistance with bathing ...Resident will need assistance with drying off and changing into a new set of clothing ..." -- Four (4) dates (3/17/2026, 3/24/2026, 4/1/2026, and 4/7/2026) where staff charted "Yes." -- Five (5) dates (3/31/2026, 4/14/2026, 4/21/2026, 5/5/2026 and 5/12/2026) where staff charted "Resident Refused." -- One (1) date (4/28/2026) where staff charted "Resident not Available."	N 425		

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N 425	Continued From page 43 Toileting/Incontinence: -- Read in part, " ...requires assistance for toilet use ...will use [his/her] call light during day ...during HS (bedtime) staff to check and change the resident every two hours ..." -- Approximately 3 times daily where staff document that the aforementioned task was completed. Skin Integrity: -- Read in part, " ...complete skin checks on shower days and report concerns..." -- Thirteen (13) weekly occasions where staff documented completing skin checks on Resident 8. Surveyor noted a documented skin check competed on 04/28/2026 during Resident 8's hospitalization. Interview On 05/26/2026 at 11:00 A.M., Surveyors interviewed ED-A and CD-B. CD-B acknowledged that Resident 8 required weekly baths/showers and toileting/incontinence checks every 2 hours during bedtime. ED1 and CD- B acknowledged that Resident 8 had not received weekly baths/showers per the audit report provided. ED1 and CD2 acknowledged that the audit reports did not show the total number of toileting/incontinences checks that staff competed during a shift, and only prompted for staff to indicate that 2 hour checks were completed during bedtime throughout their shift. CB-D acknowledged that the audit reports provided would not indicate if there were gaps in toileting/incontinence checks during a shift and would not be able to determine the specific times	N 425		

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N 425	Continued From page 44 during a staff members shift that toileting/incontinence checks were completed. Summary Resident 8 did not receive his/her weekly showers during most of March, April and the beginning of May 2026. Resident 8 stated that s/he feels "dirty" and is not being provided his/her weekly showers and toileting incontinence checks. Progress notes indicated 4 new sores developed on Resident 8, for a total of 7 sores, 5 days prior to his/her hospitalization. On 04/23/2026, Resident 8 went to the ER due to pain in his/her [private area]. Resident 8 was hospitalized for a total of 7 days and received antibiotic treatment for his/her sores. Care audit documents indicated Resident 8 had not received a bath or shower for 16 days prior to his/her hospitalization on 04/23/2026 and had not received one since returning to the facility on 04/29/2026. As of 05/13/2026, Resident 8 has not received a bath or shower since 04/07/2026, for a total of 35 days.	N 425		
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	N 452		

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N 452	Continued From page 45 and shall hold cold foods at 40°F or below until serving. This Rule is not met as evidenced by: Based on observation and interview the facility did not store food under sanitary conditions resulting in the potential for food borne illness. Items of dry food were not properly sealed in the walk-in pantry, a dusty fan was blowing towards the stovetop and food prep counter, and the stovetop/backsplash was dirty. Findings include: The facility was licensed as Class CNA (nonambulatory) to serve the following residents: physically disabled, advanced age, developmentally disabled and irreversible dementia/Alzheimer's. On 05/11/2026 from approximately 11:20 A.M. to 11:30 A.M. Surveyor toured the kitchen accompanied by Executive Director A (ED-A) and observed the following: -- Two (2) unsealed identical bags of 160 ounce "Barilla ...Classic" spaghetti noodles. One bag appeared to contain less noodles than the other bag. -- One (1) 25-pound bag of "Japanese Style Bread Crumbs Coarse." The bag was observed on an upper shelf of the pantry with the upper portion of the bag draped over to one side. The	N 452		

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N 452	Continued From page 46 bottom of the bag contained a thin layer of breadcrumbs and a metal object utilized to scoop. Surveyor observed an active mouse trap on the floor below the pantry shelves. -- A large metal fan on a countertop blowing towards the stovetop and food prep countertop. The fan was covered in a thick layer of dust. -- A multi-burner gas range stove with visible accumulation of grease, food debris and staining throughout the cooking surface area. The stainless-steel backsplash behind the stove contained brown and black splatter and drip marks. The burner grates appeared to contain charred residue and food particles. A large pot containing what appeared to resemble refried beans was cooking on one of the stovetop burners. On 05/11/2026 at 11:25 A.M., Surveyor interviewed ED-A regarding the aforementioned items. S/he acknowledged the dusty fan was "not ok", that it was blowing towards the stovetop and food prep area, and had the fan removed. S/he also acknowledged the unsealed bags of spaghetti noodles and breadcrumbs and that they should be sealed. On 05/11/2026 at 11:29 A.M., Surveyor interviewed Cook E. S/he acknowledges the dirty stovetop and backsplash, shared that it is cleaned "every other week," and s/he is working on acquiring a cleaning product to address it.	N 452		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually.	N 526		

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N 526	Continued From page 47 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure tornado, flooding or other emergency or disaster evacuation drills were conducted at least semi-annually. Findings Include: The facility was licensed as Class CNA (nonambulatory) to serve the following residents: physically disabled, advanced age, developmentally disabled and irreversible dementia/Alzheimer's. On 05/11/2026, Surveyor reviewed the facility's evacuation drills for 2024 and 2025. Surveyor noted there was only one drill conducted for 2025 (elopement drill dated 08/25/2025). There were no drills for 2024. On 05/13/2026, additional drills were provided for review. The additional drills did not include any further documentation of other disaster drills completed for 2024 or 2025. On 05/26/2026 at 10:00 A.M., Surveyor interviewed Executive Director A (ED-A) and Clinical Director B (CD-B). ED-A and CD-B reported they could attempt to locate the missing drills. No further information was provided. ED-A and CD-B acknowledged the findings.	N 526		