STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015286	A. BUILDING: _____ B. WING _____	R-C 06/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JC VILLA ONE	8030 W APPLETON AVE MILWAUKEE, WI 53218

(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 06/03/2026, Surveyor concluded a standard survey, verification visit and a complaint investigation at JC Villa One in Milwaukee. Eight deficiencies were identified. One complaint was substantiated. Under statutory Provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 8	{N 000}		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure documentation was obtained from a physician, physician assistant, clinical nurse practitioner, or licensed registered nurse indicating 1 of 2 employees (Caregiver J) had been screened for illness detrimental to	N 220		

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

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N 220	Continued From page 1 residents, including tuberculosis (TB), within 90 days before the start of employment. Findings include: On 05/29/2026 at 2:40 p.m., Surveyor reviewed Caregiver J's records. The following was identified: - Caregiver J was hired on 05/24/2024. Caregiver J's start on floor date was 05/27/2024. - Caregiver J's record had documentation a screening for clinically apparently communicable disease was completed on 06/20/2024. - Caregiver J's record contained a TB and communicable disease screening questionnaire dated 05/30/2024. Surveyor did not observe any signatures of agreement from a physician, physician assistant, clinical nurse practitioner, or a licensed registered nurse that indicated Caregiver J had been screened for clinically apparent communicable disease including TB. The document did not meet the criteria for being screened for tuberculosis (TB) within 90 days before the start of employment. On 05/29/2026 at 2:40 p.m., Surveyor interviewed Assistant Director (AD) H, who confirmed that Caregiver J did not have a complete communicable disease screening before s/he started on the floor working with residents. AD H stated, "I guess it was late. I don't know. Human Resources handles that." On 06/03/2026 at 8:50 a.m., Surveyor interviewed Director of Human Resources (DHR) R, who stated after human resources hires an employee, they ask the caregivers to bring back their TB	N 220		

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N 220	Continued From page 2 tests right away. DHR R stated Senior Vice President (SVP) E will look for a place to get the caregivers on the schedule. DHR R asked Surveyor if there was another timeframe for getting TB tests from caregivers. S/He told Surveyor, "They start working and I have not received their TB tests from them." Surveyor stated the code s/he reference was the correct code to follow.	N 220		
N 277	83.25 Continuing education The administrator and resident care staff shall receive at least 15 hours per calendar year of continuing education beginning with the first full calendar year of employment. Continuing education shall be relevant to the job responsibilities and shall include, at a minimum, all of the following: (1) Standard precautions; (2) Client group related training; (3) Medications; (4) Resident rights; (5) Prevention and reporting of abuse, neglect and misappropriation; (6) Fire safety and emergency procedures, including first aid. This Rule is not met as evidenced by: Based on record review and interviews, the provider did not ensure 1 of 1 staff received at least 15 hours per calendar year of continuing education in 2025. Caregiver J did not have any evidence of continuing education in 2025. Findings include: On 05/29/2026 at 1:00 p.m., Surveyor requested Caregiver J's record. At 2:40 p.m., Assistant	N 277		

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N 277	Continued From page 3 Director (AD) H provided Caregiver J's file. Caregiver J was hired on 05/24/2024. Caregiver J's start on floor date was 05/27/2024. Caregiver J's file did not contain evidence of continuing education training for medications, fire safety, and emergency procedures in 2025. Caregiver J's file contained 7 hours of continuing education training for 2025. On 05/29/2026 at 1:05 p.m., Surveyor interviewed AD H, who stated when staff have disciplinary actions, the company retrains the staff and calls it "drills for skills." AD H confirmed there were no training times on the drills for skills certificates. AD H confirmed the drills for skills did not meet the requirements to complete Caregiver J's 15 hours of continuing education training for medications, fire safety, and emergency procedures in 2025. AD H stated, "Staff receive training that way and I also conduct full house staffing's, where I give out handouts and we go over the trainings together." AD H confirmed s/he did not have documentation for full house staffing's available at time of survey. On 05/29/2026 at 4:55 p.m., AD H explained to Licensee B, who was on the phone, why they received a citation. S/He stated, "The drills for skills [Caregiver J] received did not indicate training times on them."	N 277		
N 343	83.32(2)(a) Explanation of rights, grievance procedure. Explanation of resident rights, grievance procedure, and house rules. Before the admission agreement is signed by the resident or	N 343		

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N 343	Continued From page 4 the resident ' s legal representative or at the time of admission, the CBRF shall provide a copy of and explain resident rights, the grievance procedure under s. HFS 83.33 and the house rules to the person being admitted, the person ' s legal representative, and family members of the person. The resident or the resident ' s legal representative shall be asked to sign a statement to acknowledge the receipt of an explanation of resident rights. The CBRF shall document the date and to whom the information was provided. This Rule is not met as evidenced by: Based on record review and interview, the provider did not obtain a signed statement from the resident's legal guardian acknowledging the provider explained resident rights, grievance procedure, and house rules 1 of 1 resident reviewed (Resident 11). The guardian did not sign a statement to acknowledge the receipt of an explanation of resident rights. The CBRF did not document the date and to whom the information was provided. Findings include: On 05/29/2026 at 12:35 p.m., Surveyor reviewed Resident 11's record. The following was identified: Resident 11 was admitted to the facility on 08/15/2024. Resident 11 had a guardian. Resident 11 was enrolled in services with a managed care organization (MCO) and was assigned case managers. On 05/29/2026 at 1:20 p.m., Surveyor reviewed Resident 11's resident bill of rights acknowledgement, house rules and member	N 343		

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N 343	Continued From page 5	N 343		

responsibilities, and resident grievance/complaint procedure. On each document, Surveyor observed a signature page.

The resident bill of rights acknowledgement read, "My signature below indicates that I have read or been read to, understand and received a copy of the Resident's Bill of Rights for Jefferson Crest, LLC. Residents [sic]." On the resident signature line, Surveyor observed Resident 11 signed his/her full name and dated the document 05/16/2025. Director A also signed and dated the form 05/16/2025.

The resident grievance/complaint procedure read, "My signature below indicates that I have read the above Grievance Procedure and/or have had the procedure explained to me. I understand that the right to file a complaint/grievance without coercion or punishment is a right guaranteed to me as a resident of this facility. I have also received a copy of the Grievance Procedure." On the resident signature line, Surveyor observed Resident 11 signed his/her full name and dated the document 05/16/2025. Director A also signed and dated the form 05/16/2025.

On 06/03/2026 at 1:00 p.m., Surveyor reviewed Resident 11's Managed Care Organization Member Centered Plan, dated 01/01/2026. The document read, "[Guardianship Agency (GA) S] assist member with major decision making."

On 05/29/2026 at 10:00 a.m., Surveyor interviewed Director A, who confirmed Resident 11 had a guardian.

On 05/29/2026 at 11:05 a.m., Surveyor interviewed Guardian Supervisor (GS) N regarding Resident 11's move in paperwork.

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N 343	Continued From page 6 Surveyor asked if the guardian was aware that Resident 11 signed his/her own resident bill of rights acknowledgement, house rules and member responsibilities, and resident grievance/complaint procedure documents on 05/16/2025. GS N confirmed, "That is not right. [Resident 11] is protectively placed. We should review and sign all his/her documentation. Typically, there is a line for the guardian to sign on the forms." On 05/29/2026 at 1:23 p.m., Surveyor asked Director A if upon admission, resident rights were explained to Resident 11 and/or to his/her legal representative. Director A stated, "S/He has a guardian." Surveyor showed Director A the documents with Resident 11's signatures dated 05/16/2025. They were the resident bill of rights acknowledgement, house rules and member responsibilities, and resident grievance/complaint procedure. Director A stated, "I'm not sure why they had [Resident 11] sign the paperwork, when s/he has a guardian."	N 343		
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 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	N 389		

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N 389	Continued From page 7 with the individual service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not update the Individual Service Plan (ISP) when there was a change in needs, abilities, or condition for 1 of 1 resident reviewed. Resident 14's ISP did not get updated to include or identify the approaches to Resident 14's attitude with substances that the CBRF would provide. The ISP did not include established measurable goals with specific time limits for attainment. The ISP did not include specific methods for delivering needed care. Findings include: On 05/29/2026 at 12:08 p.m., Surveyor observed Resident 14 in his/her room holding a plastic bag that contained a green flakey substance consistent with marijuana, in the palm of his/her hand. Resident 14 was dropping the substance into a folded, white piece of paper. Surveyor asked Resident 14 what s/he was doing. Resident 14 stated s/he, "used it for his/her pain." Surveyor walked out of room and Lead Caregiver (LC) M stated, "S/He does that. We don't do anything about it. We just walk him/her off the property. I just emailed his/her care team. S/He is not supposed to do that here." On 05/29/2026 at 12:13 p.m., Surveyor observed Assistant Director (AD) H walking Resident 14 out the front door. Resident 14 had a long, white cigarette-like object in his/her hand. AD H stated to Resident 14, "You need to be off the property to do that."	N 389		

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N 389	Continued From page 8 On 06/04/2026 at 10:00 a.m., Surveyor reviewed Resident 14's record. The following was identified: Resident 14 was admitted to the facility on 07/01/2025. Resident 14's diagnosis included alcohol dependence, cocaine dependence, and unspecified dementia, mild. Resident 14 was his/her own person. Resident 14 was enrolled in services with a managed care organization (MCO) and was assigned case managers. Resident 14's house rules/resident rights were signed and dated 05/16/2025. The house rules read, "Weapons of any kind, alcohol and drugs not prescribed by your licensed physician are prohibited in the facility." On 06/03/2026, at 1:31 p.m., Personal Care Agency (PCA) O, emailed Resident 14's Individual Service Plan (ISP) dated 02/01/2026. The following was identified: Under the heading, "Behavior Patterns", "Destructive of Self, Property, Physically or Mentally abusive. Current Status. [Resident 14] has a hx (history) of property destruction and being physically violent to others. Frequency of service and service provided. [Resident 14] to be monitored daily. Environment to be [sic] calm and safe. Goal/Outcome. [Resident 14] to eliminate outbursts by living in an environment that is calm, where communication occurs, structured, and free of negative staff/peer interactions. Service provider responsibilities. JC Staff." Under the heading, "Mental And Emotional Health. Aggressive/Combative. Current Status, [Resident 14] interacts with others well however when s/he is under the influence, s/he can be	N 389		

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aggressive. [Resident 14] to be monitored to ensure s/he is not aggressive or combative to [sic] peers. Frequency of service and service provided. Daily support and communication. Safe environment with connections. [Resident 14] is to have quiet environment with support staff daily. [Resident 14] to be monitored or all substance [sic] use alcohol, cocaine and marijuana. Goal/Outcome. [Resident 14] will become comfortable and feel secure in the living environment and be able to interact with staff, family, friends and other residents freely and willingly as they interact. [Resident 14] to be able to communicate cohesively with out [sic] violence. Staff to work with [Resident 14] to maintain sobriety/harm reduction. Service provider responsibilities. Jefferson Crest Staff."

Under the heading, "INDEPENDENT LIVING SKILLS. Describe what skills are being taught to increase or maintain independence. Communication Skills. Current Status. [Resident 14] can communicate well with others with no difficulty. Howeverif [Sic] s/he is under the influence staff should maintain calm and structure to keep [Resident 14] deescalated [sic]. Frequency of service and service provided. Daily continuance of staff asking questions with ADLs, cares and activities and allowing [Resident 14] to verbalize needs. Redirection of adverse behaviors when displayed by [Resident 14]. Goal/Outcome. [Resident 14] will become comfortable and feel secure in the living environment and be able to interact with staff, family, friends and other residents freely and willingly as they interact with him/her. Service provider responsibilities. Jefferson Crest Staff."

Resident 14's ISP does not indicate how to communicate with Resident 14 and what a

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structured environment free of negative staff/peer interactions should look like for him/her. Resident 14's ISP does not indicate how staff will assist Resident 14 in maintaining a calm and structured environment to keep [Resident 14] from escalating. The ISP did not indicate what actions the caregivers the staff will take when Resident 14 is under the influence of drugs and/or alcohol. The ISP did not include the program service approaches to Resident 14's aggressive/combative behavior patterns and the specific methods for delivering needed care the CBRF would provide.

On 06/03/2026 at 2:00 p.m., Surveyor reviewed Resident 14's Managed Care Organizations, Member Centered Plan, dated 05/15/2025. The document read, "[Resident 14] Does not have a mental health diagnosis but has some verbal behaviors when drinking. [Resident 14] declines to want to stop drinking at this time."

Interviews

On 05/29/2026 at approximately 11:00 a.m., Surveyor interviewed [Personal Care Agency (PCA) O], who stated s/he was an independent contractor hired to complete assessments and individualized service plans for the provider. [PCA O] confirmed they would interview the residents, the managed care organization (MCO) and review medical paperwork to create assessments and ISPs. The ISPs are signed by the resident, [Personal Care Agency Nurse (PCAN) P] and by [PCA O]. The document was returned to the provider to acquire any additional signatures needed.

On 05/29/2026 at 12:15 p.m., Surveyor interviewed AD H, who stated, "We are supposed

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N 389	Continued From page 11	N 389		

to walk him/her outside when s/he is using illegal drugs. It's on the face sheet." AD H informed Surveyor that the provider had a no drugs in facility policy. AD H showed Surveyor the posted house rules, that read, "Weapons of any kind, alcohol and drugs not prescribed by your licensed physician are prohibited in the facility."

On 05/29/2026 at 1:40 p.m., Surveyor interviewed LC M, who stated s/he does not know what to do when s/he finds Resident 14 with drugs in the home. LC M stated, "It has happened more than five times to me while I've been working. I tell him/her not to do it. I don't know what else to do." LC M explained Resident 14 would get very angry and aggressive when staff would bring using in the home up.

On 05/29/2026 at 3:40 p.m., Surveyor interviewed Caregiver Q, who stated s/he understood Resident 14 was a grown-up, but s/he had to do his/her job. Caregiver Q stated, "I'll do what the service plan says. But there's nothing in there about what to do with [Resident 14's] when his behaviors are crazy."

On 05/29/2026 at 4:50 p.m., Surveyor interviewed Licensee A and Senior Vice President (SVP) E about the findings. Licensee A stated s/he was aware of the challenges with Resident 14's drug and alcohol use, so the company implemented staff training to deal with general situations of alcohol and drug abuse. Licensee A stated the company did not want to remove any resident rights, so they chose to have staff walk residents off property, when residents were doing something illegal, like smoking marijuana. Surveyor asked Licensee A where the specific interventions for the individuals were in their ISPs. Licensee A confirmed there were no specific

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N 389	Continued From page 12 interventions for caregivers in the ISP's on how to deal with Resident 14's drug challenges. Licensee A acknowledged that it made sense to have each ISP specific to an individual due to them responding differently to situations and circumstances. On 06/03/2026 at 2:51 p.m., Surveyor emailed Licensee B, and asked, "I'm hoping you can help me understand, who within your business structure, evaluates the systems in place for the creation and expedition of your ISPs, to ensure that they are up to code? As of 06/09/2026 at 8:00 a.m., no response had been received.	N 389		
N 425	83.38(1)(a) Personal care. 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: 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 observation, record review, and interview, the provider did not ensure 1 of 1	N 425		

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resident (Resident 11) was taught the necessary skills to maintain his/her highest level of functioning with activities of daily living. Resident 11 appeared dirty and disheveled upon survey.

Findings include:

On 10/08/2025, the department received a complaint alleging residents were not bathed regularly.

On 05/29/2026 at 9:17 a.m., Surveyor observed Resident 11 in his/her room. Surveyor noted a pungent odor consistent with urine in Resident 11's bedroom. Resident 11's hair appeared to be unwashed and uncombed. Resident 11's face had, what appeared to be, food crumbs and dried liquid around his/her mouth. Surveyor observed Resident 11's fingernails to be unkempt with dark matter underneath the nails.

On 05/29/2026 at 10:35 p.m., Surveyor reviewed Resident 11's record. The following was identified:

Resident 11 was admitted to the facility on 08/15/2024. Resident 11's diagnoses included anxiety disorder, bipolar disorder, paranoid personality disorder, and unspecified dementia. Resident 11 had a guardian. Resident 11 was enrolled in services with a managed care organization (MCO) and was assigned case managers.

Resident 11's record contained an Individual Service Plan (ISP) dated 08/15/2025. Resident 11's ISP did not identify Resident 11's needs and abilities concerning personal care or activities of daily living. Under section titled, Grooming, it read, "Resident is independent." Under section

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	0015286	A. BUILDING: _____ B. WING _____	R-C 06/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JC VILLA ONE	8030 W APPLETON AVE MILWAUKEE, WI 53218

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N 425	Continued From page 14	N 425		

titled, Bathing, it read, "Resident is independent." Resident 11's ISP was not signed by his/her guardian.

The ISP did not include the program service approaches to Resident 11's behavior patterns and the specific methods for delivering needed activities of daily living (ADL) care the staff would provide.

On 06/03/2026 at 1:00 p.m., Surveyor reviewed Resident 11's Managed Care Organization Member Centered Plan, dated 01/01/2026. The document read, "Interventions & Support. Grooming. Level of Assistance: Needs Assistance- Formal/Natural Supports/Needs to Find Helper .... Bathing. Level of Assistance: Needs Assistance- Formal/Natural Supports/Needs to Find Helper ... Comments: Member requires assistance and encouragement during bathing."

Wis. Admin. Code § DHS 83.02 (37) defines personal care as, "Assistance with activities of daily living but does not include nursing care."

On 05/29/2026 at 10:30 a.m., Director A reported Resident 11 had behaviors and would refuse to take showers. Director A confirmed his/her room had a urine odor and would be taken care of.

On 05/29/2026 at 9:22 p.m., Surveyor interviewed Lead Caregiver (LC) M, who stated, "We are supposed to ask him/her one time and then reapproach him/her later because s/he forgets. Maybe s/he will say yes later."

On 05/29/2026 at 9:24 p.m., Surveyor interviewed Resident 11 and asked if s/he wanted to take a shower and have his/her hair washed. Resident

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N 425	Continued From page 15 11 stated, "I don't want to take a shower. I'm tired." On 05/29/2026 at 10:30 a.m., Surveyor interviewed LC M, who explained Resident 11 could get aggressive about showers. LC M stated the care team is required to document the care that is done every day for Resident 11. LC M stated, "When I train caregivers, I have them look at [Resident 11's] ISP." Surveyor asked LC M to identify where the ISP gives examples of how to care for Resident 11, when s/he refuses care/showers and how staff is to approach Resident 11 to deliver his/her care. LC M stated, "Honestly. This could be so much better. I can barely even read this ISP. I just do the best I can. I usually offer him/her an incentive, like a cigarette." On 05/29/2026 at approximately 11:00 a.m., Surveyor interviewed Personal Care Agency (PCA) O, who stated s/he was an independent contractor hired to complete assessments and individualized service plans for the provider. [PCA O] confirmed they would interview the residents, the MCO and review medical paperwork to create assessments and ISPs. The ISPs are signed by the resident, Personal Care Agency Nurse (PCAN) P and by PCA O. The document was returned to the provider to acquire any additional signatures needed. PCA O confirmed s/he created Resident 11's ISP. On 05/29/2026 at 1:35 p.m., Surveyor reviewed Resident 11's shower documentation with Assistant Director (AD) H, who observed caregivers were marking Resident 11 as independent with cares. AD H stated, "Resident 11 is not independent with cares. Caregivers should not be marking that. S/He needs	N 425		

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N 425	Continued From page 16 assistance." On 05/29/2026 at 1:35 p.m., Surveyor informed Licensee B of complaint findings. Licensee B stated, "That stench is from Resident 11's urine problem. The care team knows, the guardian knows, we've gone through all of this with the resident. We usually communicate and collaborate via email with all of them." Licensee B stated in the future, they would add all resolutions to Resident 11's care plans. On 06/03/2026 at approximately 2:05 p.m., Surveyor received an email from PCA O, who stated, "In reference to [Resident 11]: Dressing: [Resident 11] is independent in this area. [Resident 11] is dressed 2 times per day and as needed (with incontinent episodes) this is done to protect and maintain skin integrity. Grooming: [Resident 11] is independent in this area with cueing. Grooming is performed daily and as needed. This is done to protect self image [sic], maintain hygiene daily, and cleanliness."	N 425		
N 497	83.45(1)(f) Furnishings clean, safe, and maintained Furnishings. The CBRF shall keep all furnishings clean, safe, and maintained in good repair. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all furnishings in the home were clean, safe and in good repair. Resident 11's nightstand covered in dirt and debris and his/her clothes dresser drawers were broken and off track. Findings include:	N 497		

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N 497	Continued From page 17 On 05/29/2026 at 9:20 a.m., Surveyor observed Resident 11's room. Surveyor observed Resident 11's nightstand covered in dirt and debris. The nightstand had two drawers that did not have handles to move the drawers open and closed. Surveyor attempted to move the top drawer, and it appeared to be broken and off track, it did not move smoothly in and out. Resident 11's dresser contained six drawers. Surveyor observed 4 out of six drawers off track. On 05/29/2026 at 9:26 a.m., Surveyor interviewed Lead Caregiver (LC) M, who stated the dresser and nightstand had been broken since s/he started in October 2025.	N 497		
N 612	83.55(3) Bath and toilet areas: hand drying. Hand drying. All sink areas shall have dispensers for single use paper towels, cloth towel dispensing units that are enclosed for protection against being soiled or electric hand dryers. This requirement does not apply to sink areas located in toilet rooms accessed directly from a resident bedroom. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all bathrooms used by residents and staff had functioning dispensers for single use paper towels for 1 of 2 dispensers. One of two 2 bathrooms' paper towel dispensers were empty. Findings include: On 05/29/2026, at 8:50 a.m., Surveyor observed the bathroom in the hallway by Resident 8 and	N 612		

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N 612	Continued From page 18 Resident 14's bedroom. There were no single use paper towels to dry hands present in the bathroom. On 05/29/2026 at 10:10 a.m., Surveyor interviewed Director A regarding the empty towel dispenser in the resident bathroom. Director co0nformed Resident 11 and Resident 14 self-toileted. Director A stated the caregivers had access to refill the hand towels, even though they were locked in the closet. Director A stated s/he did not understand why they were out. Surveyor observed dispenser had been out of hand towels from 8:50 a.m. to 10:15 a.m. Director A stated s/he would have that filled immediately.	N 612		
N 631	83.59(1)(a) Class AS, ANA, CS, CNA 2 grade level exits All habitable floors shall have at least 2 exits providing unobstructed travel to the outside. Small class AA CBRFs licensed on or before the effective date of this section with no more than 2 habitable floors may have one exit from the second floor. Class AS, class ANA, class CS and class CNA CBRFs shall have at least 2 grade level or ramped exits to grade. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 2 exits provided unobstructed travel to the outside. The front exit, identified as emergency exit, was not to grade and was missing a transition piece. Findings include:	N 631		

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N 631	Continued From page 19 This facility was licensed on 06/01/2016 as a non-ambulatory (class CNA) Community Based Residential Facility to serve up to 8 residents in the client groups of advanced aged, developmentally disabled, emotionally disturbed/mental illness, irreversible dementia/Alzheimer's, physically disabled, terminally ill, and traumatic brain injury. On 05/29/2026, at 8:45 a.m., Surveyor arrived at the facility and observed the following: The front door had an approximately 2-inch step up into the facility front door. AD H provided Surveyor with the exit diagram of the emergency exits. The diagrams identified the front door and the back door as emergency exits. On 05/29/2026, at 9:18 a.m., Surveyor observed Resident 8 in a wheelchair. On 05/29/2026, at 2:10 p.m., Surveyor interviewed Assistant Director (AD) H, who confirmed Resident 5 utilized a wheelchair for mobility. AD H reported 3 of 8 residents utilized wheelchairs for mobility. On 05/29/2026, at 2:15 p.m., Surveyor interviewed Resident 15, who confirmed the front door, and the back door were primary emergency exits. Surveyor asked how long the front door had a step. Resident 15 stated, "As long as I have been here. I moved in here Fall of 2024." On 05/29/2026, at 4:53 p.m., Surveyor interviewed Licensee B, who reported s/he was aware of the step and that it had been like that for many years. Licensee B reported s/he was aware of the code requirement for the ramps to grade.	N 631		

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N 631	Continued From page 20 Licensee B reported s/he would have the issue corrected.	N 631		