STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011776	A. BUILDING: _____ B. WING _____	R-C 09/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDREDHEARTS OF COTTAGE GROVE	505 W LAWN DRIVE COTTAGE GROVE, WI 53527

(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 09/16/2026, Surveyor conducted a verification visit and 3 complaint investigations at Kindredhearts of Cottage Grove, a CBRF in Cottage Grove, WI. Fifteen deficiencies were identified. Eleven deficiencies are repeat deficiencies. See Statement of Deficiency (SOD) VH4Z11, dated 08/08/2022, SOD VH4Z12, dated 12/20/2022, SOD VH4Z13, dated 07/13/2023, SOD VH4Z14, dated 12/07/2023, SOD VH4Z15, dated 04/29/2024, SOD VH4Z16, dated 07/29/2024, SOD VH4Z17, dated 12/31/2024, SOD VH4Z18, dated 03/03/2025, SOD VH4Z19, dated 06/09/2025, SOD IXKP11, dated 02/09/2026 and SOD IXKP12, dated 06/08/2026. Three of 3 complaints were substantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 7	{N 000}		
{N 196}	83.14(2)(a) Licensee ensures facility complies with laws The licensee shall ensure the CBRF and its operation comply with all laws governing the CBRF. This Rule is not met as evidenced by: Based on observation, interview and record review, the provider did ensure the facility complied with all laws governing the CBRF. This is a repeat deficiency. See Statement of Deficiency (SOD) VH4Z13, dated 07/13/2023,	{N 196}		

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

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{N 196}	Continued From page 1 SOD VH4Z14, dated 12/07/2023, SOD VH4Z15, dated 04/29/2024, SOD VH4Z16, dated 07/29/2024, SOD VH4Z17, dated 12/31/2024, SOD IXKP11, dated 02/09/2026 and SOD IXKP12, dated 06/08/2026. Findings include: On 09/16/2026, Surveyor conducted 3 complaint investigations and a verification visit. The following concerns were identified: CURRENT NON-COMPLIANCE: As a result of the survey on 09/16/2026, 3 of 3 complaints were substantiated, and the following concerns were identified: Administrative: - The provider did not ensure the facility was adequately staffed to meet the needs of residents. - The provider did not ensure a qualified resident care staff was on premise at all times. Employees: - The provider did not ensure staff received training in the provision of personal care prior to assuming these duties. Environment: - The provider did not ensure food was stored in sanitary conditions. - The provider did not ensure water temperatures did not exceed 115 degrees F. - The provider did not ensure residents were safeguarded from environmental hazards to which it was likely the resident would be exposed. Resident Care:	{N 196}		

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{N 196}	Continued From page 2 - The provider did not ensure residents were able to make and receive phone calls. - The provider did not insure individual service plans (ISP) were followed. - The provider did not ensure medication administration was accurately documented. - The provider did not ensure a daily activity program was provided. - The provider did not ensure resident health was monitored with changes documented in the resident record. - The provider did not ensure a menu was followed with deviations from the planned menu documented. - The provider did not ensure medication administration services were provided to meet the needs of a resident. - The provider did not ensure all residents were treated with courtesy, respect and full recognition of their dignity and individuality. On 09/16/2026 at 1:30 p.m., Surveyor interviewed Administrator I, Regional Director H, Assistant Director J and Compliance K. Surveyor reviewed complaints and discussed concerns identified throughout the survey. Administrator I stated s/he had a lapse in judgement with the administrator who had been overseeing the facility until 09/14/2026. NON-COMPLIANCE WITH SPECIAL ORDERS: On 09/16/2026 at 7:00 a.m., Surveyor reviewed department records, which indicated the department issued SOD IXKP12, dated 06/08/2026, on 07/01/2026 with special orders, which included the following: "Based on the results of the Department's investigation, and pursuant to Wis. Stat. § 50.03(5g)(b), EFFECTIVE UPON RECEIPT OF	{N 196}		

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{N 196}	Continued From page 3 THIS NOTICE and ORDER, the Department of Health Services HEREBY ORDERS ... CONSULTANT REQUIRED ... WITHIN 7 DAYS of receipt of this notice, the licensee shall provide the legal representative and case manager (if any) for each current resident with a copy of Statement of Deficiency (SOD) IXKP12 and a copy of this Notice and Order letter. The licensee shall retain evidence, acceptable to the department, to verify compliance with this Order. Acceptable documentation will be a signed, certified mail receipt or a verification letter or email from each legal representative and case manager. WITHIN 45 DAYS of receipt of this notice, the licensee shall develop and implement corrective measures to address each deficiency issued in SOD IXKP12 in consultation with a registered nurse (RN), not currently affiliated with the licensee, at the licensee's expense. The RN will have knowledge of assisted living regulations (e.g., Wis. Admin. Code ch. 83, Wis. Stat. ch. 50) and knowledge of the client groups served ... The licensee will provide the consultant with a copy of SOD IXKP12, along with this Notice and Order letter prior to providing consultation services. Consultation will include the development (or revision) of written procedures to address: Admission Procedures ... Medication Management and Administration ... Food Safety ... Additionally: All managers, and resident care staff (as appropriate) will receive training on the procedures required by Order #1 ... Consultation activities, including dates of consultation, will be documented, signed, and dated by the consultant. All documentation to evidence compliance with Order #1 will be made available to department representatives upon request." On 09/16/2026 at approximately 10:00 a.m., Surveyor requested documentation related to	{N 196}		

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{N 196}	Continued From page 4 special orders from Regional Director H. On 09/16/2026 at approximately 11:00 a.m., Surveyor received documentation from Regional Director H that documented a training occurred on 07/16/2026, in which employees received medication training from an RN, not affiliated with the provider at the time of SOD IXKP13, and attended a staff meeting that covered the following: team recognition, resident safety, documentation, medication reminders, communication, professionalism, attendance and reliability, resident rights, care plan updates, cleanliness expectations and survey readiness. The documentation included a handout regarding wandering/elopement and resident rights. Documentation did not indicate admission procedures or food safety were addressed, details of the RN consultant's involvement or documentation of the notifications of the SOD to current residents and/or legal representatives. Regional Director H stated s/he was unable to locate any additional documentation or trainings. PAST NON-COMPLIANCE: On 09/16/2026 at approximately 4:00 p.m., Surveyor reviewed the provider's compliance history during the past 6 years with the department. Department records indicated the department has conducted 21 visits to the facility, resulting in 130 deficiencies. Records indicated 15 complaint investigations had been completed with 13 of those complaints being substantiated. Enforcement action during the past 6 years has included the following special orders: - SOD 240211, dated 01/13/2022, included special orders to develop (or review/revise) a written procedure and staff training to address	{N 196}		

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{N 196}	Continued From page 5	{N 196}		

caregiver misconduct and resident rights. The SOD also ordered the provider to retroactively complete an investigation of alleged incidents of caregiver misconduct described in the deficiency.
- SOD VH4Z11, dated 08/08/2022, included special orders to develop (or review/revise) written procedures and provide staff training to address how the provider will monitor and document changes in resident health, notify physicians, legal representatives and case managers when residents experience a change in condition, accident, injury or medical emergency, obtain timely medical care, review and revise individualized service plans annually or when there was a change in residents' needs, abilities or physical and mental condition and provide or arrange prompt and adequate services to address resident health care needs. The SOD also ordered the provider to provide the legal representative and case managers of 8 residents with a copy of the SOD.
- SOD VH4Z13, dated 07/13/2023, included special orders to develop (or review/revise) written procedures to address how the provider will maintain compliance with criminal background requirements for all employees and contractors. The SOD also ordered the provider to have all personnel records of current employees updated with background checks within 10 days of receipt of the SOD.
- SOD VH4Z14, dated 12/07/2023, included special orders to develop and implement corrective measures to ensure all residents received proper care and treatment, that their health and safety were protected and promoted and that their rights were respected. The SOD also ordered the provider to obtain and submit evidence of an inspection of the facility's sprinkler system within 45 days.
- SOD VH4Z15, dated 04/29/2024, included

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{N 196}	Continued From page 6	{N 196}		

special orders not to admit new or additional residents and to submit a biennial report form and payment for license continuation fee or intent to close within 10 days of receipt of the SOD.
- SOD VH4Z16, dated 07/29/2024, included special orders not to admit new or additional residents, to ensure the provision of services to meet residents' physical and mental health needs immediately, to correct deficiencies identified in the SOD in consultation with a RN within 45 days, to provide training with all staff on corrective actions taken to resolve each deficiency identified in the SOD within 45 days, and to provide notice of the SOD to legal representatives and case managers of each resident within 7 days of receipt of the SOD.
- SOD MVOW11, dated 09/18/2024, included special orders to develop (or review/revise) procedures and provide staff training to address fall management.
- SOD VH4Z17, dated 12/31/2024, included special orders not to admit new or additional residents (extended), develop and implement corrective measures to ensure all residents receive proper care and treatment, that their health and safety are protected and prompted and that their rights are respected. The SOD included an order to submit documentation acceptable to the department to verify compliance with DHS 83.48(8)(b), regarding the sprinkler system. The SOD also included an order to provide the legal representative and case manager for each resident with a copy of the SOD within 7 days of receipt of the SOD.
- SOD VH4Z19, dated 06/09/2025, included special orders to provide the legal representative and case manager for 2 residents with a copy of the SOD within 7 days of receipt of the SOD.
- SOD IXKP11, dated 02/09/2026, included special orders not to admit new or additional

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{N 196}	Continued From page 7 residents (extended), develop and implement corrective measures to ensure all residents receive proper care and treatment, that their health and safety are protected and prompted and that their rights are respected. The SOD included an order to ensure all staff were provided training regarding corrective measures within 45 days. The SOD also included a "Warning of Noncompliance" letter from the department due to a high number of substantiated complaints, repeat citations of noncompliance and noncompliance resulting in resident outcome. - SOD IXKP12, dated 06/08/2026, included special orders not to admit new or additional residents (extended), develop and implement corrective measures to ensure all residents receive proper care and treatment, that their health and safety are protected and prompted and that their rights are respected. The SOD included orders to consult with a registered nurse to develop or revise procedures to address admission procedures, medication management and administration and food safety. The SOD included an order to ensure all staff were provided training regarding corrective measures within 45 days. Cross Reference: N0247 DHS 83.22(1-4) Task Specific Training N0345 DHS 83.35(3)(a) Rights of Residents: Communications N0358 DHS 83.32(3)(n) Rights of Residents: Safe Environment N0388 DHS 83.35(3)(c) Implement, Follow The Individual Service Plan N0397 DHS 83.36(1)(b) Qualified Staff In Charge, On Duty And Awake N0415 DHS 83.37(2)(d) Documentation of Medication Administration	{N 196}		

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{N 196}	Continued From page 8 N0427 DHS 83.38(1)(c) Leisure Time Activities N0431 DHS 83.38(1)(g) Health Monitoring N0432 DHS 83.38(1)(h) Medication Administration N0450 DHS 83.41(2)(c) Nutrition: Menus N0452 DHS 83.41(3)(b) Food Safety N0617 DHS 83.55(6)(b) Bath and Toilet Areas: Water Temperature Y3234 DHS 50.09(1)(e) Treatment Y3244 DHS 50.09(1)(L) Care	{N 196}		
N 247	83.22(1)-(4) Task specific training. The CBRF shall provide, obtain or otherwise ensure adequate training for employees performing job duties in all of the following: Assessment of residents. All employees responsible for resident assessment shall successfully complete training in the assessment of residents prior to assuming these job duties. Specific training topics shall include: assessment methodology, assessment of changes in condition, sources of assessment information, and documentation of the assessment. Individual service plan development. All employees responsible for service plan development shall successfully complete training in individual service plan development prior to assuming these job duties. Specific training topics shall include: identification of the resident ' s needs and desired outcomes, development of goals and interventions, service plan evaluation and review of progress. Provision of personal care. All employees responsible for providing assistance with activities of daily living shall successfully complete training prior to assuming these job duties. Specific training topics shall include, as appropriate: bathing, eating, dressing, oral hygiene, nail and	N 247		

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N 247	Continued From page 9 foot care, toileting and incontinence care, positioning and body alignment, and mobility and transferring. Dietary training. All employees performing dietary duties shall complete dietary training within 90 days after assuming these job duties. Specific training topics shall include: determining nutritional needs, menu planning, food preparation and food sanitation. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 6 employees obtained all task specific training. Former Administrator L, Caregiver M and Caregiver N, who had responsibilities for providing assistance with activities of daily living, did not have training in the provision of personal care prior to assuming these duties. This is a repeat deficiency. See Statement of Deficiency (SOD) VH4Z11, dated 08/08/2022, SOD VH4Z12, dated 12/20/2022 and SOD VH4Z16, dated 07/29/2024. Findings include: On 09/16/2026, Surveyor conducted a review of 6 employees to verify compliance with task specific training requirements. Surveyor requested training records from Regional Director H for Former Administrator L, Caregiver M and Caregiver N. INTERVIEW	N 247		

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N 247	Continued From page 10 On 09/18/2026 at 8:05 a.m., Surveyor interviewed Caregiver F. Caregiver F stated the provider staffed with 1 caregiver per shift. Caregiver F stated caregivers were responsible for caregiving, housekeeping, dietary and activity tasks. RECORD REVIEW On 09/16/2026 at 9:55 a.m., Surveyor reviewed resident records provided by Regional Director H, which documented the following: - Former Administrator L was hired on 07/06/2026. The provider did not have any documented training for personal cares on file for Former Administrator L. - Caregiver M was hired on 08/06/2026. The provider did not have any documented training for personal cares on file for Caregiver M. - Caregiver N was hired on 08/07/2026. The provider did not have any documented training for personal care on file for Caregiver N. EXIT On 09/16/2026 at 10:38 a.m., Surveyor discussed concern that Former Administrator L, Caregiver M and Caregiver N's records did not include training for personal cares with Regional Director H. Regional Director H confirmed s/he did not have documentation of additional training to provide Surveyor. Surveyor asked if Former Administrator L, Caregiver M or Caregiver N would have met an exemption for personal care training. Regional Director H stated s/he was unaware of any of them meeting an exemption.	N 247		

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N 345	Continued From page 11	N 345		
N 345	83.32(3)(a) Rights of Residents: Communications In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Communications. Make and receive telephone calls within reasonable limits and in privacy. The CBRF shall provide at least one non-pay telephone for resident use. The CBRF may require residents who make long distance calls to do so at the resident ' s own expense. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure residents were able to make and receive phone calls. Findings include: RECORD REVIEW On 09/16/2026 at 6:00 a.m., Surveyor reviewed hospice records, obtained by Surveyor. Records included a note, dated 08/20/2026, that documented Resident 2's family member (Person D) had stated s/he couldn't get in touch with the facility because no one answered the phone. The note documented that hospice staff attempted to reach the facility and received notice that the number had been disconnected. INTERVIEW On 09/16/2026 at 12:11 p.m., Surveyor interviewed Resident 6. Resident 6 voiced frustration that the facility was without a phone for quite some time. Resident 6 became tearful and stated his/her family member passed away at the	N 345		

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N 345	Continued From page 12 time the facility phone wasn't working and that was likely why s/he hadn't heard from his/her family member at the time of the passing. On 09/16/2026 at 1:30 p.m., Surveyor interviewed Compliance K regarding the facility's phone. Compliance K confirmed the facility was without a working phone for a couple of weeks. When asked how residents were able to make and receive phone calls, Compliance K replied, "That's how I found out." Compliance K explained a resident informed Compliance K that s/he couldn't make a phone call. Compliance K stated s/he then followed up and learned the phone was not plugged in. EXIT: On 09/16/2026 at 1:30 p.m., Surveyor interviewed Administrator I, Regional Director H, Assistant Director J and Compliance K. Surveyor discussed concerns related to resident phone access. Administrator I had no questions.	N 345		
N 358	83.32(3)(n) Rights of Residents: Safe environment In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Safe environment. Live in a safe environment. The CBRF shall safeguard residents from environmental hazards to which it is likely the residents will be exposed, including both conditions that are hazardous to anyone and conditions that are hazardous to the resident because of the residents ' conditions or disabilities. This Rule is not met as evidenced by:	N 358		

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N 358	Continued From page 13 Based on observation, interview and record review, the provider did not ensure residents were safeguarded from environmental hazards to which it was likely the resident would be exposed. Resident 2 was found with pest poison in his/her mouth on 2 occasions. Resident 2 was observed accessing an unlocked medicine cart. Resident 2 had an unsecured electrical outlet that was pushed halfway into the wall in his/her room. Findings include: On 09/16/2026, Surveyor conducted 2 complaint investigations alleging the provider did not safeguard a resident from hazardous materials and that the facility had environmental concerns. The following concerns were identified: Example 1 - Toxic Substance RECORD REVIEW On 09/16/2026 at 6:00 a.m., Surveyor reviewed hospice records, obtained by Surveyor. Records included a note, dated 08/31/2026, that stated hospice staff completed a follow up visit after being informed Resident 2 had ingested Decon rat poison over the weekend. Upon arrival to the facility, hospice staff observed a power drill with bit sitting halfway in Resident 2's room. The note documented that hospice staff reviewed events over the weekend, which indicated Resident 2 was found nibbling on a rock-like substance on 08/28/2026, which staff first thought was a snack and later removed from Resident 2 when staff later thought the substance was a rock. The note documented that on 08/29/2026, Resident 2 was found in the room next to his/her room with a	N 358		

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N 358	Continued From page 14	N 358		

similar object from the night before, but this time the object had approximately ¼ chunk missing. The note documented the caregiver then looked around the room and found a bag of Decon rat poison.

On 09/16/2026 at approximately 10:30 a.m., Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider's facility on01/18/2026 with diagnosis of Alzheimer's disease. Resident 2's record included 1 note regarding the ingestion of rat poison, which was documented on 08/30/2026. The note stated, "Staff reported to me, on Friday night [Resident 2] seemed to be trying to eat what seemed to be a rock or chalk, after investigating this staff and management found nothing that would seem dangerous about the item and discarded it. With the mental note to keep a closer eye on [Resident 2] for the rest of the night as we did not know where [s/he] got what we believed to be a rock or chalk. The next day Saturday Night staff observed [Resident 2] going into the maintenance room and had an item that was teal rather than grey and softer but looked similar to the item that was found the day prior. Staff then looked around that area and found mouse poison in a bag matching the items appearance."

INTERVIEW:

ON 09/16/2026 at 8:05 a.m., Surveyor interviewed Caregiver F and asked if s/he was aware Resident 2 had accessed pest poison. Caregiver F confirmed Resident 2 had been found with pest poison but stated s/he was not working at the time.

On 09/16/2026 at approximately 11:00 a.m., Surveyor interviewed Assistant Director J

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regarding Resident 2 having access to pest poison. Assistant Director J confirmed the incident but did not have additional information to provide.

Example 2 - Medication Cart

OBSERVATION

On 09/16/2026 at 8:21 a.m., Surveyor observed Resident 2 self-propel to the provider's medication cart. Resident 2 opened 2 drawers and began looking at medications. Surveyor observed Caregiver F, the only staff member present at the facility, preparing breakfast in the provider's kitchen. The medication cart was not within line of sight from the kitchen.

INTERVIEW

On 09/16/2026 as Surveyor observed Resident 2 access the unlocked medication cart, Surveyor notified Caregiver F. Caregiver F immediately stopped his/her kitchen task, locked the medication cart and moved the medication cart.

Example 3 - Outlet

RECORD REVIEW

On 09/16/2026 at 6:00 a.m., Surveyor reviewed hospice records, obtained by Surveyor. Records included a note, dated 08/31/2026, that indicated hospice staff had observed an outlet in Resident 2's room that was pulling out of the wall.

OBSERVATION

On 09/16/2026 at 9:29 a.m., Surveyor observed an outlet in Resident 2's bedroom, which his/her

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N 358	Continued From page 16 bed was plugged into. The outlet was unsecured and pushed half into the wall. INTERVIEW On 09/16/2026 at 9:49 a.m., Surveyor interviewed Resident 2's family member, Person D. Surveyor asked about the outlet in Resident 2's room. Person D sighed and stated, "I thought they fixed that." EXIT: On 09/16/2026 at 1:30 p.m., Surveyor interviewed Administrator I, Regional Director H, Assistant Director J and Compliance K. Surveyor discussed environmental concerns. Administrator I stated s/he had a lapse in judgement with the administrator who had been overseeing the facility until 09/14/2026.	N 358		
N 388	83.35(3)(c) Implement, follow the individual service plan Implementation. The CBRF shall implement and follow the individual service plan as written. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 3 individual service plans (ISP) reviewed were followed. Resident 2 and Resident 6 did not have his/her weight monitored monthly as indicated in the ISP. Resident 2 did not receive dietary assistance as indicated in the ISP. Resident 2 did not receive oral care assistance as indicated in the ISP. Resident 2 did not receive toileting assistance as	N 388		

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N 388	Continued From page 17 indicated in the ISP. This is a repeat deficiency. See Statement of Deficiency (SOD) VH4Z14, dated 12/07/2023, SOD VH4Z15, dated 04/29/2024, SOD VH4Z16, dated 07/29/2024 and SOD IXKP11, dated 02/09/2026. Findings include: On 09/16/2026, Surveyor conducted a complaint investigation alleging the provider did not follow individual service plans. The following concerns were identified: Example 1 - Weights RECORD REVIEW: Resident 2's ISP, dated 07/20/2026, documented the need for monthly weights and to notify house manager of a weight gain or loss of 3 lbs or more. The ISP documented the goal of maintaining current weight. Resident 2's record did not document a weight from 07/01/2026 to 09/16/2026. Resident 6's ISP, dated 07/24/2026, documented the need for monthly weights and to notify house manager of a weight gain or loss of 3 lbs or more. The ISP documented the goal of maintaining current weight. Resident 6's record did not document a weight from 07/01/2026 to 09/16/2026. INTERVIEW: On 09/16/2026 at approximately 1:15 p.m., Surveyor interviewed Regional Director H and discussed concern that Resident 2 and Resident	N 388		

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N 388	Continued From page 18 6 had not had their weights monitored monthly as care planned. Regional Director H confirmed concern and stated the provider had just received a scale on 09/16/2026 that was able to accommodate residents in wheelchairs, which both Resident 2 and Resident 6 used. Example 2 - Dietary Assistance OBSERVATION: On 09/16/2026 at 8:29 a.m., Surveyor observed Resident 2 served breakfast, which consisted of oatmeal, scrambled eggs, 2 sausage patties and a mandarin orange. Surveyor observed the sausage patties were not cut up and the mandarin orange was not peeled or cut up. Surveyor observed Resident 2 only ate oatmeal. RECORD REVIEW: On 09/16/2026 at approximately 10:30 a.m., Surveyor reviewed Resident 2's record. Resident 2's ISP, dated 07/20/2026, documented "Eating ... Staff will cut up food into bite-sized pieces and document meal intake." Example 3 - Oral Care OBSERVATION: On 09/16/2026 at 7:30 a.m., Surveyor observed Resident 2 dressed and self-propelling throughout the facility in his/her wheelchair. Surveyor observed Resident 2 did not have his/her teeth in. On 09/16/2026 at 8:29 a.m., Surveyor observed Resident 2 served breakfast. Resident 2 remained without his/her teeth.	N 388		

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N 388	Continued From page 19 On 09/16/2026 at 9:49 a.m., Surveyor observed Resident 2's family member (Person D) arrive to the facility and ask why Resident 2 did not have his/her teeth in. Surveyor witnessed Caregiver F retrieve Resident 2's dentures from the medication cart. Person D stated Resident 2 should always have his/her teeth in the morning, especially when eating. RECORD REVIEW: On 09/16/2026 at approximately 10:30 a.m., Surveyor reviewed Resident 2's record. Resident 2's ISP, dated 07/20/2026, documented "Dressing/Grooming/Personal Hygiene ... Resident requires assist of one staff to include physical and verbal assistance with dressing/grooming/personal hygiene/oral care needs. This includes hands-on assistance with choosing proper attire and dressing from head to toe." The ISP documented the goal for Resident 2 to receive total assistance for all dressing, grooming, personal hygiene, and oral care tasks, in order to have neat and clean appearance. Example 4 - Toileting: OBSERVATION: On 09/16/2026 at 7:30 a.m., Surveyor observed Resident 2 dressed and self-propelling throughout the facility in his/her wheelchair. Resident 2 remained in his/her wheelchair from 7:30 a.m. to 11:08 a.m., dozing off, visiting with family and an outside agency and propelling throughout the facility. On 09/16/2026 at 11:08 a.m., greater than 3 hours after Surveyor's arrival, Surveyor observed	N 388		

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N 388	Continued From page 20 Caregiver F offer to assist Resident 2 with using the bathroom. RECORD REVIEW: On 09/16/2026 at approximately 10:30 a.m., Surveyor reviewed Resident 2's record. Resident 2's ISP, dated 07/20/2026, documented "Toileting: Give total assistance to resident with toileting ... Schedule 12:00 a.m., 2:00 a.m., 4:00 a.m., 7:00 a.m., 9:00 a.m., 11:00 a.m., 1:00 p.m., 4:00 p.m., 6:00 p.m., 8:00 p.m., 10:00 p.m., as needed." EXIT: On 09/16/2026 at 1:30 p.m., Surveyor interviewed Administrator I, Regional Director H, Assistant Director J and Compliance K. Surveyor discussed concerns related to ISPs not being followed. Administrator I requested Surveyor repeat the timeline regarding Resident 2's toileting and had no further questions.	N 388		
N 397	83.36(1)(b) Qualified staff in charge, on duty and awake. The CBRF shall ensure all of the following: 1. An administrator or other designated qualified resident care staff in charge is on the premises of the CBRF daily to ensure the CBRF is providing safe and adequate care, treatment and services. 2. At least one qualified resident care staff is present in the CBRF when one or more residents are present in the CBRF. 3. At least one qualified resident care staff is on duty and awake if at least one resident in the CBRF is in need of supervision, intervention or services on a 24-hour basis to prevent, control or improve the resident '	N 397		

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N 397	Continued From page 21 s constant or intermittent mental or physical condition that may occur or may become critical at any time including residents who are at risk of elopement, who have dementia, who are self-abusive, who become agitated or emotionally upset or who have changing or unstable health conditions that require close monitoring. 4. At least one qualified resident care staff is on duty and awake if the evacuation capability of at least one resident is 4 minutes or more. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a qualified resident care staff was in charge on the premises at all times. This is a repeat deficiency. See Statement of Deficiency (SOD) IXKP11, dated 02/09/2026 Findings include: On 09/16/2026, Surveyor conducted a complaint investigation alleging staff did not receive proper training. OBSERVATION On 09/16/2026 at 7:30 a.m., Surveyor arrived to the facility and observed the facility staffed with only 1 caregiver. RECORD REVIEW On 09/16/2026 at 9:55 a.m., Surveyor reviewed resident records provided by Regional Director H, which documented the following: - Former Administrator L was hired on 07/06/2026. The provider did not have any	N 397		

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documented training on file for Former Administrator L. Surveyor accessed the UW Green Bay Caregiver registry and was able to confirm Former Administrator L had completed standard precaution, first aid and choking, fire safety and medication administration training.
- Caregiver M was hired on 08/06/2026. The provider did not have any training on file for Caregiver M. Surveyor was able to confirm on the UW Green Bay Caregiver registry that Caregiver M had received department approved trainings. Surveyor was unable to confirm training or an exemption for all employee or task specific trainings.
- Caregiver N was hired on 08/07/2026. The provider did not have any training on file for Caregiver N. Surveyor was able to confirm on the UW Green Bay Caregiver registry that Caregiver N had completed standard precaution, first aid and choking and medication administration training. Surveyor was unable to confirm training or an exemption for fire safety, all employee or task specific trainings.

DHS Chapter 83.02(42) identifies "Qualified resident care staff" as an employee who has successfully completed all of the applicable training and orientation under subch. IV.

On 09/16/2026 at 10:10 a.m., Surveyor reviewed the provider's schedule which indicated the following shifts dated, 07/26/2026 to 09/16/2026, when the facility was not staffed with a qualified resident care staff member:

- 07/26/2026 2:00 p.m. to 10:00 p.m. Former Administrator L was the only staff present.
- 08/15/2026 2:00 p.m. to 10:00 p.m. Caregiver M was the only staff present.
- 08/16/2026 2:00 p.m. to 10:00 p.m. Caregiver M

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was the only staff present.
- 08/23/2026 2:00 p.m. to 10:00 p.m. Caregiver N was the only staff present.
- 08/28/2026 10:00 p.m. to 6:00 a.m. Caregiver M was the only staff present.
- 08/29/2026 2:00 p.m. to 10:00 p.m. Caregiver N was the only staff present.
- 08/29/2026 10:00 p.m. to 6:00 a.m. Former Administrator L was the only staff present.
- 09/01/2026 2:00 p.m. to 10:00 p.m. Caregiver M was the only staff present.
- 09/07/2026 10:00 p.m. to 6:00 a.m. Caregiver M was the only staff present.
- 09/15/2026 2:00 p.m. to 10:00 p.m. Caregiver M was the only staff present.

INTERVIEW

On 09/16/2026 at 8:05 a.m., Surveyor interviewed Caregiver F, who confirmed the provider staffed with 1 caregiver on each shift. Caregiver F expressed concern with being able to complete all caregiving, dietary and housekeeping tasks with only 1 caregiver on shift.

On 09/16/2026 at approximately 11:30 a.m., Surveyor interviewed Regional Director H. Regional Director H confirmed concerns with staff working alone without receiving all required training. Regional Director H stated s/he was unable to locate any additional documentation of trainings and was not aware of any of the staff meeting exemptions for the trainings.

EXIT:

On 09/16/2026 at 1:30 p.m., Surveyor interviewed Administrator I, Regional Director H, Assistant Director J and Compliance K. Surveyor discussed training and staffing concerns. Administrator I

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N 397	Continued From page 24 stated s/he had a lapse in judgement with the administrator who had been overseeing the facility until 09/14/2026.	N 397		
N 415	83.37(2)(d) Documentation of medication administration. Documentation of medication administration. As required under s. DHS 83.42(1)(o), at the time of medication administration, the person administering the medication or treatment shall document in the resident record the name, dosage, date and time of medication taken or treatments performed and initial the medication administration record. Any side effects observed by the employee or symptoms reported by the resident shall be documented. The need for any PRN medication and the resident ' s response shall be documented. This Rule is not met as evidenced by: Based on observation, record review, and interview the provider did not ensure 2 of 3 residents medication administration records (MAR) reviewed included accurate documentation. Resident 6's record did not document the administration of his/her Doxycycline and Fluconazole. This is a repeat deficiency. See Statement of Deficiency (SOD) VH4Z16, dated 07/29/2024 and SOD VH417, dated 12/31/2024. Findings include:	N 415		

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N 415	Continued From page 25 On 09/16/2026, Surveyor conducted a complaint investigation alleging concerns with the provider's medication administration. RECORD REVIEW: On 09/16/2026 at approximately 1:00 p.m., Surveyor reviewed Resident 6's record. Resident 6 admitted to the provider's facility on 04/22/2026. Resident 6's record included 2 after visit summaries that documented the following: - 08/12/2026 Emergency Room visit for cellulitis. Prescribed Doxycycline Monohydrate 100 mg - 1 capsule 2 times daily for 7 days and Fluconazole 160 mg - 1 capsule daily after last oral dose of antibiotic is finished. - 08/19/2026 Emergency Room visit for redness/swelling. Prescribed Cephalexin, Cyclobenzaprine and Ketoconazole. Resident 6's medication administration record (MAR), dated 08/01/2026 to 08/31/2026, did not document administration Doxycycline Monohydrate or Fluconazole. INTERVIEW: On 09/16/2026 at approximately 1:15 p.m., Surveyor interviewed Regional Director H regarding Resident 6's Doxycycline Monohydrate or Fluconazole. Regional Director H stated s/he was aware the administration of Doxycycline Monohydrate or Fluconazole was not documented in Resident 6's MAR. Regional Director H stated Resident 6 did receive the medication, but the previous administrator did not know how to put the medications in the MAR, so staff did not document administration. EXIT:	N 415		

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N 415	Continued From page 26 On 09/16/2026 at 1:30 p.m., Surveyor interviewed Administrator I, Regional Director H, Assistant Director J and Compliance K. Surveyor discussed medication administration documentation. Administrator I stated s/he had no further questions.	N 415		
{N 427}	83.38(1)(c) Leisure time activities. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Leisure time activities. The CBRF shall provide a daily activity program to meet the interests and capabilities of the residents. Employees shall encourage and promote resident participation in the activity program. The CBRF shall develop and post the activity schedule in an area available to residents. This Rule is not met as evidenced by: Based on observation, interview and record review, the provider did not ensure a daily activity program was provided to meet the needs and interests of residents. The provider did not follow a daily activity program. This is a repeat deficiency. See Statement of Deficiency (SOD) VH4Z16, dated 07/29/2024 and SOD IXKP12, dated 06/08/2026.	{N 427}		

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(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 427}	Continued From page 27 Findings include: The provider is licensed to serve up to 20 residents with primary diagnoses including advanced age and irreversible dementia/Alzheimer's. OBSERVATION: On 09/16/2026 at approximately 8:00 a.m., Surveyor toured the provider's facility and was unable to locate documentation of a daily activity schedule. From 09/16/2026 at 7:30 a.m. to 1:30 p.m., Surveyor did not observe residents engaged in an activity. INTERVIEW: On 09/16/2026 at approximately 8:05 a.m., Surveyor interviewed Caregiver F. Caregiver F looked around the facility and was unable to locate an activity schedule. Caregiver F stated management must have taken the schedule down. When asked about leading activities at the facility, Caregiver F stated, "Residents aren't really interested so I don't really have to do it." Caregiver F stated Resident 2 was the only resident that was really interested in activities so s/he would play cards or do puzzles. On 09/16/2026 at 12:11 p.m., Surveyor interviewed Resident 6. Resident 6 stated the provider never offered activities. Resident 6 stated s/he filled his/her days with playing on his/her phone, going to the grocery store on his/her own, watching tv or playing cards with a friend.	{N 427}		

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{N 427}	Continued From page 28 On 09/16/2026 at 12:50 p.m., Surveyor interviewed Resident 7. Resident 7 stated the provider did not offer activities. Resident 7 stated s/he wished they played bingo. EXIT: On 09/16/2026 at 1:30 p.m., Surveyor interviewed Administrator I, Regional Director H, Assistant Director J and Compliance K. Surveyor discussed concern that the provider was not offering daily programming. Regional Director H stated s/he was aware caregivers were not leading activities. Administrator I stated s/he had no further questions.	{N 427}		
N 431	83.38(1)(g) Health monitoring. 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: Health monitoring. 1. The CBRF shall monitor the health of residents and make arrangements for physical health, oral health or mental health services unless otherwise arranged for by the resident. Each resident shall have an annual physical health examination completed by a physician or an advanced practice nurse as defined in s. N 8.02(1), unless seen by a physician or an advanced practice nurse as defined in s. N 8.02(1) more frequently. 2. When indicated, a CBRF shall observe residents ' food and fluid intake and acceptance of diet. The CBRF shall report significant deviations from normal food and	N 431		

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fluid intake patterns to the resident ' s physician or dietician. 3. The CBRF shall document communication with the resident ' s physician and other health care providers, and shall record any changes in the resident ' s health or mental health status in the resident ' s record.

This Rule is not met as evidenced by:
Based on observation, record review, and interview the provider did not ensure 3 of 3 residents reviewed had their health monitored.

Resident 2's health was not monitored after observed eating pest poison.
Resident 6's cellulitis was not monitored with changes documented in the record.
Resident 9's record did not include documentation related to health changes that resulted in a hospitalization.

This is a repeat deficiency. See Statement of Deficiency (SOD) VH4Z11, dated 08/08/2022, SOD VH4Z13, dated 07/13/2023 and SOD IXKP11, dated 02/09/2026.

Findings include:

On 09/16/2026, Surveyor conducted a complaint investigation alleging a resident had ingested rat poison. The following concerns were identified:

Example 1 - Resident 2

RECORD REVIEW:

On 09/16/2026 at 6:00 a.m., Surveyor reviewed hospice records, obtained by Surveyor. Records included a note, dated 08/31/2026, that stated

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hospice staff completed a follow up visit after being informed Resident 2 had ingested rat poison over the weekend. The note documented that hospice staff reviewed events over the weekend, which indicated Resident 2 was found nibbling on a rock-like substance on 08/28/2026, which staff first thought was a snack and later removed from Resident 2 when staff later thought the substance was a rock. The note documented that on 08/29/2026, Resident 2 was found in the room next to his/her room with a similar object from the night before, but this time the object had approximately ¼ chunk missing. The note documented the caregiver then looked around the room and found a bag of rat poison. The note documented that the caregiver attempted to reach administration but was unsuccessful and that the caregiver did not attempt to contact hospice. The note documented on 08/30/2026, the caregiver was successful with reaching management, who then informed the visiting physician team, managed care organization, Health Care Power of Attorney and poison control. The note documented that hospice arranged for Resident 2 to be evaluated at the hospital.

On 09/16/2026 at approximately 10:30 a.m., Surveyor reviewed Resident 2's record. Resident 2 admitted to the provider's facility on 01/18/2016 with diagnosis of Alzheimer's disease. Resident 2's record included 1 note regarding the ingestion of rat poison, which was documented on 08/30/2026. The note stated, "Staff reported to me, on Friday night [Resident 2] seemed to be trying to eat what seemed to be a rock or chalk, after investigating this staff and management found nothing that would seem dangerous about the item and discarded it. With the mental note to keep a closer eye on [Resident 2] for the rest of

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the night as we did not know where [s/he] got what we believed to be a rock or chalk. The next day Saturday Night staff observed [Resident 2] going into the maintenance room and had an item that was teal rather than grey and softer but looked similar to the item that was found the day prior. Staff then looked around that area and found mouse poison in a bag matching the items appearance. Staff stated that [s/he] immediately tried to get in touch with management via phone call but was unsuccessful getting through and tried again into the next day, then successfully getting in touch with management. [S/he] informed me of [his/her] findings Sunday afternoon around 3pm."

Records did not document increased monitoring from 08/29/2026 to 08/30/2026 until hospice was notified.

INTERVIEW:

On 09/16/2026 at approximately 12:00 p.m., Surveyor requested clarification from Assistant Director J regarding the delay in reaching management and following up on Resident 2's ingestion of pest poison. Assistant Director J did not have additional information to provide.

Example 2 - Resident 6

RECORD REVIEW:

On 09/16/2026 at approximately 1:00 p.m., Surveyor reviewed Resident 6's record. Resident 6 admitted to the provider's facility on 04/22/2026. Resident 6's record included 2 after visit summaries that documented the following:

- 08/12/2026 Emergency Room visit for cellulitis.

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Prescribed Doxycycline Monohydrate 100 mg - 1 capsule 2 times daily for 7 days and Fluconazole 160 mg - 1 capsule daily after last oral dose of antibiotic is finished.
- 08/19/2026 Emergency Room visit for redness/swelling. Prescribed Cephalexin, Cyclobenzaprine and Ketoconazole.

Resident 6's record, dated 08/12/2026 to 08/19/2026, did not document monitoring of his/her cellulites.

INTERVIEW:

On 09/16/2026 at approximately 1:15 p.m., Surveyor interviewed Regional Director H and requested documentation to indicate the provider was monitoring Resident 6's cellulitis after his/her emergency room visit on 08/12/2026. Regional Director H stated s/he did not have documentation to provide related to monitoring of Resident 6's cellulites.

Example 3 - Resident 9

RECORD REVIEW

On 09/16/2026 at approximately 10:00 a.m., Surveyor reviewed Resident 9's record. Resident 9 admitted to the provider's facility on 04/10/2026 and discharged on 07/17/2026. Resident 9's record included a progress note, dated 07/13/2026, that stated s/he had returned from the hospital. The record did not document any additional information related to Resident 9's changes in health that warranted a hospital stay.

INTERVIEW:

On 09/16/2026 at 12:00 p.m., Surveyor

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N 431	Continued From page 33 interviewed Regional Director H and requested records related to Resident 9's hospital visit on 07/13/2026. Regional Director H stated s/he reviewed records and searched paper records, but was unable to locate documentation. EXIT: On 09/16/2026 at 1:30 p.m., Surveyor interviewed Administrator I, Regional Director H, Assistant Director J and Compliance K. Surveyor discussed concerns with health monitoring. Administrator I stated s/he had no further questions.	N 431		
{N 432}	83.38(1)(h) Medication administration. 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: Medication administration. The CBRF shall provide medication administration appropriate to the resident ' s needs. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure medication administration services were provided to meet the needs of 1 of 3 residents reviewed. Resident 6 did not receive a PRN blood glucose medication on 3 occurrences when his/her blood glucose was below 70.	{N 432}		

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{N 432}	Continued From page 34 Resident 6 did not have his/her PRN Oxycodone available to him/her from 09/05/2026 to 09/09/2026 resulting in an emergency room visit. This is a repeat deficiency. See Statement of Deficiency (SOD) VH4Z18, dated 03/03/2025, SOD VH4Z19, dated 06/09/2025 and SOD IXP12, dated 06/08/2026. Findings include: On 09/16/2026, Surveyor conducted a verification visit and complaint investigation regarding medication administration. INTERVIEW: On 09/16/2026 at 12:11 p.m., Surveyor interviewed Resident 6. Resident 6 verbalized frustration with the provider's medication administration. Resident 6 stated there was a period of time earlier in the month when s/he did not have PRN pain medication available and had to be sent to the emergency room. Resident 6 stated there was another occurrence when s/he had a blood glucose of 31 and was not offered any PRN medication or food. Resident 6 stated s/he treated the low blood glucose with food s/he had stored in his/her room. RECORD REVIEW: On 09/16/2026 at approximately 1:00 p.m., Surveyor reviewed Resident 6's record. Resident 6 admitted to the provider's facility on 04/22/2026 with diagnoses including diabetes. Resident 6's record identified the following concerns with medication administration: Example 1: Low Blood Glucose	{N 432}		

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{N 432}	Continued From page 35 Resident 6's physician orders included the following: - Novolog (Start Date: 07/23/2026) - Inject 11 units 3 times daily before meals plus sliding scale. Hold if <100. - Novolog additional units per sliding scale (Start Date: 07/22/2026) - <70 follow hypoglycemia protocol, 150-180=2 units, 181-220=3 units, 221-260=4 units, 261-300=5 units, 301-350=6 units, >350=8 units, Call MD if >400. - Baqsimi 3 mg spray (Start Date: 07/31/2026) - Spray entire contents of device into 1 nostril as needed for low blood sugar. May repeat with 2nd device in alternative nostril if no response in 15 minutes. Call 911. - Glucose 5 gm chew (Start Date: 07/28/2026) - Take 4 tablets as needed for low blood sugar. Resident 6's medication administration record (MAR), dated 09/01/2026 to 09/16/2026, did not document any administrations of PRN Baqsimi or Glucose chews. The MAR documented blood glucose below 70 on the following dates: - 09/04/2026 8:16 a.m. = 61 - 09/04/2026 11:56 a.m. = 31 - 09/13/2026 11:34 a.m. = 67 Example 2-Pain Medication Resident 6's physician orders included Oxycodone Hcl 5 mg (Start Date: 07/28/2026) - Take 1 tablet every 6 hours as needed for pain. Resident 6's MAR, dated 08/01/2026 to 09/16/2026, documented administration of Oxycodone PRN 1 to 4 times daily except for days 09/05/2026 through 09/08/2026 when 0 administrations were documented. Resident 6's record included an after visit summary, dated 09/09/2026, that indicated s/he was seen in the emergency room for bilateral lower extremity pain and prescribed Oxycodone 5 mg every 6 hours	{N 432}		

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{N 432}	Continued From page 36 as needed. OBSERVATION: On 09/16/2026 at approximately 1:15 p.m., Surveyor observed the medication cart with Assistant Director J and Caregiver F. Caregiver F was able to locate Bagsimi, but was unable to locate glucose chews. EXIT: On 09/16/2026 at 1:30 p.m., Surveyor interviewed Administrator I, Regional Director H, Assistant Director J and Compliance K. Surveyor discussed medication administration concerns. Regional Director H stated the provider would complete education.	{N 432}		
N 450	83.41(2)(c) Nutrition: menus. Menus. 1. The CBRF shall make reasonable adjustments to the menu for individual resident ' s food likes, habits, customs, conditions and appetites. 2. The CBRF shall prepare weekly written menus and shall make menus available to residents. Deviations from the planned menu shall be documented on the menu. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a weekly written menu was available to residents with deviations from the planned menu documented. This is a repeat deficiency. See Statement of Deficiency (SOD) VH4Z16, dated 07/29/2024.	N 450		

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N 450	Continued From page 37 Findings include: On 09/16/2026, Surveyor conducted a complaint investigation alleging dietary concerns. OBSERVATION/RECORD REVIEW: On 09/16/2026 at approximately 7:40 a.m., Surveyor observed a paper on the kitchen counter, accessible only to staff, that documented breakfast would be biscuit and gravy, mixed fruit, sausage patty and lunch would be baked chicken, mixed vegetables, buns and vanilla cake. On 09/16/2026 at 8:12 a.m., Surveyor asked Caregiver F where a menu was posted for residents. Caregiver F pointed Surveyor to a paper posted outside the kitchen that documented cold cereal, boiled egg and fresh fruit for lunch and ground turkey stir fry with rice and orange dreamsicles for lunch. INTERVIEW: On 09/16/2026 at 8:00 a.m., Resident 8 ambulated to the dining area and asked Surveyor what would be served for breakfast. Resident 8 stated s/he was unfamiliar with a posting that would indicate what would be served. On 09/16/2026 at 8:12 a.m., Surveyor interviewed Caregiver F regarding the discrepancy between the posted menu and the list on the counter that s/he was following. Caregiver F stated s/he believed the overnight staff decided what to serve rather than following a menu. On 09/16/2026 at 12:11 p.m., Surveyor interviewed Resident 6. Resident 6 stated the	N 450		

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N 450	Continued From page 38 menu was posted was never followed. EXIT: On 09/16/2026 at 1:30 p.m., Surveyor interviewed Administrator I, Regional Director H, Assistant Director J and Compliance K. Surveyor discussed concern that the provider was not following the menu. Administrator I, who participated over the phone, asked Regional Director H what happened to the provider's dietary staff. Regional Director H stated dietary staff had quit. Administrator I stated s/he had no further questions.	N 450		
{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 and shall hold cold foods at 40°F or below until serving.	{N 452}		

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{N 452}	Continued From page 39 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure food was stored in sanitary conditions. Food was not marked with a date of opening, crumbs were found throughout food storage and insects were observed in the refrigerator. This is a repeat deficiency. See Statement of Deficiency (SOD) VH4Z12, dated 12/20/2022, SOD VH4Z13, dated 07/13/2023, SOD VH4Z14, dated 12/07/2023, SOD VH4Z15, dated 04/29/2024, SOD VH4Z16, dated 07/29/2024, SOD VH4Z17, dated 12/31/2024 and SOD IXKP12, dated 06/08/2026. Findings include: On 09/16/2026, Surveyor conducted a verification visit and complaint investigation related to dietary concerns. OBSERVATION: On 09/16/2026 at approximately 7:40 a.m., Surveyor observed the provider's kitchen. Surveyor observed the following in the provider's refrigerator: - Dead insects on the shelves. - A metal container containing raw chicken covered with aluminum foil that was not dated. - A box of take out pizza that was not labeled or dated. - 2 glasses of milk, not covered and not labeled. - An open, partially eaten, individual serving of yogurt that was left unsealed and not dated. - An open package of sliced ham that was not dated.	{N 452}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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KINDREDHEARTS OF COTTAGE GROVE	505 W LAWN DRIVE COTTAGE GROVE, WI 53527

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{N 452}	Continued From page 40 - An open package of sliced chicken breast that was not dated. - A bowl of mandarin oranges that was not covered. - A pan of mixed vegetables covered with aluminum foil that was not dated. - A metal container of soup covered with aluminum foil that was not dated. - An open package of hot dogs that was not secured or dated. The hot dogs near the opening of the package were dark in color. - An open package of sliced roast beef that was not dated. - An open package of sliced turkey that was not dated. The "best if used by" date was 09/04/2026. - Vanilla iced coffee with a date of 08/09/2026. - A can of pineapple juice that was left open to air. Surveyor observed the provider's oven had a piece of aluminum foil covering the bottom of the oven that had burnt food and grease splatter. Surveyor observed cabinet shelves that contained dishware had food crumbs on the surface and on the clean pans. "Date marking is a way to control the growth of a bacteria called Listeria, which grows under refrigeration and is the third leading cause of death from foodborne illness in the United States." (Source: Wisconsin Food Code Fact Sheet, Date Marking of Ready-to-Eat Time-Temperature Control for Safety Foods, April 2022) INTERVIEW: On 09/16/2026 at approximately 8:05 a.m., Surveyor interviewed Caregiver F. Caregiver F stated the open cups of milk in the refrigerator	{N 452}		

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{N 452}	Continued From page 41 were for residents. Caregiver F was unsure whose yogurt was left open in the refrigerator. Caregiver F informed Surveyor third shift should be deep cleaning the refrigerator because day shift did not have time. EXIT: On 09/16/2026 at 1:30 p.m., Surveyor interviewed Administrator I, Regional Director H, Assistant Director J and Compliance K. Surveyor discussed food safety concerns. Administrator I, who participated over the phone, asked Regional Director H what happened to the provider's dietary staff. Regional Director H stated dietary staff had quit. Administrator I stated s/he had no further questions.	{N 452}		
{N 617}	83.55(6)(b) Bath and toilet areas: water temperature The CBRF shall set the temperature of all water heaters connected to sinks, showers and tubs used by residents at a temperature of at least 140°F. The temperature of water at fixtures used by residents shall be automatically regulated by valves and may not exceed 115°F, except for CBRFs serving residents recovering from alcohol or drug dependency or clients of a government correctional agency. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure water fixtures used by residents did not exceed 115 degrees F. Two accessible bathrooms reached a water temperature above 115 degrees F.	{N 617}		

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{N 617}	Continued From page 42 This is a repeat deficiency. See Statement of Deficiency (SOD) IXKP12, dated 06/08/2026. Findings include: On 09/16/2026, Surveyor conducted a verification visit. The provider is licensed to serve up to 20 residents with primary diagnoses including advanced age and irreversible dementia/Alzheimer's. OBSERVATION: On 09/16/2026 at 7:50 a.m., Surveyor tested the water temperature in the provider's bathroom nearest Room 7, which reached a temperature of 130.1 degrees F. On 09/16/2026 at 9:02 a.m., Surveyor tested the water temperature in the provider's bathroom nearest the medication room, which reached a temperature of 123.8 degrees F. Exposure to hot water is a potential environmental danger for clients. Elderly clients and clients with mental and physical disabilities may have neurological conditions that prevent instant recoil from hot water. Because these individuals do not instantly react to dangerous temperature levels, they are at particular risk for injury. Hot water can cause scalding, e.g., second and third degree burns in which the skin blisters and swells. In such instances, skin does not return to normal and forms scar tissue upon healing. These burns may lead to permanent disability. (DQA publication P-01942, Hot Water Temperatures in Adult Family Homes, 08/2017).	{N 617}		

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{N 617}	Continued From page 43 INTERVIEW/EXIT: On 09/16/2026 at 1:30 p.m., Surveyor interviewed Administrator I, Regional Director H, Assistant Director J and Compliance K. Surveyor discussed concern with the provider's water temperature. Regional Director H made note of Surveyor's concern. Administrator I stated s/he had no questions for Surveyor.	{N 617}		
Y3234	50.09(1)(e) Treatment (1) RESIDENTS' RIGHTS. Every resident in a nursing home or community based residential facility shall, except as provided in sub. (5), have the right to: (e) Be treated with courtesy, respect and full recognition of the resident's dignity and individuality, by all employes of the facility and licensed, certified or registered providers of health care and pharmacists with whom the resident comes in contact. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure all residents were treated with courtesy, respect and full recognition of the resident's dignity and individuality.	Y3234		

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Y3234	Continued From page 44	Y3234		

Resident 6's room was searched without his/her permission and personal belongings were disposed of without his/her permission.

Findings include:

On 09/16/2026, Surveyor conducted a complaint investigation alleging the provider's staff searched a resident's room without permission.

INTERVIEW:

On 09/16/2026 at 12:11 p.m., Surveyor interviewed Resident 6. Resident 6 voiced frustration that Former Administrator L searched his/her room without his/her permission and took belongings, such as lancets, soap for his/her legs and creams for his/her arthritis. Resident 6 stated s/he walked into his/her room to find Former Administrator L with Resident 6's cream in his/her hands. Resident 6 stated Former Administrator L emptied 2 full drawers and a partial drawer. Resident 6 stated s/he felt like s/he had been "strip searched" and had only received some of the needles back of all the belongings taken.

On 09/16/2026 at approximately 1:15 p.m., Surveyor interviewed Regional Director H regarding the search of Resident 6's room. Regional Director H stated s/he was aware of the search and stated s/he believed Former Administrator L had disposed of the belongings removed.

RECORD REVIEW

On 09/16/2026 at approximately 1:00 p.m., Surveyor reviewed Resident 6's record. Resident 6 admitted to the provider's facility on 04/22/2026. Resident 6's record included a progress note,

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Y3234	Continued From page 45 dated 09/02/2026, that stated, "Management walked through facility identifying possible hazards and checking for cleanliness. in resident room ... management also observed approximately 10 or more grocery and dollar general bags consisting of, but not limited to, snacks, drinks, cigarettes, etc. while in resident's room, staff approached management to inform them that today they discovered a draw [sic] filled with prescription medications in resident's room that they were uncertain of if they were supposed to be there. management collected all prescription medications and placed them in office until bedside orders were obtained." EXIT: On 09/16/2026 at 1:30 p.m., Surveyor interviewed Administrator I, Regional Director H, Assistant Director J and Compliance K. Surveyor discussed concern that a room search was conducted without resident permission and belongings taken. Administrator I stated s/he had a lapse in judgement with the administrator who had been overseeing the facility until 09/14/2026.	Y3234		
Y3244	50.09(1)(L) Care (1) RESIDENTS' RIGHTS. Every resident in a nursing home or community based residential facility shall, except as provided in sub. (5), have the right to (l) Receive adequate and appropriate care within the capacity of the facility.	Y3244		

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Y3244	Continued From page 46	Y3244		

This Rule is not met as evidenced by:
Based on observation, interview and record review, residents were not provided adequate care within the capacity of the facility.

Findings include:

On 09/16/2026, Surveyor conducted a complaint investigation alleging staffing concerns at the provider's facility.

INTERVIEW

On 09/18/2026 at 8:05 a.m., Surveyor interviewed Caregiver F. Caregiver F stated the provider staffed with 1 caregiver per shift. Caregiver F stated caregivers were responsible for caregiving, housekeeping, dietary and activity tasks. Caregiver F stated it was difficult for 1 person to complete all tasks and some tasks, typically housekeeping and cleaning, were left undone.

On 09/16/2026 at 9:57 a.m., Surveyor interviewed Resident 2's family member (Person D). Person D told Surveyor the provider only staffed with 1 caregiver per shift and it wasn't enough. Person D stated when staff assisted with showers, there wasn't another caregiver available to answer call lights.

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Y3244	Continued From page 47 On 09/16/2026 at 12:30 p.m., Surveyor interviewed Resident 6. Resident 6 stated s/he was incontinent and often needed a bed change. Resident 6 voiced frustration that his/her bed was often not made up until late in the day or evening due to staffing patterns. On 09/16/2026 at 12:50 p.m., Surveyor interviewed Resident 7. Resident 7 reported s/he was independent with personal care, but stated activities and housekeeping did not get completed with current staffing patterns. OBSERVATIONS On 09/16/2026 at 8:00 a.m., Resident 8 came out for breakfast and asked what was being served. Resident 8 observed there wasn't a caregiver in the kitchen and breakfast wasn't prepared. S/he returned to his/her room. On 09/16/2026 at 8:21 a.m., Caregiver F was observed in the provider's kitchen preparing breakfast. Surveyor observed Resident 2 open an unlocked medication cart. Surveyor informed Caregiver F of concern so Caregiver F could intervene. Surveyor noted the kitchen was not within line of sight of the medication cart. On 09/16/2026, Surveyor observed breakfast and lunch, which Caregiver F stated were to be served at 8:00 a.m. and 12:00 p.m. Surveyor observed Resident 2 was served breakfast at 8:29 a.m., Resident 8 was served breakfast at 8:36 a.m. and all other residents were served in their rooms at 8:58 a.m., nearly 1 hour after mealtime. Surveyor observed lunch was served at 12:30 p.m. to residents in the dining room and residents in their rooms began being served at 12:42 p.m. Not an issue without resident interview	Y3244		

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Y3244	Continued From page 48	Y3244		

or evidence of weight loss.

On 09/16/2026 from 9:45 a.m. to approximately 11:00 a.m., Surveyor observed Person D activate/deactivate the entrance door alarms to let Resident 6, who used an electric scooter, in and out of the building as Caregiver F was occupied assisting residents and completing dietary tasks. Person D had observed delivered groceries at the facility's door at 9:45 a.m. and alerted Caregiver F, who was unaware of the delivery and unsure what time the food had been delivered. Surveyor witnessed cold food, including 2 gallons of milk sit on the provider's counter until Caregiver F was able to complete the tasks at 10:51 a.m. due to being pulled into other tasks at the facility.

On 09/16/2026 from 7:30 a.m. to 11:08 a.m., Surveyor observed Resident 2 did not receive toileting assistance. His/her individual service plan (ISP) indicated s/he was on a 2-hour toileting schedule.

On 09/16/2026 at 12:30 p.m., Surveyor observed Resident 6's bed remained unmade with soiled linens left on his/her bed, leaving the room smelling of urine. Surveyor observed Resident 6's breakfast tray, with 90% of the food remaining, sitting on the bedside tray.

On 09/16/2026 from 7:30 a.m. to 1:30 p.m., Surveyor observed Caregiver F spend his/her time administering medications, completing laundry, unloading groceries, cleaning, preparing meals and providing personal care. Surveyor observed that Caregiver F was engaged in tasks throughout his/her shift, but was not able to serve meals on time, complete laundry or change bedding in a timely fashion, assist with a 2-hour

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Y3244	Continued From page 49 toileting schedule or offer a daily activity program. EXIT On 09/16/2026 at 1:30 p.m., Surveyor interviewed Administrator I, Regional Director H, Assistant Director J and Compliance K. Surveyor discussed concern of 1 staff member being able to complete all necessary tasks, including personal cares, housekeeping, dietary and activities. Administrator I, who participated in the exit via phone, asked where the provider's housekeeping and dietary staff were. Regional Director H informed Administrator I that housekeeping and dietary staff had quit. Administrator I replied, "I have no further questions."	Y3244		