STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016849	A. BUILDING: _____ B. WING _____	C 09/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEATHERLY HOUSE	**4139 SAVANNAH DR DE FOREST, WI 53532**

(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 From 09/09/2026 to 09/30/2026, Surveyor completed a complaint investigation and standard survey at Weatherly House, a CBRF in Deforest. Four deficiencies were identified. One deficiency was a repeat deficiency - See Statement of Deficiency SOD QNVV11, dated 03/17/2021 and SOD QNVV12, dated 07/08/2021. The complaint was substantiated. Census: 8	N 000		
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 interview, the provider did not ensure 1 of 1 caregivers reviewed that required continuing education received at least 15 hours per calendar year of continuing education. Caregiver D did not receive continuing education	N 277		

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

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N 277	Continued From page 1 in 2024. Findings include: RECORD REVIEW On 09/09/2026 at 10:15 a.m., Surveyor reviewed employee records provided by Manager A and Manager B. Records documented Caregiver D was hired on 01/21/2023. Records documented that Caregiver D did not complete continuing education in 2024. INTERVIEW On 09/09/2026 at approximately 11:00 a.m., Surveyor interviewed Manager A and Manager B and discussed concern that Caregiver D did not complete continuing education in 2024. Manager A acknowledged Surveyor's concern. Manager A stated management reminded caregivers to complete continuing education, but the continuing education didn't always get completed when it should. Manager A stated s/he thought Caregiver D had made up the hours in 2025. Surveyor reviewed Caregiver D's continuing education in 2025 and noted s/he did not begin to complete continuing education, which Manager A believed made up for 2024, until 06/30/2025, halfway through the following calendar year. Surveyor also noted continuing education completed in 2025 often included only 1 course for each required topic, indicating Caregiver D received half the amount of training on required topics than would have been received if training for all required topics had been received in both 2024 and 2025. EXIT	N 277		

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N 277	Continued From page 2 On 09/30/2026 at 12:30 p.m., Surveyor interviewed Manager A and Administrator F and discussed concern with Caregiver D not meeting continuing education requirements. Manager A stated s/he believed Caregiver D was off at college for part of the year. Manager A confirmed Caregiver D's employment was not terminated. Administrator F stated the provider would take a closer look at continuing education for employees that take a temporary leave.	N 277		
N 323	83.31(2) Emergency or temporary transfer. Emergency or temporary transfers. If a condition or action of a resident requires the emergency transfer of the resident to a hospital, nursing home or other facility for treatment not available from the CBRF, the CBRF may not involuntarily discharge the resident unless the requirements under sub. (4) are met. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a 30-day notice was given prior to involuntarily discharging a resident. The provider discharged Resident 2 without a 30-day written advance notice. Findings include: From 09/09/2026 to 09/30/2026, Surveyor conducted a complaint investigation alleging care concerns. RECORD REVIEW On 09/09/2026 at approximately 12:00 p.m., Surveyor reviewed Resident 2's record. Resident	N 323		

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N 323	Continued From page 3	N 323		

2 was admitted to the provider's facility on 12/30/2020 with diagnoses including malignant neoplasm f rectosigmoid junction. Resident 2's record indicated s/he was on service with hospice, who assisted with management of Resident 2's ostomy. Resident 2's individual service plan (ISP), indicated s/he had an ostomy, which was emptied by staff 1 to 2 times per shift.

On 09/25/2026 at 7:18 a.m., Surveyor received email correspondence that documented the following:

- 09/24/2026 11:15 a.m. Email from hospice stating that following a discussion with Resident 2's guardian, it was determined hospice was not the right option for Resident 2 at this time and a revocation for hospice services would be signed effective 09/23/2026.
- 09/25/2026 7:09 a.m. Email from Director B that stated Resident 2 attended an oncology appointment and had a CT scan that the provider was unaware of, which identified a new blood clot and resulted in an order for Lovenox injections 2 times daily. Due to the injectable treatment, active blood clot and current medical needs, Resident 2 was sent to the emergency room for appropriate discharge planning to a skilled setting.
- 09/25/2026 5:56 p.m. Email from Resident 2's guardian that stated Resident 2's order for Lovenox injections was converted to Eliquis (oral medication) and s/he would be ready to discharge back to the CBRF on 09/26/2026.

On 09/29/2026 at 7:00 a.m., Surveyor reviewed facility progress notes provided by Manager A, which documented the following:
- 09/24/2026 4:00 p.m.: Left message for managed care organization to discuss new orders and primary care advice that if facility cannot meet level of care then facility would need to send

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resident out.
- 09/24/2026 5:15 p.m.: Non-emergency ambulance contacted to transport to emergency room.
- 09/25/2026 8:45 a.m. Discussion with primary care. Informed that 2 times daily Lovenox injections was beyond services the CBRF could safely provide. Advised that given the new thrombus, inability to administer ordered treatment, lack of nursing coverage, and potential delay in establishing an alternative plan, Resident 2 may require hospital evaluation to ensure safe and timely treatment. Following this consultation and review of immediate care needs, Resident 2 was transferred for medical evaluation and treatment.
- 09/25/2026 9:00 a.m. Spoke with potential home health agency who was informed by Resident 2's guardian that s/he would return to the facility. Informed potential home health agency that Resident 2 was beyond our scope and would not return to facility. Managed care organization seeking alternate placement.
- 09/25/2026 9:30 a.m. Spoke with managed care organization and informed Resident 2 was not appropriate for the facility. Resident 2 would not be accepted back as the hospitalization and changes had resulted in a reassessment of his/her needs and exceed what the facility can provide, thus the facility/provider was initiating and following the applicable discharge process which may include 30-day notice.
- 09/28/2026 10:30 a.m. Resident 2 was medically ready for discharge from the hospital and hospital social worker indicated that from the hospital's perspective Resident 2's needs had not changed. Facility/provider does not agree and explained several changes that occurred including hospice services discontinued 09/23/2026, which had provided nursing support

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N 323	Continued From page 5	N 323		

and on-call clinical coverage including ostomy care.
- 09/28/2026 1:00 p.m. 30-day discharge issued.

On 09/29/2026 at 3:30 p.m., Surveyor reviewed emails documenting the following:

- 09/28/2026 12:57 p.m. from Director A to Resident 2's care team stating a 30-day termination of placement was issued.
- 09/29/2026 10:29 a.m. from Resident 2's managed care organization that stated they had secured a home health agency willing to accept Resident 2.
- 09/29/2026 3:20 p.m. from Director B stating that due to Resident 2's increased medical and nursing needs exceeding what the facility could manage, the provider was not accepting Resident 2 back to the facility.

INTERVIEW/EXIT

On 09/30/2026 at 12:30 p.m., Surveyor interviewed Manager A and Administrator F. Manager A and Administrator F confirmed Resident 2 was issued a 30-day notice and would not be able to return to their facility. Administrator F explained that s/he did not believe Resident 2 could safely return to the facility at all. Administrator F discussed behavioral concerns, ostomy care concerns and concern with increased bleeding due to thrombus treatment. Administrator F believed Resident 2 required 24-hour nursing and could not be supported through RN delegation and the provider's current staffing structure. Surveyor asked if the provider was aware of how much nursing support would be provided through home health arranged by Resident 2's managed care organization. Administrator F stated s/he was not sure.

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N 323	Continued From page 6 Surveyor asked how the requirement to provide 30-day notice prior to discharge was followed by the provider. Administrator F stated the 30-day notice may have been issued prematurely and added, "[We] may have been erroneous in issuing that. [We] tried to follow code as best we can."	N 323		
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 1 of 3 residents reviewed had accurate documentation of his/her medication administration. The provider did not document Resident 1's PM administration of a stool softener. This is a repeat deficiency. See Statement of Deficiency (SOD QNVV11, dated 03/17/2021 and SOD QNVV12, dated 07/08/2021.	N 415		

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N 415	Continued From page 7 Findings include: OBSERVATION On 09/09/2026 at approximately 12:00 p.m., Surveyor observed Resident 1's medication supply with Manager B. Surveyor observed Resident 1 had 1 card of stool softener 100 mg soft gel for morning and 1 card of stool softener 100 mg soft gel for bedtime. The morning card had 9 tablets used, corresponding with the date of Surveyor's visit. The bedtime card had 8 tablets used, corresponding with the date of Surveyor's visit. RECORD REVIEW On 09/09/2026 at approximately 12:00 p.m., Surveyor reviewed Resident 1's record. The medication administration record (MAR), dated 08/01/2026 to 09/09/2026, documented daily morning administration of stool softener 100 mg soft gel. The MAR did not document the bedtime administration of stool softener 100 mg soft gel. INTERVIEW On 09/09/2026 at approximately 12:05 p.m., Surveyor interviewed Manager A and Manager B. Surveyor shared concern that only 1 of 2 daily administrations of Resident 1's stool softener was documented from 08/01/2026 to 09/09/2026 and that the MAR did not list the bedtime stool softener. Manager B confirmed staff administered the bedtime stool softener daily. Manager A stated the bedtime stool softener not listed in the MAR could be a mix up with pharmacy. On 09/22/2026 at 2:49 p.m., Surveyor interviewed Pharmacist E. Pharmacist E confirmed Resident	N 415		

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N 415	Continued From page 8 1 had an order for stool softener 100 mg 2 times daily and that the pharmacy had been delivering a supply for 2 times daily stool softener since January 2026. EXIT On 09/30/2026 at 12:30 p.m., Surveyor interviewed Manager A and Administrator F. Surveyor discussed concern with documentation in administration. Administrator F stated the provider had addressed the concern with caregivers and the nurse.	N 415		
N 558	83.48(8)(b) Sprinkler system installation and maintenance Installation and maintenance. 1. All sprinkler systems shall be installed by a state licensed sprinkler contractor. All sprinkler systems shall be maintained, inspected and tested at least annually or at intervals determined by the requirements in NFPA 25. 2. In facilities with sprinklers, sprinkler heads shall be placed at the top of each linen or trash chute and in the rooms where the chutes terminates. 3. The sprinkler system flow alarm shall be connected to the CBRF ' s fire alarm system. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the sprinkler system was tested at intervals determined by the requirements in NFPA 25. The provider's sprinkler system was due for 3-year and 5-yer inspections/checks.	N 558		

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N 558	Continued From page 9 Findings include: RECORD REVIEW On 09/09/2026 at 8:40 a.m., Surveyor reviewed the provider's environmental records. Surveyor noted the provider's sprinkler system inspection, dated 06/12/2026, documented the following deficiencies: - 5 year inspection due to be completed. Involves internal pipe inspection, FDC check valve inspection, replacement of 2 water gauges and 1 air gauge. - 5 year FDC check valve internal inspection not valid. - 3 year dry stem air test not up to date. On 09/10/2026 at 2:40 p.m., Surveyor received an email from Manager A that stated the provider had scheduled a 5-year inspection for October and that there were not currently any operational impairments or deficienices. INTERVIEW On 09/09/2026 at approximately 10:00 a.m., Surveyor reviewed deficiencies with Manager A. Manager A stated s/he would reach out to their contractor to clarify the deficiencies. On 09/15/2026 at 10:42 a.m., Surveyor interviewed Inspections Manager C. Inspections Manager C confirmed the 3 deficiencies listed in the 06/12/2026 report and stated the provider was currently out of compliance. Inspections Manager C stated the provider had contacted him/her multiple times since Surveyor's visit on 09/09/2026 requesting documentation indicating the provider was in compliance at present time;	N 558		

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N 558	Continued From page 10 however, s/he was unable to produce documentation because the facility was out of compliance and had been for years. Inspections Manager C stated follow up on the deficiencies was scheduled since Surveyor's visit for October 2026. EXIT On 09/30/2026 at 12:30 p.m., Surveyor interviewed Manager A and Administrator F. Surveyor discussed concern with sprinkler system deficiencies. Administrator F stated the provider had just learned of the deficiencies and that s/he had not noticed the deficiencies listed on the report reviewed by Surveyor.	N 558		