STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018289	A. BUILDING: _____ B. WING _____	R-C 09/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOPE STAY MEMORY CARE	**3908 CIRCLE DRIVE HOLMEN, WI 54636**

(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 09/29/2026, Surveyor conducted a complaint investigation and 2 verification visits at Hope Stay Memory Care for Statement of Deficiency (SOD) J0PF16 and N69J12. The complaint was unsubstantiated. Three deficiencies were identified. Three of 3 deficiencies were repeat deficiencies; see SOD J0PF15, dated 02/04/20026, and N69J11, dated 05/20/2026. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 37	{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 record review and interview, the licensee did not ensure the community based residential facility (CBRF) and its operation complied with all laws governing the CBRF. As a result of this complaint survey and 2 verification visits, a total of 3 violations were issued and the complaint was unsubstantiated. Three of the 3 violations were repeat deficiencies. This is a repeat deficiency. See Statement of Deficiency (SOD) N69J11, dated 05/20/2026.	{N 196}		

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

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{N 196}	Continued From page 1 Findings include: The provider is licensed to care for 55 residents in the client groups irreversible dementia/Alzheimer's disease, physically disabled, and advanced age. On 10/06/2026, Surveyor reviewed department records for Hope Stay Memory Care, licensed on 01/01/2022. Since initial licensure on 01/01/2022, the facility has had 33 substantiated complaints, resulting in 84 deficiencies, and 28 recites issued. The provider was issued a No New Admit Order on 04/29/2022. The order was extended on 07/11/2022 and 12/12/2022. The order was lifted on 11/30/2022. The provider was issued a No New Admit Order on 03/13/2026. The order was extended on 06/09/2026. The provider was issued a Warning of Noncompliance Letter on 06/12/2026. The following information was reviewed: SOD 8WZX11 was issued on 04/15/2021. One deficiency was identified: 1. 83.35(5)(a) Initial Evaluation Of Evacuation Limitations SOD 8WZX12 was issued on 07/23/2021. One of 3 complaints was substantiated, and 12 deficiencies were identified: 1. 83.17(1) Licensee Conduct Caregiver Background Check 2. 83.17(2)(a) Employees Screened For Communicable Disease 3. 83.20(2)(a)-(d) Department-Approved Training Courses 4. 83.37(2)(e) Other Administration Given Or Delegated By RN	{N 196}		

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{N 196}	Continued From page 2 5. 83.38(1)(c) Leisure Time Activities 6. 83.38(1)(h) Medication Administration 7. 83.39(1) Infection Control Program 8. 83.41(1)(c) Dishwashing 9. 83.41(2)(a) Nutrition: Diet 10. 83.41(2)(c) Nutrition: Menus 11. 83.47(2)(d) Fire Drills 12. 441.301(c)(4)(vi)(B)(1) Residential Setting: Living Unit Locks SOD 8WZX13 was issued on 11/11/2021. Three of 4 complaints were substantiated, and there were 2 repeat violations (see SOD 8WZX12, dated 07/23/2021). Five deficiencies were identified: 1. 83.32(3)(i) Rights of Residents: Adequate Treatment 2. 83.37(3)(f) Medication Storage: Internals and Externals 3. 83.38(1)(g) Health Monitoring 4. 83.38(1)(h) Medication Administration 5. 83.39(1) Infection Control Program On 11/16/2021, the provider was sent a Notice and Order letter with SOD 8WZX13 which contained special orders. The special orders read, in part, "The licensee will correct all violations identified in SOD # 8WZX13 and will achieve substantial compliance with all laws and administrative rules governing the facility and its operation prior to expiration of the facility's Probationary License ..." SOD H7LH11 was issued on 04/07/2022. One complaint was substantiated, and 4 deficiencies were identified: 1. 83.12(5)(a) Notification: Incident, Injury, Changes 2. 83.14(2)(j) Not Permit A Condition of Substantial Risk	{N 196}		

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{N 196}	Continued From page 3 3. 83.29(2)(a) Admission Agreement Includes Services, Charges 4. 83.35(3)(a) Comprehensive Individualized Service Plan On 04/29/2022, the provider was sent a Notice and Order letter with SOD H7LH11 which contained an order not to admit new or additional residents and special orders. The orders read, in part, "Based on the results of the Department's investigation, and pursuant to Wis. Stat. § 50.03(5g)(b)7., EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER, the Department of Health Services HEREBY ORDERS that Hope Stay Memory Care NOT ADMIT ANY NEW OR ADDITIONAL RESIDENTS until all violations in SOD # H7LH11 are corrected, compliance is verified by the Department, and this Order is rescinded in writing ...Pursuant to Wis. Stat. § 50.03(5g)(b)6., effective immediately, the licensee shall develop and implement corrective measures to resolve each deficiency in SOD H7LH911. The corrective measures shall include, at a minimum, the development (or review/revision) of written procedures to address: Behavior Management. The procedure shall include, but is not limited to: (a) identifying specific behavior patterns that are or may be harmful to the resident or others, (b) assessing and documenting contributing factors to the behaviors, (c) developing and implementing the Individualized Service Plan (ISP) with specific individualized interventions to reduce incidences of these behaviors, (d) staff response when the identified interventions are not effective, (e) monitoring the effectiveness of any behavioral intervention including the use of PRN psychotropic medications, and (f) notifying the resident's legal representative and physician when there is a significant change in a resident's	{N 196}		

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{N 196}	Continued From page 4	{N 196}		

mental condition. Recognizing, preventing, investigating, and reporting caregiver and non-caregiver misconduct. The procedure shall include, but is not limited to: (a) how the facility will investigate and respond to incidents or reports of inappropriate sexual contact involving residents, such as sexual contact involving an incompetent resident, (b) what steps the licensee will take immediately to protect the safety of residents when the CBRF receives a report of an allegation of abuse or neglect of a resident, (c) how the licensee will ensure timely medical care (to address physical and mental health), notify legal representatives, and involve law enforcement, if relevant, and (d) when applicable, the licensee shall follow the abuse reporting requirements under s. 46.90 Stats., or the adult at risk requirements under s. 55.043, Stats. In addition, the CBRF will follow the reporting requirements under Wis. Admin. Codes DHS 83 and 13. Additionally: All managers and resident care staff, as appropriate, shall receive training on the procedures required by Order #1. The training will be documented in personnel records and will include the date/duration of training, the signature/qualifications of the instructor, and an outline of course content."

SOD Y23911 was issued on 06/02/2022. One of 2 complaints was substantiated, and there were 2 repeat violations (see SOD 8WZX12, dated 07/23/2021 and SOD 8WZX13, dated 11/11/2021). Two deficiencies were identified:
1. 83.38(1)(g) Health Monitoring
2. 83.38(1)(h) Medication Administration

On 07/11/2022, the provider was sent a Notice and Order letter with SOD Y23911 extending the order to not admit new or additional residents. The letter also included special orders that read,

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{N 196}	Continued From page 5 in part, "The licensee will develop (or review and revise) procedures and staff training to address: Medication Management, including how the facility will: (a) document medication orders, medication administration, missed/refused doses; (b) ensure residents receive medications at the intervals and dosages prescribed; (c) prevent medication errors; (d) respond to medication errors if they occur; (e) obtain prescriptions and refills timely; (f) securely store medications including schedule II narcotics and ensuring timely system review; (g) monitor or adverse side effects; (h) discontinue and dispose of medications; and (i) document and maintain proof of use record for schedule II drugs ...All managers and caregivers (as appropriate) will receive in-service training regarding the facility's written procedures required by Order #1. Training will be documented in personnel records and will include the date/duration of training, the signature/qualifications of the instructor, and an outline of course content." SOD 95N711 was issued on 09/15/2022. Five of 5 complaints were substantiated, and there were 2 repeat violations (see SOD 8WZX12, dated 07/23/2021, SOD 8WZX13, dated 11/11/2021 and SOD H7LH11, dated 04/07/2022). Five deficiencies were identified: 1. 83.14(2)(j) Not Permit A Condition of Substantial Risk 2. 83.16(2) Resident Care Staff At Least 18 Years Old 3. 83.32(3)(h) Rights Of Residents: Receive Medication 4. 83.37(1)(j) Proof Of Use Record 5. 83.39(1) Infection Control Program On 12/12/2022, the provider was sent a Notice and Order letter with SOD 95N711 extending the	{N 196}		

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{N 196}	Continued From page 6 order to not admit new or additional residents. The letter also included special orders that read, in part, "The licensee shall development (or review/revise) a written procedure and conduct staff training to address: Infection Control, including how the provider will implement an infection control program based on current standards of practice to prevent the development and transmission of communicable disease and infections. The infection control program will include, at a minimum, current guidance for the prevention, identification, and monitoring of respiratory infections, including COVID-19 and influenza, along with Transmission-Based Precautions to be used when caring for residents." SOD J0PF11 was issued on 10/06/2023. Three of 5 complaints were substantiated, and there were 2 repeat violations (see SOD 95N711, dated 09/15/2022 and SOD 8WZX12, dated 07/23/2021.) Eighteen deficiencies were identified: 1. 83.12(4)(b) Reporting When Law Enforcement Is Called 2. 83.12(4)(c) Reporting Incidents With Serious Injury 3. 83.15(3)(a) Administrator Shall Supervise Daily Operation 4. 83.20(2)(a)-(d) Department-Approved Training Courses 5. 83.21(1)-(3) All Employee Training 6. 83.22(1)-)4) Task Specific Training 7. 83.32(3)(h) Rights Of Residents: Receive Medication 8. 83.37(1)(h) Scheduled Psychotropic Medications 9. 83.37(1)(i) Prn Psychotropic Medication 10. 83.38(1)(a) Personal Care 11. 83.38(1)(b) Supervision	{N 196}		

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{N 196}	Continued From page 7 12. 83.38(1)(k) Transportation 13. 83.43(1) Environment Safe, Clean, And Comfortable 14. 83.45(3) Toxic Substances 15. 83.47(2)(e) Other Evacuation Drills 16. 83.47(4)(a) Fire Extinguishers: Type and Inspection 17. 83.59(1)(f) Exit Passageways, Stairways: Width Maintained 18. 83.59(4)(b) Delayed Egress: Locking Device Sign Posted On 01/05/2024, the provider was sent a Notice and Order letter with SOD J0PF11 which included special orders. The special orders read, in part, "That is, the licensee shall ensure the administrator supervises the daily operation of the CBRF, including but not limited to, resident care and services, personnel and physical plant. The licensee shall develop and implement corrective measures to resolve each deficiency identified in Statement of Deficiency J0PF11." SOD GWCS11 was issued on 01/11/2024. One complaint was substantiated. One deficiency was identified: 1. 83.32(3)(b) Rights of Residents: Confidentiality SOD J0PF12 was issued on 06/04/2024. One complaint was substantiated, and there were 3 repeat violations (see SOD GWCS11, dated 01/11/2024 and SOD J0PF11, dated 10/06/2023). Three deficiencies were identified: 1. 83.15(3)(a) Administrator Shall Supervise Daily Operation 2. 83.32(3)(h) Rights Of Residents: Receive Medication 3. 83.38(1)(a) Personal Care	{N 196}		

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{N 196}	Continued From page 8 On 07/01/2024, the provider was sent a Notice and Order letter with SOD J0PF12 which included special orders. The special orders read, in part, "The licensee shall ensure the administrator supervises the daily operation of the CBRF, including but not limited to, resident care and services, personnel, and physical plant." SOD J0PF13 was issued on 08/29/2024. There was 1 repeat violation (see SOD 95N711, dated 09/15/2022, SOD J0PF11, dated 10/06/2023 and SOD J0PF12, dated 06/04/2024). One deficiency was identified: 1. 83.32(3)(h) Rights Of Residents: Receive Medication On 09/27/2024, the provider was sent a Notice and Order letter with SOD J0PF13 which included special orders. The special orders read, in part, "The licensee shall ensure each resident's right to receive all prescribed medications in the dosage and at intervals prescribed by the practitioner. The resident has the right to refuse medication unless the medication is court ordered." SOD J0PF14 was issued on 05/07/2025. Five of 6 complaints were substantiated, and there were 5 repeat violations (see SOD 8WZX12, dated 07/23/2021, SOD H7LH11, dated 04/07/2022, and SOD J0PF11, dated 10/06/2023). Seven deficiencies were identified: 1. 83.20(2)(a)-(d) Department-Approved Training Courses 2. 83.22(1)-)4) Task Specific Training 3. 83.32(3)(j) Rights of Residents: Treatment Options 4. 83.35(3)(a) Comprehensive Individualized Service Plan 5. 83.38(1)(b) Supervision 6. 83.38(1)(i) Behavior Management	{N 196}		

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{N 196}	Continued From page 9 7. 83.43(1) Environment Safe, Clean, And Comfortable On 07/09/2025, the provider was sent a Notice and Order letter with SOD J0PF14 which included special orders. The special orders read, in part, "The licensee shall develop and implement corrective measures to ensure all resident care staff provide the supervision necessary to ensure that the residents receive proper care and treatment, that their health and safety are protected and promoted and that their rights are respected." SOD J0PF15 was issued on 02/04/2026. Two of 5 complaints were substantiated, and there were 5 repeat violations (see SOD Y23911, dated 06/02/2022, SOD 8WZX12, dated 07/23/2021, SOD 8WZX13, dated 11/11/2021, SOD H7LH11, dated 04/07/2022, and SOD J0PF11, dated 10/06/2023). Ten deficiencies were identified: 1. 83.17(1) Licensee Conduct Caregiver Background Check 2. 83.17(2)(a) Employees Screened For Communicable Disease 3. 83.20(2)(a)-(d) Department-Approved Training Courses 4. 83.25 Continuing Education 5. 83.35(3)(a) Comprehensive Individualized Service Plan 6. 83.37(1)(k) Medication Error Or Adverse Reaction 7. 83.37(2)(e) Other Administration Given Or Delegated By RN 8. 83.38(1)(g) Health Monitoring 9. 83.46(1)(c) Heating System Maintenance 10. 83.48(3)(a) Fire Detection Systems Inspected Annually On 03/13/2026, the provider was sent a Notice	{N 196}		

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{N 196}	Continued From page 10	{N 196}		

and Order letter with SOD J0PF15 which included an order not to admit new or additional residents. It also included special orders that read, in part, "The licensee shall ensure all residents receive proper care and treatment, that their health and safety are protected and promoted and that their rights are respected."

SOD N69J11 was issued on 05/20/2026. Ten of 11 complaints were substantiated, and there were 6 repeat violations (see SOD J0PF11, dated 10/06/2023, SOD J0PF12, dated 06/04/2024, SOD J0PF13, dated 08/29/2024, SOD J0PF14, dated 05/07/2025, SOD H7LH11, dated 04/07/2022, SOD Y23911, dated 06/02/2022, SOD 95N711, dated 09/15/2022, and SOD 8WZX13, dated 11/11/2021. Fifteen deficiencies were identified:

1. 83.12(2)(a) Caregiver: Investigating Abuse & Neglect
2. 83.12(2)(c) Report to Law Enforcement and Coroner
3. 83.12(3)(a) Investigate Injuries of Unknown Source
4. 83.12(4)(c) Reporting Incidents with Serious Injury
5. 83.12(5)(a) Notification: Incident, Injury, Changes
6. 83.14(2)(a) Licensee Ensures Facility Complies With Laws
7. 83.31(6)(b) Return Resident Funds Within 14 Days
8. 83.32(3)(h) Rights of Residents: Receive Medication
9. 83.35(3)(c) Implement, Follow The Individual Service Plan
10. 83.35(3)(d) Service Plans Updated Annually or On Changes
11. 83.37(1)(k) Medication Error or Adverse Reaction

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{N 196}	Continued From page 11 12. 83.38(1)(a) Personal Care 13. 83.38(1)(g) Health Monitoring 14. 83.43(1) Environment Safe, Clean, And Comfortable 15. 50.09(1)(L) Care On 06/09/2026, the provider was sent a Notice and Order letter with SOD N69J11 which included an order not to admit new or additional residents. It also included special orders that read, in part, "The licensee shall ensure the provisions of services to meet residents' physical and mental health needs. For medical and health monitoring related violations identified in Statement of Deficiency (SOD) N69J11, the licensee shall develop and implement corrective measures in consultation with a registered nurse (RN) not currently affiliated with the provider. 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 by Hope Stay Memory Care. Consultation will include the development (or revision) of written procedures and staff training (as appropriate) to address: Pressure Injury Prevention, including how the provider will: -Assess risk factors contributing to skin integrity concerns including pressure injuries -Implement pressure injury prevention and treatment -Monitor and document changes in a resident's health -Notify the physician, notify the resident's legal representative or family, notify the care manager (if any) when a resident experiences a change in health status or medical emergency	{N 196}		

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{N 196}	Continued From page 12 -Ensure timely medical assessments and emergency medical care -Review and revise individualized service plans annually or when there is a change in a resident's needs, abilities or physical or mental condition and Implement standards of practice for medical records to ensure each resident's record is accurate, current, and complete. Diabetes Management: - Including standards of practice for the assessment, care planning, and provision of services for residents with diabetes. On 06/12/2026, the provider was sent a Warning of Noncompliance letter. The letter read, in part, "Failure to protect and promote the health, safety and welfare of your consumers, and failure to achieve and maintain substantial compliance with all requirements will result in license/certification revocation ...Continued noncompliance will result in enforcement action to revoke this community based residential facility." On 09/29/2026, Surveyors conducted a complaint investigation and 2 verification visits at Hope Stay Memory Care. At approximately 5:30 p.m., Surveyor interviewed Director of Clinical Operations (DCO) A, Director of Nursing (DON) F, Vice President of Clinical Services (VPCS) B, Director of Clinical Informatics (DCI) E, and Administrator F. Surveyors discussed concerns related to history of noncompliance. VPCS B stated the provider had been doing a lot of training with their staff and had increased their number of meetings to include more collaboration with staff. When discussing the repeat deficiencies related to	{N 196}		

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{N 196}	Continued From page 13 health monitoring and revisions of Individual Service Plans (ISPs), VPCS B stated s/he felt those concerns were more of a paperwork issue. The complaint was unsubstantiated. Three deficiencies were identified. Three of the 3 violations were repeat deficiencies. Cross Reference N0389 DHS 83.35(3)(d) Service Plans Updated Annually Or On Changes N0431 DHS 83.38(1)(g) Health Monitoring	{N 196}		
{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 with the individual service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not review and revise the individual service plans (ISP) to accurately reflect their condition and needs for 4 of 5 residents reviewed.	{N 389}		

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{N 389}	Continued From page 14 Resident 1 was seen in the emergency room (ER) on 09/17/2026. The provider did not update his/her ISP with directives for staff to monitor the wound or interventions to prevent further skin breakdown. The provider did not update the ISP to include frequency of an outside agency to provide wound care and what the provider's responsibilities were to oversee and coordinate with that agency. Resident 2, Resident 3, and Resident 4 were at risk for falls. The provider did not update their ISPs with interventions after they fell to prevent future falls. This is a repeat deficiency. See Statement of deficiency N69J11, dated 05/20/2026. Findings include: RESIDENT 1 On 09/29/2026, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 02/28/2025. S/he had multiple diagnoses including bacterial infection, multiple sclerosis, hemiplegia, major depressive disorder, mild cognitive impairment, cognitive communication deficit, pain, weakness, and localized edema. Resident 1 had an activated power of attorney for healthcare (POAHC). Resident 1's comprehensive assessment, dated 07/27/2026, indicated Resident 1 had recurring illnesses including: cramp and spasm, pressure ulcer, and edema on both legs. The assessment read, in part: "[Resident 1] is at risk for impaired skin integrity due to incontinence and immobility."	{N 389}		

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{N 389}	Continued From page 15 An incident report, dated 09/17/2026, indicated Resident 1 requested to see the registered nurse (RN) due to right foot pain. The report read, in part, "Upon arrival [Resident 1] stated that [s/he] is in a lot of pain and that [s/he] did not sleep well overnight. Upon assessment, [Resident 1] has a wound on lateral side of right foot that is producing exudate, has a foul odor at close range, is reddened, and warm. [Resident 1] requested to be brought to the ER and be evaluated to which this RN was in agreement..." Resident 1's ISP, with a report date of 09/29/2026, indicated Resident 1 required full assistance with getting dressed and undressed each morning and night. It stated Resident 1 had active skin integrity concerns 07/27/2026 - present. It read, "Resident's needs/preferences: Edema on both legs." The skin integrity section did not include a service provider responsibility section. Under a "Skin Risk" section, it read, "[Resident 1] is at risk for impaired skin integrity due to incontinence and immobility." Under the service provider responsible section, it read, "Resident/Staff." Under a "Skin/Wound Care Independent Or Managed By Family/Outside Provider" section, it read: -Resident's Needs/Preferences: [Resident 1] has a wound that is managed by an Outside Provider -Measurable Goals and Outcomes: [Resident 1] wound/skin condition will heal. -Service Provider Responsible: Outside Provider. The dates identified under that section were 08/05/2026 - Present. The ISP did not include information regarding the	{N 389}		

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role of Resident 1's outside agency and how those services would be coordinated and overseen by the provider. The ISP did not identify Resident 1 was seen in the ER, for a new foot wound found on 09/17/2026 and what tasks staff were responsible for in monitoring the new wound.

The investigation indicated Resident 1's care/service plan was not updated

RESIDENT 2

On 09/29/2026, Surveyor reviewed Resident 2's record.

Resident 2 was admitted on 07/02/2024. S/he had multiple diagnoses including dementia, opioid dependence, depression, Parkinson's disease, essential tremor, unspecified abnormalities of gait and mobility, weakness, and a history of falling.

Resident 2's comprehensive assessment, dated 08/12/2026, indicated Resident 2 had a known history of falls and was at risk for falls. The assessment read, in part: "Resident likes to self-transfer instead of using call lights for assistance with transfer."

Resident 2's ISP, with a report date of 09/29/2026, included the following:
Function or Activity - "Other"
Resident's Needs/Preferences - "[Resident 2] is at risk for falling due to ... [sic]"
Frequency of Service and Service Performed - "Fall Risk"
Measurable Goals & Outcomes - "Resident will be free from falls with injury."
Service Provider Responsible - "Resident/Staff"

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{N 389}	Continued From page 17 An after visit summary, dated 07/21/2026, indicated Resident 2 was seen in the emergency department for a fall. The diagnoses included: history of falling and contusion of the scalp. An incident report, dated 09/14/2026, indicated Resident 2 had an unwitnessed fall at 1:09 a.m. The report read, in part: "Resident had an unwitnessed fall. Resident states [s/he] has been sleeping on the opposite side of [his/her] bed. After vitals, staff suggested resident return to laying the opposite way in bed which is how [s/he] normally lays; resident agreed." The resident statement read: "Residents says [s/he] was trying to get to [his/her] wheelchair and fell off the side of the bed." The report indicated Resident 2 had a bump on top of his/her head. The incident investigation from the fall, dated 09/14/2026, read, in part: "Based on the investigation, were there any contributing factors? Resident was laying down on opposite side of bed then what [s/he] normally sleeps on, and [s/he] rolled out of bed while sleeping. Describes action taken/measure initiated to reduce the possibility of future incidents: Staff spoke with resident and resident agreed that [s/he] should sleep on the regular side of the bed that [s/he] normally sleeps on. Additional Comments IDT (interdisciplinary team) met to review the incident: IDT met to review the incident. [sic] It was determined that the incident involved the resident sliding out of bed after falling asleep at the opposite end of the bed from [his/her] usual sleeping position. The resident did not sustain any injuries. Mild redness was noted, and the nurse assessed the resident. Staff discussed with the resident the importance of maintaining [his/her] usual sleeping position in bed to help reduce the risk of another slide out of bed."	{N 389}		

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{N 389}	Continued From page 18 The investigation indicated Resident 2's care/service plan was not updated. RESIDENT 3 On 09/29/2026, Surveyor reviewed Resident 3's record. Resident 3 was admitted on 03/27/2025. S/he had multiple diagnoses including: dementia, anxiety, essential tremor, and acquired absence of left leg below knee. Resident 3's comprehensive assessment, dated 07/28/2026, indicated Resident 3 had a known history of falls and was at risk for falls. The report read, in part: "The resident tends to fall asleep in the wheelchair, causing [him/her] to have a fall." Resident 3's ISP, with a report date of 09/29/2026, included the following: Function or Activity - "Other" Resident's Needs/Preferences - "[Resident 3] is at risk for falling due to ... Lewy body disease, neuralgia, essential tremors, restless legs, unsteady on feet and weakness." Frequency of Service and Service Performed - "Fall Risk" Measurable Goals & Outcomes - "Resident will be free from falls with injury." Service Provider Responsible - "Staff" An incident report, dated 07/30/2026, indicated Resident 3 had an unwitnessed fall at 12:35 p.m. in the lobby. The report read, in part: "[Resident 3] attempted to self transfer from [his/her] wheelchair to one of the leather lobby chairs. [S/he] slid out of the wheelchair and was seen on	{N 389}		

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the floor in front of the chair [s/he] was trying to get into. Housekeep [sic] and RCA (resident care assistant) saw [him/her] on the floor and said something out loud. The receptionist stood up and called me out of the office to [Resident 3]. [S/he] was lying supine on the floor. No injuries noted. Told me [s/he] has a 'sore [expletive].' [S/he] then told me it is from [his/her] wheelchair, not from the fall." The resident statement read, "I was trying to get over there. Pointing to the chair."

The incident investigation from the fall, dated 08/11/2026, read, in part: "Based on the investigation, were there any contributing factors? Self-independent Describe action taken/measure initiated to reduce the possibility of future incidents: Reiterated the importance of asking for standby when transferring if resident would like, understanding [s/he] wants to stay as independent as possible."

The investigation indicated Resident 3's care/service plan was not updated.

RESIDENT 4

On 09/29/2026, Surveyor reviewed Resident 4's record.

Resident 4 was admitted on 07/15/2025. S/he had multiple diagnoses including: type 2 diabetes with diabetic polyneuropathy, depression, affective mood disorder, phantom limb syndrome with pain, non-pressure chronic ulcer of left heel and midfoot, muscle weakness, and acquired absence of limb.

Resident 4's ISP, with a report date of 09/29/2026, included the following:
Function or Activity - "Other"

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Resident's Needs/Preferences - "[Resident 4] is at risk for falling due to ...independent transfer without staff assistance, sliding off of edge of bed."
Frequency of Service and Service Performed - "Fall Risk"
Measurable Goals & Outcomes - "Resident will be free from falls with injury."
Service Provider Responsible - "Resident/Staff offer and remind you will assist with cares and anticipate needs such as when [s/he] is returning to [his/her] room from going outside."

An incident report, dated 07/27/2026, indicated Resident 4 had an unwitnessed fall in his/her room at 6:35 a.m. The report read, in part: "Resident tried transferring to wheelchair and slid out of [his/her] bed to the floor. Resident was asked if [s/he] was hurt and needed to go to the hospital, [s/he] said no." The resident statement read: "I tried transferring and slipped out of bed."

An incident report, dated 07/28/2026, indicated Resident 4 had an unwitnessed fall outside at 10:22 a.m. The report read, in part: "[Resident 4] was seen Through [sic] the front doors lying on [his/her] right side in the parking lot. [His/her] power wheelchair was tipped to the right side off of the sidewalk curb. [s/he] was belted into the chair. Released the belt and seen [s/he] was bleeding from [his/her] right hand. [Name] ambulance service just pulled into the parking lot for another transfer. [S/he] denied hitting [his/her] head, [s/he] denied any pain. Assessed and Hoyer transferred with full body sling into a manual chair with 5 assist. Refused any medical care or transfer to ER (emergency room)." The resident statement read: "I was trying to go around the grill and went off the side. No I did not hit my head." Injuries noted on the incident report

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included the following: "Scrape to upper right elbow towards tri-cep. Linear red/purple bruise to posterior forearm near elbow linear towards mid posterior forearm."

An incident report, dated 08/19/2026, indicated Resident 4 had an unwitnessed fall in his/her room at 11:30 p.m. the report read, in part: "Writer was walking toward the back laundry room when a [fe/male] resident was heard yelling for help. Writer immediately went to the area where the voice was coming from. Upon opening the door to Room [#], writer observed the resident lying on [his/her] stomach on the floor. The resident has a lower-extremity amputation below the knee, with one foot present. [His/her] remaining foot was elevated/bent upward toward the air and was near the side of [his/her] bed. The resident's wheelchair was located at the foot of the bed on the left side of [his/her] body, facing toward the head of the bed." The resident statement read: "When asked what happened, [s/he] stated that 'I took my seatbelt off and leaned over to grab a flyswatter off of the floor, the next thing I knew I was laying on the floor.'" Injuries noted on the incident report included the following: "Bumped [his/her] left forehead above [his/her] eyebrow. Faint bruising and swelling."

An incident report, dated 08/28/2026, indicated Resident 4 had an unwitnessed fall in his/her room at 1:20 a.m. The report read, in part: "Writer heard resident yelling from down the hallway. Upon entering room resident was laying on [his/her] stomach on the floor. Resident's head was wedged between bedside table and [his/her] laundry basket and garbage can. Resident's legs were bent at the knees in the air, stuck on [his/her] wheelchair. Resident's wheelchair was in front of [his/her] bed, at the end of [his/her] bed.

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{N 389}	Continued From page 22 Resident was laying on top of different cords and battery charger for [his/her] wheelchair. Resident has a cut on [his/her] right eye lid with a small bruise, a cut on the left side of [his/her] chin, and a bruise in the middle of [his/her] neck due to hitting [his/her] fridge when [s/he] fell. Staff called non emergency ambulance. The [city] Police Department showed up before the ambulance." The resident statement read: "When writer asked what happened, resident stated that 'I rolled out of bed while I was sleeping, I hit my throat on my fridge and my neck was wedged up so it was hard to breathe and it hurts.' [S/he] also stated, 'move this stuff out of the way (laundry basket and garbage can) so I can move my head and neck.'" Injuries noted on the incident report included the following: "Bruising to [his/her] throat/neck. Cut on right eye lid with a small bruise. Cut on the left side of [his/her] chin." The incident report indicated Resident 4 was sent to the hospital. There was no observation note in Resident 4's record to indicate when s/he returned from the hospital and if s/he had any injuries or received any treatment. The next observation note in Resident 4's record after 08/28/2026 was dated 08/30/2026. That note read: "[Resident 4] was complaining about having flem [sic] build-up in his lungs so [s/he] refused [his/her] meds (medications). [S/he] wouldn't let me check [his/her] sugars at all my entire shift because [s/he] says [s/he] is in pain and needs [his/her] hands to hold [his/her] ribs and belly." On 08/31/2026, Director of Clinical operations (DCO) A documented an observation note, which read: "Resident with extensive bruising around	{N 389}		

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anterior and lateral sides of neck from lower chin down to neck in line with clavicles. In addition, has extensive bruising to left breast area. Resident when writer entered room was coughing up phlegm. Resident stated that is new since [his/her] fall with the resulting bruising around neck and breast area. Resident encouraged to go to the MD (medical doctor) for further follow up to ensure that no area of hematoma etc. had developed. Resident has had increased pain to the area and has used prn (as needed) Oxycodone 5 mg (milligrams) as needed. Resident not anxious to go to the md (doctor of medicine) as [s/he] feels they will not do anything for [him/her]. Resident denied issue with breathing or swallowing. Resident will think about going to see the md but writer will follow up tomorrow and if resident changes [his/her] mind will arrange for resident to be seen. MD office notified of above."

On 09/01/2026, DCO A documented an observation note, which read: "Met with resident today. Resident tearful states that the fractured rib pain has been difficult. Resident's order for oxycodone was only for 3 days. Resident was conservative in [his/her] use of it but order has since expired. Resident rates the pain 6-10 depending on the time of day and [his/her] position. Call made to [his/her] MD office with update on pain secondary to fractured ribs. Request made for pain medication to assist resident. Nurse was sending the request back to the provider."

The above notes indicated Resident 4 sustained fractured ribs.

An incident report, dated 09/21/2026, indicated Resident 4 had a witnessed in his/her room at

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{N 389}	Continued From page 24 8:20 a.m. The report read, in part: "Writer was asked by Med Tech [initials] to come to the resident's room. Upon entering the room, writer observed the resident sitting partially in [his/her] electric wheelchair with [his/her] upper body leaning forward onto [his/her] bed. Writer asked the resident what had occurred. Resident stated, 'I fell asleep and was taking a nap in my chair.' While writer was speaking with the resident, the resident's electric wheelchair began to slide backward, causing the resident to slowly slide from the wheelchair onto the floor. Writer directed staff member [initials] to retrieve the Hoyer lift from another area. After assessing the situation, staff determined that the Hoyer lift could not be safely utilized to assist the resident from the floor. Writer contacted Hope Stay RN [Director of Nursing (DON) D] and explained the situation. Writer was advised to contact non-emergency services for a lift assist. Resident refused to allow staff to obtain vital signs. Writer contacted non-emergency services at 0824 (8:24 a.m.). First responders arrived at 0836 (8:36 a.m.) to assist the resident." The resident statement read: "Resident stated, 'I fell asleep and was taking a nap in my chair.'" The report indicated Resident 4 did not have any injuries from the fall and refused transport to the hospital for an evaluation. On 09/29/2026, at approximately 5:30 p.m., Surveyor interviewed DCO A, DON F, Vice President of Clinical Services (VPCS) B, Director of Clinical Informatics (DCI) E, and Administrator F. Surveyor asked if they developed new interventions to prevent falls after a resident falls. DCO A said they do. Surveyor explained the review of the investigation into Resident 2's fall and Resident 3's fall. Surveyor explained the investigation reports indicated the ISPs were not updated. Surveyor explained concerns related to	{N 389}		

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{N 389}	Continued From page 25 Resident 4's multiple falls with no added interventions to his/her ISP. VPCS B told Surveyor that they were getting better with this as they implemented their stand up meetings.	{N 389}		
{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 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 record review and interview, the provider did not ensure 3 of 5 residents reviewed	{N 431}		

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{N 431}	Continued From page 26 received health monitoring to meet their needs. Resident 1 had active skin integrity concerns and orders for staff to provide daily oversight of his/her wounds. Resident 1 was sent to the emergency room (ER) on 09/17/2026 with an open wound that required antibiotics. There was no evidence to reflect staff were monitoring the changes in wound progression. Resident 2 and Resident 3 did not have parameters in place for staff to notify their physician's when their blood sugar levels were too low or too high. This is a repeat deficiency. See Statement of Deficiency (SOD) J0PF15, dated 02/04/2026; and SOD N69J11, dated 05/20/2026. Findings include: WOUND CARE MONITORING On 09/29/2026, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 02/28/2025. S/he had multiple diagnoses including bacterial infection, multiple sclerosis, hemiplegia, major depressive disorder, mild cognitive impairment, cognitive communication deficit, pain, weakness, and localized edema. Resident 1 had an activated power of attorney for healthcare (POAHC). Resident 1's comprehensive assessment, dated 07/27/2026, indicated Resident 1 had recurring illnesses including: cramp and spasm, pressure ulcer, and edema on both legs. The assessment read, in part: "[Resident 1] is at risk for impaired skin integrity due to incontinence and immobility."	{N 431}		

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{N 431}	Continued From page 27 A subheading titled, "Does the resident have any current skin integrity concerns (e.g., wounds, skin breakdown)" had a box marked "yes" next to it. Under the resident's needs and preferences section, it read, "Edema on both legs." Another subheading titled, "Skin/Wound Care Independent or Managed by Family/Outside Provider" it stated, "[Resident 1] has a wound that is managed by an Outside Provider." Under a "Health Monitoring" section, a subheading titled, "Licensed Nurse Monitoring, Select all that apply," wound/skin care monitoring and reporting was selected. It stated the monitoring frequency was weekly. Under an "Outside Services" section, that read, "Does the resident receive any outside services from a separate agency, organization or individual? If so, specify services to be provided, how services will be coordinated and overseen by the assisted living residence and any additional information" the box was marked "no." It further stated Resident 1 did not receive outpatient therapy or home health from an outside agency. Surveyor noted the inconsistencies documented related to the role of an outside agency in Resident 1's wound care. Resident 1's ISP, with a report date of 09/29/2026, indicated Resident 1 required full assistance with getting dressed and undressed each morning and night. Under a "Skin Risk" section, it read, "[Resident 1] is at risk for impaired skin integrity due to incontinence and immobility." Under the service provider responsible section, it read, "Resident/Staff." An incident report, dated 09/17/2026, indicated Resident 1 requested to see the registered nurse (RN) due to right foot pain. The report read, in part, "Upon arrival [Resident 1] stated that [s/he] is in a lot of pain and that [s/he] did not sleep well	{N 431}		

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{N 431}	Continued From page 28	{N 431}		

overnight. Upon assessment, [Resident 1] has a wound on lateral side of right foot that is producing exudate, has a foul odor at close range, is reddened, and warm. [Resident 1] requested to be brought to the ER and be evaluated to which this RN was in agreement..."

Staff observation notes reviewed between 08/01/2026 and 09/29/2026 identified the following:

08/27/2026 at 9:00 a.m.: "[Resident 1] was seen in clinic yesterday for [his/her] wounds. Vascular studies were normal. [His/her] right distal tibia is healed. Right lateral mid foot eschar/wound: eschar fell off and healthy wound tissue exposed with no signs of infection. Orders received to stop Betadine and new orders to cleanse wound daily, pat dry, appply [sic] small amt (amount) of bacitracin ointment to wound and cover with a bandaid."

08/27/2026 at 10:45 p.m.: "Resident is complaining of pain in left foot where [his/her] sore is. The sore is closed but [s/he] stated [his/her] pain level is an 8, if not higher ..."

Between 08/27/2026 and 09/16/2026, there were no staff observation notes referencing Resident 1's wound and if there had been any change in condition.

09/17/2026 at 4:45 p.m.: "This RN was informed by staff that resident was complaining of pain in [his/her] right foot. Staff reported that the resident has been in pain for some time and would like to speak with this RN." The note detailed what was included in the incident report.

Between 09/17/2026 and date of survey, there

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{N 431}	Continued From page 29 were no staff observation notes referencing Resident 1's foot wound. Resident 1's September 2026 medication administration record (MAR) included the following: Bacitracin Oint 500unit/gm. Start date 08/27/2026. No end date. Apply topically 1 application to right foot wound once daily and cover with a band aid. Cleanse wound, pat dry, apply bacitracin, and cover with a band aid once daily. Cefadroxil Cap 500 MG. Start date 09/18/2026. End date 09/24/2026. Cefadroxil is an antibiotic used to treat different types of infections caused by bacteria. Resident 1's record did not contain evidence of skin assessments completed between 08/24/2026 and date of survey. On 09/29/2026 at approximately 3:40 p.m., Surveyor interviewed Administrator F. When asked about Resident 1's wound care services, Administrator F stated Resident 1 went out to receive wound care. When asked how frequently Resident 1 received wound care services, Administrator F stated s/he would have to check. At approximately 4:00 p.m., Surveyor interviewed Director of Clinical Operations (DCO) A and Director of Nursing (DON) D. DON D stated when s/he assessed Resident 1's foot on 09/17/2026, it was odorous and leaking. S/he stated Resident 1 was sent in that day. When asked how frequently his/her wounds were being monitored, DON D stated it was weekly. DON D stated s/he checked Resident 1's wounds last week but needed to add it to the observation notes yet. DCO A stated staff	{N 431}		

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{N 431}	Continued From page 30 had been doing the treatment and would notify nurse if they saw any issues. DCO A stated they looked at it on 09/17/2026. DIABETIC MONITORING "High blood sugar, also called hyperglycemia, affects people who have diabetes. Several factors can play a role in hyperglycemia in people with diabetes. They include food and physical activity, illness, and medications not related to diabetes. Skipping doses or not taking enough insulin or other medication to lower blood sugar also can lead to hyperglycemia. It's important to treat hyperglycemia. If it's not treated, hyperglycemia can become severe and cause serious health problems that require emergency care, including a diabetic coma. Hyperglycemia that lasts, even if it's not severe, can lead to health problems that affect the eyes, kidneys, nerves and heart ...Hyperglycemia usually doesn't cause symptoms until blood sugar (glucose) levels are high - above 180 to 200 milligrams per deciliter (mg/dL), or 10 to 11.1 millimoles per liter (mmol/L). Symptoms of hyperglycemia develop slowly over several days or weeks. The longer blood sugar levels stay high, the more serious symptoms may become. But some people who've had type 2 diabetes for a long time may not show any symptoms despite high blood sugar levels ...Keeping blood sugar in a healthy range can help prevent many diabetes-related complications." Retrieved from https://www.mayoclinic.org/diseases-conditions/hyperglycemia/symptoms-causes/syc-20373631 on 09/30/2026). On 09/29/2026, Surveyor reviewed Resident 2's record.	{N 431}		

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{N 431}	Continued From page 31 Resident 2 was admitted to the facility on 07/02/2024. S/he had multiple diagnoses including: Type 2 diabetes with diabetic cataract and hyperglycemia, dementia, depression, Parkinson's disease, hypertension, and weakness. Resident 2's medication orders included an order for Jardiance 25 milligrams (mg), once daily, before morning meals. Resident 2 had an order to test his/her blood glucose once daily. Resident 2's individual service plan (ISP), with a report date of 09/29/2026, included the following: Function or Activity - "Diabetes Management" Resident's Needs/Preferences - "Resident has a listed diagnosis of diabetes" Frequency of Service and Service Performed - "Diabetic - Blood Sugar checks (1x daily) Once Every Day Diabetic Status" Measurable Goals & Outcomes - Blank Service Provider Responsible - Blank Surveyor reviewed Resident 2's recorded blood sugars from 08/01/2026 - 09/29/2026. Resident 2 had a blood sugar over 300 on the following dates: 08/19/2026 - 334 08/20/2026 - 570 09/13/2026 - 408 09/17/2026 - 351 09/22/2026 - 434 09/26/2026 - 422 09/28/2026 - 301 On 08/13/2026, Former Registered Nurse (FRN) C documented: "Was given after visit summary from [spouse]. While [Resident 2] was with [him/her] this week [s/he] complained of abdominal pain and had high BS (blood sugar).	{N 431}		

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{N 431}	Continued From page 32 Seen in ER (emergency room) at [name]. Labs, urinalysis, and imaging of abdomen done. IV (intravenous) fluids given, no new orders or findings." On 09/29/2026, Surveyor reviewed Resident 3's record. Resident 3 was admitted to the facility on 03/27/2025. S/he had multiple diagnoses including: type 2 diabetes, dementia, anxiety, chronic kidney disease, stage 2, atherosclerotic heart disease, and acquired absence of left leg below knee. Resident 3's medication orders included the following orders for his/her diabetes: Dapagliflozin, 10 mg, by mouth, once daily. Glargine insulin, inject 25 units subcutaneous (SQ), every morning. Metformin, 500 mg extended release, by mouth, twice daily. Novolog insulin, inject 15 units SQ, three times daily before meals. Novolog insulin, inject SQ per sliding scale: 151 - 200, Add 2 units 201 - 250, Add 4 units 251 - 300, Add 6 units 301 - 350, Add 8 units > 350, Add 10 units Resident 2's ISP, with a report date of 09/29/2026, included the following: Function or Activity - "Diabetes Management" Resident's Needs/Preferences - "Poor choices of foods with high sugars or carbohydrates. Resident has a listed diagnosis of diabetes" Frequency of Service and Service Performed - "Blood Sugar - Checks (3x daily) 3x Every Day" Measurable Goals & Outcomes - Blank	{N 431}		

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{N 431}	Continued From page 33 Service Provider Responsible - "staff" Surveyor reviewed Resident 3's recorded blood sugars from 08/01/2026 - 09/29/2026. Resident 3 had a blood sugar over 300 on the following dates: 08/01/2026 at 8:58 p.m. - 371 08/02/2026 at 5:42 p.m. - 326 08/04/2026 at 8:53 a.m. - 303 08/10/2026 at 5:55 p.m. - 394 08/12/2026 at 5:45 p.m. - 330 08/13/2026 at 11:03 a.m. - 323 08/13/2026 at 4:27 p.m. - 322 08/22/2026 at 4:47 p.m. - 352 08/23/2026 at 4:35 p.m. - 327 08/27/2026 at 4:37 p.m. - 342 08/30/2026 at 8:26 a.m. - 389 08/31/2026 at 4:41 p.m. - 342 09/01/2026 at 4:49 p.m. - 313 09/03/2026 at 4:42 p.m. - 371 09/04/2026 at 4:46 p.m. - 313 09/06/2026 at 4:52 p.m. - 347 09/07/2026 at 4:55 p.m. - 313 09/08/2026 at 11:23 a.m. - 337 09/08/2026 at 4:36 p.m. - 368 09/10/2026 at 7:20 a.m. - 303 09/10/2026 at 4:54 p.m. - 327 09/15/2026 at 7:30 a.m. - 304 09/17/2026 at 4:51 p.m. - 317 09/18/2026 at 8:17 a.m. - 324 09/18/2026 at 4:33 p.m. - 314 09/20/2026 at 4:50 p.m. - 337 09/21/2026 at 9:10 a.m. - 302 09/28/2026 at 9:00 a.m. - 387 09/29/2026 at 11:37 a.m. - 340 On 09/29/2026 at approximately 4:00 p.m., Surveyor interviewed DCO A. Surveyor asked DCO A when staff were supposed to notify a resident's physician for blood sugars too high or	{N 431}		

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{N 431}	Continued From page 34 too low. DCO A told Surveyor that each resident should have parameters identified on their MAR to alert staff to notify a resident's physician for their blood sugars. DCO A told Surveyor, Resident 2 did not have parameters listed on his/her MAR as s/he was not on insulin. DCO A told Surveyor they were reaching out to Resident 2's physician for parameters. On 09/29/2026 at approximately 4:15 p.m., Surveyor reviewed Resident 3's MAR with DON D. Resident 3's MAR did not include parameters on when to notify his/her physician with blood sugars. At approximately 4:45 p.m., DCO A confirmed with Surveyor that Resident 3 did not have parameters identified for staff to know when they should notify Resident 3's physician related to his/her blood sugars.	{N 431}		