STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017124	A. BUILDING: _____ B. WING _____	C 07/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ATTIC ANGEL PLACE	8301 OLD SAUK RD MIDDLETON, WI 53562

(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 07/20/2026, Surveyor conducted a complaint investigation at Attic Angel Place, a CBRF located in Middleton, WI. As a result of the investigation, 1 violation of Chapter DHS 83 was issued. The complaint was substantiated.	N 000		
N 352	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that Resident 1 received medications in the dosage and at intervals prescribed by Resident 1's Primary Care Physician (PCP). Resident 1 did not receive 6 doses of Oxycodone as scheduled on 05/26/2026. Findings include: On 06/01/2026, the Department received a complaint that alleged a resident did not receive medications as prescribed by his/her PCP. On 07/20/2026 at 9:00 AM, Surveyor reviewed Resident 1's medical record. Resident 1 was admitted 06/12/2025 with diagnoses that include but are not limited to: Disease of spinal cord,	N 352		

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

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N 352	Continued From page 1	N 352		

congestive heart failure, GERD, chronic pain and Resident 1 is status post spinal fusion.

Resident 1 was prescribed oxycodone HCL oral tablet 5 mg. Physician's orders for oxycodone to be administered 1 tablet by mouth every 4 hours for pain.

On 07/20/2026 at 10:00 AM, Surveyor reviewed Resident 1's Medication Administration Record (MAR) for the month of May 2026.

Resident missed the following doses of Oxycodone as documented on the MAR:

05/26/2026 at 0000
05/26/2026 at 0400
05/26/2026 at 0800
05/26/2026 at 1200
05/26/2026 at 1600
05/26/2026 at 2000

According to facility documentation dated 05/23/2026, it was documented by Nurse B Resident 1 was in need of a refill of oxycodone.

According to facility documentation dated 05/25/2026, it was documented that Resident 1's oxycodone had not been delivered. It was noted that pharmacy indicated that Resident 1 should have had enough oxycodone to last until 05/30/2026.

According to facility documentation dated 05/26/2026, a refill of oxycodone was delivered late in the night of 05/26/2026 and Resident 1 had missed the six doses of oxycodone listed above.

On 07/20/2026 at 11:00 AM, Surveyor interviewed Administrator A. Administrator A acknowledged

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N 352	Continued From page 2 Resident 1 had not received the above listed doses of oxycodone due to the medication not being available. Administrator A stated that there was an internal investigation conducted and Police were involved as well. Administrator A stated that the investigation concluded that Resident 1's oxycodone should have been available for administration until 05/30/2026. Administrator A stated that the internal investigation did not determine if there were medication errors or theft regarding the missing oxycodone.	N 352		