STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018485	A. BUILDING: _____ B. WING _____	R-C 07/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS OF MOUNT PLEASANT (THE)	6101 16TH ST RACINE, WI 53406

(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 07/09/2026, Surveyor completed a standard survey, verification visit, and 2 complaint investigations at Gardens of Mount Pleasant (The). As a result, all citations in Statement of Deficiency (SOD) RD4I12 were corrected, 3 new deficiencies were identified, and 2 complaints were unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 69	{N 000}		
N 394	83.35(5)(b) Annual evaluation of evacuation limits Evaluation update. The CBRF shall evaluate each resident ' s mental or physical capability to respond to a fire alarm at least annually or when there is a change in the resident ' s mental or physical capability to respond to a fire alarm. This Rule is not met as evidenced by: Based on record review and interview, the provider did not evaluate each resident's mental or physical capability to respond to a fire alarm at least annually for 2 of 2 residents. Resident 10 and Resident 11 were not evaluated to date in 2026. Findings include: On 07/08/2026, at approximately 12:45 PM, Surveyor reviewed resident records and identified the following: Resident 10 was admitted on 04/15/2024. Resident 10's initial evacuation evaluation assessment was completed on 04/15/2024. Resident 10 was due for an annual evacuation	N 394		

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

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N 394	Continued From page 1 evaluation assessment on 04/15/2026. Resident 10's record did not contain evidence Resident 10 was evaluated annually for an evacuation evaluation assessment. Resident 11 was admitted on 03/27/2023. Resident 11's initial evacuation evaluation assessment was completed on 03/27/2023. Resident 11 was due for an annual evacuation evaluation assessment on 03/27/2026. Resident 11's record did not contain evidence Resident 11 was evaluated annually for an evacuation evaluation assessment. On 07/08/2026, at 12:45 PM, Surveyor interviewed Director of Nursing (DON) C. DON C confirmed residents were required to be assessed annually for evacuation. DON C reported s/he believed the evacuation assessments were completed to date in 2026. DON C reported s/he would ensure evacuation assessments were completed by the end of the day.	N 394		
N 406	83.37(1)(g) Disposition of medications. Disposition of medications. 1. When a resident is discharged, the resident ' s medications shall be sent with the resident. 2. If a resident ' s medication has been changed or discontinued, the CBRF may retain a resident ' s medication for no more than 30 days unless an order by a physician or a request by a pharmacist is written every 30 days to retain the medication. 3. The CBRF shall develop and implement a policy for disposing unused, discontinued, outdated, or recalled medications in compliance with federal, state and local standards or laws. The CBRF shall arrange for the stored medications to be	N 406		

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N 406	Continued From page 2	N 406		

destroyed in compliance with standard practices. Medications that cannot be returned to the pharmacy shall be separated from other medication in current use in the facility and stored in a locked area, with access limited to the administrator or designee. The administrator or designee and one other employee shall witness, sign, and date the record of destruction. The record shall include the medication name, strength and amount.

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not establish an effective procedure for proper destruction and disposal of expired medications. Expired medications were observed stored with resident's non-expired medications in 1 of 1 medication cart.

Findings include:

On 07/08/2026, at approximately 10:20 AM, Surveyor observed a resident medication cart. Surveyors observed the following expired medications:

-Resident 12
28 tablets - Diphenoxylate-Atropine 2.5 mg (milligram) tablet (Tab) with a discard date of 04/30/2026
20 capsules - Loperamide hydrochloride (HCL) 2 mg capsule with a discard date of 10/08/2025
29 tablets - Folic Acid 1mg tab with a discard date of 11/06/2025
26 tablets - Ondansentron HCL 8 mg tab with a discard date of 10/08/2025

On 07/08/2026, at 12:45 PM, Surveyor

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N 406	Continued From page 3 interviewed Director of Nursing (DON) C. DON C confirmed the code requirement. DON C reported s/he was responsible for review of the medication carts biweekly and a third-party pharmacy audits carts quarterly. DON C reported s/he believed the expired medications were removed from the previous pharmacy audit. DON C reported all expired medications would be removed from medication carts by the end of the business day.	N 406		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure tornado, flooding, or other emergency or disaster drills were conducted semi-annually for 1 of 2 years. One tornado, flooding, or other emergency or disaster drill was conducted in 2025. Findings include: This facility was licensed on 10/01/2021 to serve up to 80 non-ambulatory residents in the client groups of advanced aged, emotionally disturbed/mental illness, irreversible dementia/Alzheimer's, traumatic brain injury, developmentally disabled, correctional clients, terminally ill, alcohol/drug dependent, and physically disabled. On 07/08/2026, at approximately 11:15 AM, Surveyor reviewed safety records and identified the following:	N 526		

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N 526	Continued From page 4 In 2025 one tornado drill was conducted on 06/12/2025. Surveyor did not locate evidence of a second tornado, flooding, or other emergency or disaster drill conducted in 2025. On 07/08/2026, at 12:45 PM, Surveyor interviewed Director of Nursing (DON) C. DON C confirmed the code requirement. DON C reported s/he was unsure if a second drill was completed in 2025.	N 526		