STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020468	A. BUILDING: _____ B. WING _____	R-C 08/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADAVA CARE OF GLENDALE II	7335 N PORT WASHINGTON ROAD BAYSIDE, WI 53217

(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 08/12/2026, Surveyors completed a standard survey, verification visit, and complaint survey at Adava Care of Glendale II. As a result, 5 deficiencies were identified. Two of the 5 deficiencies are being cited for the third time (see Statement of Deficiencies (SOD) RYWK11, dated 03/19/2025 and SOD RYWK12, dated 12/18/2025). One of 1 complaint was substantiated. Under statutory provisions of Wis. Stat. C. 50, a $200 revisit fee is being assessed. Census: 15	{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 all medications were administered at the dose prescribed for 1 (Resident 4) of 3 residents reviewed. Resident 4 had a physician's order to receive 1 drop of polyvinyl alcohol solution in each eye, three times, daily. Resident 4 did not receive his/her polyvinyl alcohol solution between 01/10/2026 to 01/14/2026.	{N 352}		

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

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{N 352}	Continued From page 1 This requirement is being cited for the third time. See Statement of Deficiencies (SOD) RYWK11, dated 03/19/2025, and SOD RYWK12, dated 12/18/2025. Findings include: On 01/14/2026, the department received a complaint alleging medication error. On 08/12/2026 at approximately 11:00 AM, Surveyor reviewed Resident 4's file. Resident 4 was admitted into the facility on 03/20/2025. Resident 4's record contained a physician order for polyvinyl alcohol solution 1.4%. The physician order indicated to "instill 1 drop into each eye, three times daily (8:00 AM, 2:00 PM, and 8:00 PM)." Resident 4's January 2026 medication administration record (MAR) indicated Resident 4 did not receive his/her polyvinyl alcohol solution on the following dates due to "Medication not available": 01/10/2026: 8:00 PM 01/11/2026: 2:00 PM and 8:00 PM 01/12/2026: 8:00 AM, 2:00 PM, and 8:00 PM 01/13/2026: 8:00 AM, 2:00 PM, and 8:00 PM 01/14/2026: 8:00 AM and 2:00 PM On 08/11/2026 at approximately 11:49 AM, Surveyors interviewed Administrator A and Regional Manager E. Administrator A and Regional Manager E reported Resident 4's polyvinyl alcohol solution was last delivered on 12/30/2025. Regional Manager E disclosed 1 bottle of polyvinyl alcohol solution had about 80 drops of solution and should last about 4-6 weeks before a refill is needed. Administrator A disclosed having difficulty getting a hold of	{N 352}		

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{N 352}	Continued From page 2 Resident 4's primary care physician to have a new order sent to the pharmacy to have Resident 4's polyvinyl alcohol solution refilled. Administrator A could not state why Resident 4 was not given his/her polyvinyl alcohol solution between 01/10/2026-01/14/2026 if the pharmacy delivered a new bottle of polyvinyl alcohol solution on 12/30/2025.	{N 352}		
{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 ensure 2 of (Resident 2 and Resident 4) 3 residents reviewed had an updated individual service plan (ISP) when there was a change in her/his needs. Resident 2's ISP did not address Resident 2's ability to self-administer medications. Resident 4's ISP did not address behaviors.	{N 389}		

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{N 389}	Continued From page 3 This requirement is being cited for the third time. See Statement of Deficiencies (SOD) RYWK11, dated 03/19/2025, and SOD RYWK12, dated 12/18/2025. Findings include: On 08/12/2026 at approximately 10:30 AM, Surveyor reviewed Resident 2's record. Resident 2 was admitted to the facility on 09/26/2023. Resident 2's record indicated Resident 2 was their own legal decision maker. Resident 2's record contained a physician order, dated 07/23/2025, that indicated Resident 2 was able to self-administer clotrimazole betamethasone, Restasis ophthalmic emulsion, nystatin powder, and Systane gel drops. Resident 2's June 2026, July 2026, and August 2026 medication administration record (MAR) indicated Resident 2 self-administered the above medications. Resident 2's ISP, dated 08/28/2025, stated, "Non-oral Medications-Assistance ...Staff to assist with non-oral medications ..." Resident 2's ISP did not address Resident 2's ability to self-administer the above medications. On 08/12/2026 at approximately 11:00 AM, Surveyor reviewed Resident 4's file. Resident 4 was admitted into the facility on 03/20/2025. Resident 4's file included 3 incident reports. The first incident report, dated 12/17/2025, indicated Resident 4 confronted a staff member and began yelling and pointing his/her finger at the staff member. The resident began calling the staff member derogatory names. The second incident report, dated 12/19/2025, indicated Resident 4 asked a staff member for sugar. Sugar was provided to Resident 4. Once given the sugar, Resident 4 threw the sugar at the staff member. The third incident report, dated 12/28/2025,	{N 389}		

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{N 389}	Continued From page 4 stated, "Resident enter the room of another resident around 10:15 PM and begin to throw ketchup, salad dressing and Christmas lights in the resident room across the floor. Resident became aggressive when trying to be redirected by staff." Resident 4's December 2025 and January 2026 medication administration record indicated Resident 4 often refused his/her medications. Resident 4's ISP, dated, 11/18/2025 did not indicate Resident 4's continued medication refusal or behaviors Resident 4 demonstrated. On 08/12/2026 at approximately 11:49 AM, Surveyors interviewed Administrator A and Regional Manager E. Administrator A disclosed when there is a change in condition, staff documents on a "change of condition" report that is attached to the ISP. Administrator A stated he/she would e-mail the "change of condition" reports to this surveyor by end of day on 08/12/2026. As of 08/14/2026, Surveyor has not received additional documents.	{N 389}		
{N 481}	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 15 of 15 residents were provided with a living environment that is clean,	{N 481}		

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{N 481}	Continued From page 5 comfortable, and homelike. The facility oven, kitchen cabinets and air intake grate needed cleaning. This is a repeat deficiency. See Statement of Deficiency RWWK12, dated 12/18/2025. Findings include: On 08/12/2026, at approximately 11:25 AM, while touring the facility, Surveyor observed the following: Kitchen: -The oven contained a thick, black, flaky substance in the bottom consistent with burnt food. -Six cabinet doors contained a thick, sticky, black substance on the edge of the cabinet doors. Surveyor was able to scratch off the substance with a fingernail. Dining Room: -Intake vent was observed to have approximately 1/8-inch thickness of a gray substance consistent with dust build up. On 08/12/2026, at approximately 2:00 PM, Surveyors interviewed Regional Manager E who confirmed the environmental issues at the facility and reported s/he would ensure the issues were addressed.	{N 481}		
N 488	83.44(1)(c) Clothes dryers enclosed and vented Clothes dryers. The CBRF shall enclose any clothes dryer having a rated capacity of more than 37,000 Btu/hour in a one-hour fire resistive rated enclosure. If the clothes dryer requires a	N 488		

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N 488	Continued From page 6 vent, the CBRF shall use dryer vent tubing that is of rigid material with a fire rating that exceeds the temperature rating of the dryer. The dryer vent tubing shall be clean and maintained. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 2 of 2 clothes dryers in the residential laundry rooms had vent tubing of rigid material. Two of 2 facility's clothes dryers were equipped with vent tubing which was not constructed of rigid material. Findings include: On 08/12/2026, at approximately 11:45 AM, during a tour of the facility, Surveyor observed 1 laundry room with 2 dryers equipped with vent tubing which was not constructed of rigid material. On 08/12/2026, at approximately 2:00 PM, Surveyors interviewed Regional Manager E who stated they were not aware the dryer venting was the kind. They confirmed they would have this repaired immediately.	N 488		
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.	N 617		

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N 617	Continued From page 7 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure temperatures of water at fixtures used by residents did not exceed 115° F (Fahrenheit). Two of 2 resident bathrooms tested at 125° F. Findings include: Facility is licensed as a Class CNA (non-ambulatory) CBRF (Community-Based Residential Facility), able to serve up to 20 residents in the client groups of advanced age, irreversible dementia/Alzheimer's, physically disabled, developmentally disabled, traumatic brain injury, terminally ill and public funding. On 08/12/2026, at approximately 11:55 AM, during a tour of the facility, water temperatures were obtained from 2 resident bathroom sink faucets. Both locations had water temperature readings of 125° F. Regional Manager E confirmed the temperatures at both faucets. On 08/12/2026, at approximately 2:00 PM, Surveyors interviewed Regional Manager E who confirmed the water temperatures were too high and they would have it adjusted immediately.	N 617		