STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014804	A. BUILDING: _____ B. WING _____	R-C 08/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHARTER SENIOR LIVING RCAC- VERONA	1125 N EDGE TRAIL VERONA, WI 53593

(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
{U 000}	INITIAL COMMENTS On 08/04/2026, Surveyor conducted a verification visit and complaint investigation at Charter Senior Living RCAC - Verona, a RCAC in Verona. Two deficiencies were identified. Both deficiencies were repeat deficiencies. See Statement of Deficiency (SOD) MX5O12, dated 03/02/2023, SOD RYYG11, dated 06/30/2025, SOD RYYG12, dated 11/03/2025 and SOD RYYG13, dated 04/07/2026. The complaint was substantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 38	{U 000}		
U 129	89.23(4)(a)2. SERVICES PROVIDER QUALIFICATIONS. Service Providers. Nursing services and supervision of delegated nursing services shall be provided consistent with the standards contained in the Wisconsin nurse practice act. Medication administration and medication management shall be performed by or, as a delegated task, under the supervision of a nurse or pharmacist. This Rule is not met as evidenced by: Based on record review and interview, the	U 129		

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

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U 129	Continued From page 1	U 129		

provider did not ensure staff documented medication administration accurately for 1 of 1 resident reviewed. The provider documented 11 administrations of Amlodipine 5 mg from 06/13/2026 to 06/29/2026 when the medication was not available for administration.

This is a repeat deficiency. See Statement of Deficiency (SOD) MX5O12, dated 03/02/2023.

Findings include:

On 08/04/2026, Surveyor conducted a complaint investigation related to medication administration concerns.

On 08/04/2026 at approximately 1:00 p.m., Surveyor reviewed Tenant 5's provided by Operations Specialist I. Tenant 5 admitted to the provider's complex on 05/07/2026. Tenant 5's record included a hospital fax, dated 06/05/2026, that provided an active medication list and informed the provider hospital discharge was anticipated for 06/12/2026. The active medication list included Amlodipine 10 mg 1x daily. Tenant 5's medication administration record (MAR), dated 06/13/2026 to 06/29/2026, documented the following:

- Amlodipine 10 mg administered 1x daily at 8:00 a.m. 06/13/2026 through 06/26/2026, 06/28/2026 and 06/29/2026. *Blank entry on 06/27/2026.
- Amlodipine 5 mg administered 1x daily at 8:00 a.m. on 06/14/2026, 06/15/2026 and 06/17/2026 through 06/25/2026. *Not given due to duplicate order on 06/13/2026, 06/26/2026 and 06/28/2026. Not given because medication was not available on 06/16/2026 and 06/29/2026. The entry on 06/27/2026 was blank.

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U 129	Continued From page 2 A hospital record, dated 06/29/2026 documented that Tenant 5 was hospitalized on 06/29/2026 for dizziness, likely related to parkinson's disease. Documentation indicated Amlodopine (no dose specified) was discontinued and Lisinopril was started. On 08/04/2026 at approximately 2:00 p.m., Surveyor interviewed Health and Wellness Director B and Operations Specialist I regarding Tenant 1's Amlodipine administration. Health and Wellness Director B reviewed his/her electronic records, which indicated Amlodipine 5 mg was discontinued on 05/16/2026 and 07/02/2026. Health and Wellness Director B stated s/he did not have an order to begin Amlodipine 5 mg on 06/13/2026 and was unsure why the 5 mg dose was listed on the MAR and discontinued again on 07/02/2026. On 08/04/2026 at 2:15 p.m., Surveyor, Health and Wellness Director B and Operations Specialist I interviewed Pharmacist J. Pharmacist J stated they received an order to discontinue Amlodipine 5 mg on 05/28/2026 and that the provider would have needed to process/accept the order on their electronic record to remove the medication from the MAR. Pharmacist J, who's pharmacy was new to supplying the provider's medications in June 2026, stated pharmacy only supplied the provider with Amlodipine 10 mg which was delivered 06/12/2026, indicating the provider would not have had Amlodipine 5 mg available for administration. Health and Wellness Director B stated the communication to process/accept the order on his/her end did not match up with what showed in his/her electronic system, but agreed that Amlodipine 5 mg was documented as administered but not administered given the provider would not have had a supply of	U 129		

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U 129	Continued From page 3 Amlodipine 5 mg. Health and Wellness Director B stated the provider was switching pharmacies due to concerns with the current pharmacy and hoped that would clear up current medication concerns the provider had.	U 129		
{U 211}	89.28(6) RISK AGREEMENT UPDATING. The risk agreement shall be updated when the tenant's condition or service needs change in a way that may affect risk, as indicated by a review and update of the comprehensive assessment, by a change in the service agreement or at the request of the tenant or facility. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 3 tenants reviewed had updated risk agreements. Tenant 5 did not have a risk agreement related to his/her risk of falls. This is a repeat deficiency. See Statement of Deficiency (SOD) RYYG11, dated 06/30/2025, SOD RYYG12, dated 11/03/2025 and SOD RYYG13, dated 04/07/2026. Findings include: On 08/04/2026 at approximately 11:30 a.m., Surveyor requested tenant records, including risk agreements, from Health and Wellness Director B. On 08/04/2026 at approximately 1:00 p.m., Surveyor reviewed Tenant 5's provided by	{U 211}		

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{U 211}	Continued From page 4 Operations Specialist I. Tenant 5 admitted to the provider's complex on 05/07/2026 with diagnosis of parkinson's disease. Tenant 5's comprehensive assessment, dated 07/10/2026, identified him/her as a moderate fall risk with a history of recent fall resulting in a left maxillary fracture. Resident 5's observation notes, dated 05/07/2026 to 08/04/2026, documented a fall on 05/21/2026, 05/22/2026 and 05/24/2026. A hospital progress note, dated 07/07/2026, stated Tenant 5 reported 3 falls since a prior hospital discharge on 07/02/2026, with the most recent fall being the morning of 07/07/2026 while getting dressed. On 08/04/2026 at approximately 2:00 p.m., Surveyor interviewed Health and Wellness Director B. Surveyor asked if Tenant 5 had a completed risk agreement related to falls. Health and Wellness Director B replied, "No," and explained that s/he had not gotten a chance to complete a risk agreement with Tenant 5 yet. Health and Wellness Director B confirmed Tenant 5 was a fall risk and stated s/he often left the complex by him/herself to go to the doctor or local gas station and staff have found him/her sitting outside unable to get back on his/her own. Operations Specialist I described Tenant 5 as "fiercely independent."	{U 211}		