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	0018254	A. BUILDING: _____ B. WING _____	C 06/12/2026

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OPEN ARMS LINDEN I	**9033 LINDEN COURT STURTEVANT, WI 53177**

(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 06/10/2026 with information gathered through 06/12/2026, Surveyor conducted a standard survey and complaint investigation, at Open Arms Linden I, a Community-Based Residential Facility (CBRF) in Sturtevant, WI. Seven deficiencies were identified. One of 1 complaint unsubstantiated. Census: 5	N 000		
N 230	83.19 Orientation Before an employee performs any job duties, the CBRF shall provide each employee with orientation training which shall include all of the following: (1) Job responsibilities; (2) Prevention and reporting of resident abuse, neglect and misappropriation of resident property; (3) Information regarding assessed needs and individual services for each resident for whom the employee is responsible; (4) Emergency and disaster plan and evacuation procedures under s. HFS 83.47(2); (5) CBRF policies and procedures; (6) Recognizing and responding to resident changes of condition. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 4 of 4 employees (Caregiver D, Caregiver E, Caregiver F and Caregiver G) reviewed obtained all orientation training. Caregiver D did not have the following orientation	N 230		

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

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N 230	Continued From page 1	N 230		

training: information regarding assessed needs and individual services for each resident for whom the employee is responsible, emergency and disaster plan and evacuation procedures and recognizing and responding to resident changes of condition.

Caregiver E did not have the following orientation training: information regarding assessed needs and individual services for each resident for whom the employee is responsible and recognizing and responding to resident changes of condition.

Caregiver F did not have the following orientation training: information regarding assessed needs and individual services for each resident for whom the employee is responsible.

Caregiver G did not have the following orientation training: information regarding assessed needs and individual services for each resident for whom the employee is responsible.

Findings include:

On 06/10/2026 through 06/12/2026, Surveyor reviewed caregiver records and identified the following:

Caregiver D
-Caregiver D was hired on 05/01/2024.

-Caregiver D's record did not contain evidence of orientation training in information regarding assessed needs and individual services for each resident for whom the employee is responsible, emergency and disaster plan and evacuation procedures and recognizing and responding to resident changes of condition.

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N 230	Continued From page 2 Caregiver E -Caregiver E was hired on 01/08/2025. -Caregiver E's record did not contain evidence of orientation training in information regarding assessed needs and individual services for each resident for whom the employee is responsible and recognizing and responding to resident changes of condition. Caregiver F -Caregiver F was hired on 03/24/2026. -Caregiver F's record did not contain evidence of orientation training in information regarding assessed needs and individual services for each resident for whom the employee is responsible. Caregiver G -Caregiver G was hired on 05/26/2026. -Caregiver G's record did not contain evidence of orientation training in information regarding assessed needs and individual services for each resident for whom the employee is responsible. On 06/12/2026, at approximately 3:29 PM, Surveyor interviewed Chief Operating Officer (COO) B. COO B confirmed caregivers did not receive the above-mentioned orientation training. COO B reported s/he did not realize caregivers did not have the above-mentioned orientation training until Surveyor requested this documentation. COO B reported moving forward s/he would ensure employees obtain all orientation training.	N 230		

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N 283	Continued From page 3	N 283		
N 283	83.26(1) Documentation of required employee training The CBRF shall maintain documentation of all employee training under s. DHS 83.21 and task specific training under s. DHS 83.22 and shall include the name of the employee, the name of the instructor, the dates of training, a description of the course content, and the length of the training. This Rule is not met as evidenced by: Based on record review and interview, the provider did not maintain documentation of all employee training for 1 of 2 employees reviewed. Caregiver D's record did not have documentation of training in provision of personal care prior to assuming these duties. Findings include: On 06/10/2026 through 06/12/2026, Surveyor reviewed Caregiver D's record and identified the following: -Caregiver D was hired on 05/01/2024. -Caregiver D's record did not contain evidence of training or evidence of meeting an exemption for personal care training. On 06/12/2026, at approximately 3:29 PM, Surveyor interviewed Chief Operating Officer (COO) B. COO B confirmed Caregiver D record did not have evidence Caregiver D completed or met an exemption for provision of personal care training prior to assuming these job duties. COO B reported that Caregiver D did receive training in provision of personal care training prior to	N 283		

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N 283	Continued From page 4 assuming these duties, however it was not documented.	N 283		
N 386	83.35(3)(a) Comprehensive Individualized Service Plan Comprehensive individual service plan. Scope. Within 30 days after admission and based on the assessment under sub. (1), the CBRF shall develop a comprehensive individual service plan for each resident. The individual service plan shall include all of the following: 1. Identify the resident ' s needs and desired outcomes. 2. Identify the program services, frequency and approaches under s. HFS 83.38(1) the CBRF will provide. 3. Establish measurable goals with specific time limits for attainment. 4. Specify methods for delivering needed care and who is responsible for delivering the care. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 comprehensive Individual Service Plan (ISP) reviewed included all the residents' needs. Resident 3's ISP did not include his/her needs regarding behaviors. Resident 3's ISP did not include his/her target behaviors and how staff should respond when target behaviors occur. Resident 3's ISP did not reference his/her Behavior Support Plan (BSP). Findings include: On 06/10/2026, Survey reviewed Resident 3's record and identified the following:	N 386		

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N 386	Continued From page 5 -Resident 3 was admitted to the facility on 05/01/2026 with diagnoses including attention deficit hyperactivity disorder, autistic disorder, disruptive impulse control and conduct disorder, oppositional defiant and impulsive behavior. -Resident 3 was his/her own person. -The consumer roster identified Resident 3 had a managed care organization (MCO) case management team. -Resident 3's BSP (from the MCO), dated 05/05/2026, documented the following: "Description of Challenging or Dangerous "Target" Behaviors -Verbal Aggression: Yelling/screaming; arguing/power struggles. -Physical Aggression: Pushing family members, making threats with objects (pair of pliers), holding pliers in the air when upset; entering other's personal space, while yelling. -Property Destruction: Burning window curtains; stabbing curtains with a knife; hitting and stabbing the countertop with knives; carving into the countertop with a knife; lighting popsicle sticks on fire through the stove due to boredom; punching holes in walls. -Other Disruptive/Challenging Behavior: Refusals to complete chores/cleaning bedroom; refusals to bathe/shower, reporting it's "boring". Entering others' bedrooms/personal spaces without permission. Stealing personal items from others.	N 386		

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N 386	Continued From page 6 Situations/Circumstances When Behaviors are likely to occur: -Boredom. -When [Resident 3] is told no. -When [Resident 3] wants an item that another person has, [s/he] may attempt to take it. -If [Resident 3] does not get what [s/he] wants. When living with [his/her] parents, [s/he] became upset with consequences of being grounded such as no videogames, no Wi-Fi. How Staff Should Respond When Target Behaviors Occur: -Speak in a calm, neutral tone. -Ensure the area is free of any objects that could be used to harm others. -Offer [Resident 3] some time alone and space to calm [sic]. Ask [Resident 3] if [s/he] would like to calm down in [his/her] bedroom or another quiet area of [his/her] choice. Encourage [him/her] to listen to music or play videogames to help calm [sic]. -If staff note [Resident 3] is entering another peer's bedroom without permission, encourage [him/her] to talk with staff about what [s/he] [sic] seeking. If [Resident 3] wants a certain item, help problem solve (e.g. saving up money to purchase the item for [him/herself]). -If [Resident 3] is physically aggressive, create space and keep [Resident 3] in line of sight to ensure safety.	N 386		

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N 386	Continued From page 7 -After [Resident 3] has had some time to calm [sic], ask [him/her] if [s/he] would like to talk with staff about what's upsetting [him/her]." -Resident 3's ISP, dated 05/20/2026, documented the following: "Behavioral Patterns. Aggressive Behavior - Previous History. Combative Behavior - Previous History. Self-Destructive Behavior - Previous History." Resident 3's ISP, dated 05/20/2026, did not include his/her target behaviors and how staff should respond when target behaviors occur. Resident 3's ISP did not reference his/her (BSP). On 06/10/2026, at 10:18 AM, Surveyor interviewed Administrator C. Administrator C reported s/he was responsible for updating residents' ISPs. Administrator C confirmed Resident 3's ISP did not include his/her target behaviors and how staff should respond when target behaviors occur. Administrator C also confirmed Resident 3's ISP did not reference his/her BSP.	N 386		
N 387	83.35(3)(b) Service plan development: parties involved Development. The CBRF shall involve the resident and the resident ' s legal representative, as appropriate, in developing the individual service plan and the resident or the resident ' s legal representative shall sign the plan acknowledging their involvement in, understanding of and agreement with the plan. If a resident has a medical prognosis of terminal illness, a hospice program or home health care agency, as identified in s. HFS 83.38(2) shall, in	N 387		

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N 387	Continued From page 8 cooperation with the CBRF, coordinate the development of the individual service plan and its approval under s. HFS 83.38 (2) (b). The resident ' s case manager, if any, and any health care providers, shall be invited to participate in the development of the service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the resident and/or the resident's legal representative, as appropriate, were involved in developing the individual service plan (ISP) and signed the plan acknowledging their involvement in, understanding of, and agreement with the plan for 1 of 1 resident (Resident 3). Findings include: On 06/10/2026, Surveyor reviewed Resident 3's record and identified the following: -Resident 3 was admitted on 05/01/2026. -Resident 3 was his/her own person. -Resident 3's ISP, dated 05/20/2026, was not signed by Resident 3. On 06/10/2026, at 10:18 AM, Surveyor interviewed Administrator C. Administrator C reported Administrator H was responsible to ensure Resident 3 signed his/her ISP, dated 05/20/2026. On 06/10/2026, at 10:23 AM, Surveyor interviewed Administrator H. Administrator H reported s/he was responsible to ensure Resident 3 signed his/her ISP, dated 05/20/2026.	N 387		

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N 387	Continued From page 9 Administrator H reported s/he informed Resident 3 that s/he could sign ISP at the 6 month care plan review. Administrator H reported s/he was not aware that Resident 3 needed to sign his/her ISP on 05/20/2026.	N 387		
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 2 residents (Resident 1 and Resident 2) Individual Service Plans (ISP) identified their assessed needs. Resident 1's ISP did not identify his/her needs for vocational training. Resident 2's ISP did not identify interventions for his/her behaviors. Findings include: On 06/10/2026, Surveyor reviewed Resident 1's and Resident 2's records and identified the following:	N 389		

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Resident 1
-Resident 1 was admitted to the facility on 09/01/2021.

-Resident 1 has a guardian.

Resident 1's ISP dated 02/12/2026 did not identify his/her needs for vocational training.

Resident 2
-Resident 2 was admitted to the facility on 06/12/2023 with diagnoses including anxiety disorder, mild major depressive disorder and frontal temporal dementia with behavioral disturbances.

-Resident 2 had a guardian.

-Resident 2's ISP, dated 11/26/2025, documented the following: "Behavior: Verbal aggression. Goal: [Resident 2] will not yell at staff. Behavior: Care refusal/food refusal. Goal [Resident 2] will shower 3 times per week and allow staff to help as needed. [Resident 2] will eat food 3 times per day. Behavior: Medication refusal. Goal: [Resident 2] will take medications as directed by [his/her] doctors. Behaviors: False allegations. Goal: [Resident 2] will not make up stories and will talk about facts. Behavior: Threats to leave. Goal: [Resident 2 will not threaten to leave the home alone."

Resident 2's ISP did not identify interventions for his/her behaviors.

On 06/10/2026, at approximately 11:34 AM, Surveyor interviewed Administrator C. Administrator C reported that Resident 1 attends day program Monday-Thursday. Administrator C confirmed Resident 1's ISP did not identify

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N 389	Continued From page 11 Resident 1's need for vocational training. Administrator C reported it was an oversight on his/her end. On 06/10/2026, at approximately 1:05 PM, Surveyor interviewed Administrator C. Administrator C acknowledged the above-mentioned behaviors for Resident 2. Administrator C confirmed Resident 2's ISP did not identify interventions for his/her behaviors.	N 389		
N 420	83.37(3)(d) Medication storage: refrigeration Refrigeration. Medications stored in a common refrigerator shall be properly labeled and stored in a locked box. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure medications stored in a common refrigerator were stored in a locked box. Resident 1's Mounjaro injections were stored unsecured in the common refrigerator. Findings include: On 06/10/2026, at approximately 8:16 AM, Surveyor observed a box (4 prefilled pens) of Resident 1's Mounjaro injections Inject 0.5 milliliter (=12.5 milligram) subcutaneously once weekly on Friday for diabetes on the shelf of the facility common refrigerator. On 06/10/2026, at 8:16 AM, Surveyor interviewed Caregiver D. Caregiver D reported that last Thursday s/he informed the house manger that the lock box for refrigerator medication was broken. Caregiver D reported that the house manager stated s/he would get a new lock box.	N 420		

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N 454	83.42(1) Resident record maintained. The CBRF shall maintain a record for each resident at the CBRF. Each record shall include all of the following: (a) Resident ' s full name, sex, date of birth, admission date and last known address; (b) Name, address and telephone number of designated contact person, and legal representative, if any; (c) Medical, social, and, if any, psychiatric history; (d) Current personal physician, if any; (e) Results of the initial health screening under s. DHS 83.28(4) and subsequent health examinations under s. DHS 83.38(1)(g); (f)Admission agreement; (g) Documentation of significant incidents and illnesses, including the dates, times and circumstances; (h) Assessments completed as required under s. DHS 83.35(1); (i) Individual service plan and resident satisfaction evaluation; (j) Documentation to accurately describe the resident's condition, significant changes in condition, changes in treatment and response to treatment; (k) Results of the annual resident evacuation evaluation; (l) Documentation of sensory impairment of the resident as required under s. DHS 83.48(7)(b); (m) Summary of discharge information as required under s.DHS 83.31(7); (n) Any department-approved resident-specific waiver, variance or approval; (o) Physician ' s orders or other authorized practitioner ' s written orders for nursing care, medications, rehabilitation services and therapeutic diets; (p) Current list of the type and dosage of medications or supplements; (q) Results of the quarterly psychotropic medication assessments as required in s. DHS 83.37(1)(h)1; (r) Documentation of administration of all medications, supplements, the person administering the medications or supplements, any side effects observed by the employee or	N 454		

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N 454	Continued From page 13 symptoms reported by the resident, the need for PRN medications and the resident ' s response, refusal to take medication, omissions of medications, errors in the administration of medications and drug reactions; (s) Photocopy of any court order or other document authorizing another person to speak or act on behalf of the resident, or other legal documents as required which affect the care and treatment of a resident; (t) Documentation of all other services including rehabilitation services, treatments and therapeutic diets; (u) Completed notice of pre-admission assessment requirement under s. DHS 83.30; (v) Nursing care procedures and the amount of time spent each week by a registered nurse or licensed practical nurse in performing the nursing care procedures. Only time actually spent by the nurse with the resident may be included in the calculation of nursing care time; (w) Plans of care for terminally ill residents; (x) Date, time and circumstances of the resident's death, including the name of the person to whom the body is released. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 2's record was maintained. The provider's record for Resident 2 did not include all his/her Medication Administration Record (MARs). Findings include: On 06/10/2026, Surveyor reviewed Resident 2's record and identified the following: -Resident 2 was admitted to the facility on 06/12/2023 with diagnoses including anxiety disorder, mild major depressive disorder and	N 454		

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OPEN ARMS LINDEN I	9033 LINDEN COURT STURTEVANT, WI 53177

(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 454	Continued From page 14 frontal temporal dementia with behavioral disturbances. -Resident 2 had a guardian. -Resident 2 discharged from the facility on 04/23/2026. -Resident 2's record did not include MARS for June 2023-January 2025 and March 2026-April 2026. On 06/10/2026, at approximately 2:58 PM, Surveyor interviewed Administrator C. Administrator C reported that Resident 2 required staff to administer his/her medication. Administrator C confirmed the above-mentioned MARs were not included in Resident 2's record. Administrator C reported that when residents are discharged from facility their record is taken to the corporate office and securely stored. Administrator C reported s/he did not know why Resident 2's record did not contain all of Resident 2's MARs. On 06/12/2026, at 3:13 PM, Surveyor interviewed Licensee A. Licensee A reported that when a resident is discharged the administrator goes to the home to obtain the resident file and all documentation pertaining to the resident. The administrator takes the residents' documentation to the corporate office and stores in a locked cabinet in their office.	N 454		