STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015533	A. BUILDING: _____ B. WING _____	R-C 06/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE MADISON WEST AL	429 S YELLOWSTONE DR MADISON, WI 53719

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{N 000}	Initial Comments On 06/16/2026 to 06/19/2026, Surveyors conducted 2 complaint investigations, standard survey, and verification visit at Brookdale Madison West AL. Seven deficiencies were identified. Two of 7 deficiencies were repeat violations. See Statement of Deficiency (SOD) LIEV11 dated 10/20/2021 and SOD XE2212 dated 04/16/2025. Two complaint investigations were substantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 53	{N 000}		
N 196	83.14(2)(a) Licensee ensures facility complies with laws The licensee shall ensure the CBRF and its operation comply with all laws governing the CBRF. This Rule is not met as evidenced by: Based on record review and interview, the licensee did not ensure the CBRF and its operation complied with all laws governing the CBRF. From 02/12/2021 to 06/16/2026, the provider did not comply with all the laws governing the CBRF as evidenced by 32 deficiencies identified, 6 repeat deficiencies and 9 substantiated complaints. FINDINGS INCLUDE:	N 196		

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

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N 196	Continued From page 1 Facility is a Class CNA non-ambulatory facility and has a capacity of 74 residents and serves advanced aged, irreversible dementia & Alzheimer's. Example 1: Obtain and maintain compliance with laws governing the CBRF: On 02/12/2021, Surveyor conducted a survey. As a result of the survey 2 deficiencies were identified in SOD GY5L11: 1.) 83.20(1)(a) Department Approved Training Courses 3.) 83.37(1)(i) PRN Psychotropic Medication On 10/20/2021, Surveyor conducted a survey. As a result of the survey a complaint was substantiated, and 1 deficiency was identified in SOD LIEV11: 1.) 83.32(3)(h) Rights Of Residents: Receive Medication On 02/16/2022, Surveyor conducted a survey. As a result of the survey 1 complaint was substantiated and 1 deficiency was identified in SOD 56PG11: 1.) 83.35(3)(d) Service Plans Updated Annually Or On Changes On 11/18/2024, Surveyor conducted a survey. As a result of the survey 7 deficiencies were identified in SOD XE2211: 1.) 83.12(2)(a) Caregiver: Investigating Abuse & Neglect 2.) 83.13(1)(d) Maintain Records Heating System Maintenance 3.) 83.17(2)(a) Employees Screened For Communicable Disease 4.) 83.20(1)(a) Department Approved Training	N 196		

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N 196	Continued From page 2 Courses 5.) 83.37(1)(h) Scheduled Psychotropic Medications 6.) 83.41(2)(c) Nutrition: Menus 7.) 83.44(2)(c) Interior Floors, Walls And Ceilings On 04/16/2025, Surveyor conducted a survey. As a result of the survey 2 complaints were substantiated and 7 deficiencies were identified in SOD XE2212: 1.) 83.12(4)(c) Reporting Incidents With Serious Injury 2.) 83.20(1)(a) Department Approved Training Courses 3.) 83.32(3)(h) Rights Of Residents: Receive Medication 4.) 83.32(3)(i) Rights Of Residents: Adequate Treatment 5.) 83.32(3)(k) Rights Of Residents: Self-Determination 6.) 83.38(1)(g) Health Monitoring 7.) 83.48(3)(b) Sensitivity Testing Performed On 08/19/2025, Surveyor conducted a survey. As a result of the survey 2 complaints were substantiated and 4 deficiencies were identified in SOD XE2213: 1.) 83.12(4)(b) Reporting When law Enforcement Is Called 2.) 83.29(3)(b) Refund Entrance Fee If Discharged Within Six Months 3.) 83.35(3)(d) Service Plans Updated Annually Or On Changes 4.) 83.48(3)(b) Sensitivity Testing Performed On 02/20/2026, Surveyor conducted a survey. As a result of the survey 1 complaint was substantiated and 3 deficiencies were identified in SOD XZ7V11: 1.) 83.32(3)(i) Rights Of Residents: Adequate	N 196		

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N 196	Continued From page 3 Treatment 2.) 83.35(3)(d) Service Plans Updated Annually Or On Changes 3.) 83.44(2)(a) Rooms Clean And Free From Odors On 06/16/2026, Surveyor conducted a survey. As a result of the survey 2 complaints were substantiated and 7 deficiencies were identified in SOD XZ7V12: 1.) 83.14(2)(a) Licensee Ensures Facility Complies With Laws 2.) 83.31(6)(a) Return Refunds To Resident Within 30 Days 3.) 83.32(3)(h) Rights Of Residents: Receive Medication 4.) 83.35(3)(b) Service Plan Development: Parties Involved 5.) 83.38(1)(g) Health Monitoring 6.) 83.46(1)(c) Heating System Maintenance 7.) 83.46(1)(f) Combustables Example 2: Repeat violations of laws governing the CBRF. 1.) 83.20(1)(a) Department Approved Training Courses 2.) 83.32(3)(h) Rights Of Residents: Receive Medication 3.) 83.32(3)(i) Rights Of Residents: Adequate Treatment 4.) 83.35(3)(d) Service Plans Updated Annually Or On Changes 5.) 83.38(1)(j) Health Monitoring 6.) 83.48(3)(b) Sensitivity Testing Performed Example 3: Number of Complaints Substantiated. 1.) SOD LIEV11 dated 10/20/2021, 1 complaint substantiated	N 196		

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N 196	Continued From page 4 2.) SOD 56PG11 dated 02/16/2022, 1 complaint substantiated 3.) SOD XE2212 dated 04/16/2025, 2 complaints substantiated 4.) SOD XE2213 dated 08/19/2025, 2 complaints substantiated 5.) SOD XZ7V11 dated 02/20/2026, 1 complaint substantiated 6.) SOD XZ7V12 dated 06/18/2026, 2 complaints substantiated EXIT INTERVIEW: On 06/17/2026 at 2:00 PM, Surveyors discussed the above concerns with Associate Director A and Regional Nurse H. Associate Director A and Regional Nurse H acknowledged concerns related to medication administration, ISP required signatures, adequate refund management, health monitoring, combustible materials stored near heating sources and adequate heating system maintenance.	N 196		
N 332	83.31(6)(a) Return refunds to resident within 30 days Disbursement of funds. The CBRF shall return all refunds due a resident within 30 days of the date of discharge as required under s. DHS 83.29(3). This Rule is not met as evidenced by: Based on record review and interview, the provider did not return all refunds due to Resident 4 within 30 days after discharge. Findings include:	N 332		

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N 332	Continued From page 5 On 05/14/2026, the Department received a complaint alleging concerns the provider did not timely refund all money due. On 06/16/2026, Surveyor reviewed Resident 4's closed record. Resident 4 was admitted to the facility on 09/12/2025 and discharged on 10/31/2025. Resident 4 was his/her own decision maker. Resident 4's admission agreement dated 09/11/2025 was signed by Resident 4 and Family Member J. The following was documented: "III. Rates. A. Community Fee. In addition to the monthly service rate, and other charges described herein, you will incur a community fee listed on Exhibit A. This community fee covers expenses related to your assessment to determine your care and services, assistance with coordinator of the move-in, staff time for orientation to the Community, and other services provided under the Community's licensure except for those included in the monthly service rate. This fee offsets some of these and other non-recurring costs and, unless prohibited by state law, is non-refundable. The Community Fee does not include any expenses related to the maintenance, repair, or enhancement of the Community's units and common areas. B. Refund. Will refund the entire Community Fee and any prepaid Monthly Service Rate if we refuse admission based on your health. We will refund the entire Community Fee, if this Agreement is terminated by either party with proper notice, within the first six (6) months following the commencement date. The Community Fee will be nonrefundable after the sixth month. IV. Term and Termination: B. Termination by Resident. You may terminate	N 332		

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this Agreement upon thirty (30) days written notice to us. Termination occurs on the later of the end of the notice period or upon the removal of all of your personal belongings.
Exhibit A Schedule of Services and Rates
Resident: [Resident 4]
Community Fee (prior to move in) $4410.00
Basic Service Rate $4410.00
Personal Service Rate $76.00
Monthly Service Rate $4486.00
Addendum to the residency agreement person service rate maximum pricing
3. Non-transferability. The personal service rate maximum will not transfer if you move to another Brookdale community and the personal service rate maximum may not be transferred to another individual."

The admission agreement did not include information related to refunds being due within 30 days of discharge.

Surveyor reviewed the account history report for Resident 4. The report included charges for Provider K and Provider L. It's important to note, at the time of Resident 4's admission, Provider K and Provider L were owned by the same licensee.

Provider K: Service Period 09/11/2025-10/31/2026 Description: Community Fee $4,410.00. The accounting history report did not include information regarding the refund of Resident 4's community fee or the transfer of the fee to Provider L.

Provider L: Service Period 10/31/2025-05/27/2026. The account history report did not show Resident 4 was assessed a community fee at Provider L or information regarding the transfer of Resident 4's community

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N 332	Continued From page 7 fee paid to Provider K. On 06/16/2026 at 11:08 AM, Surveyor interviewed Business Office Manager (BOM) M. BOM M reported s/he was aware of Resident 4's refund concern. BOM M confirmed Resident 4 had paid $4410 as a community fee when s/he admitted to Provider K. Surveyor asked for clarification regarding the transfer of Resident 4 to Provider L. BOM M reported Resident 4 moved to Provider L on 10/31/2025. BOM M stated Provider L waived Resident 4's entrance fee to that community since s/he paid one to Provider K and both facilities were owned by the same licensee. BOM M stated s/he explained this to Family Member J several times over the phone. Surveyor asked if the provider sent anything formally to Resident 4 or Family Member J regarding the entrance fee being transferred to Provider L. BOM M stated s/he did not believe the provider sent anything. BOM M stated s/he would look into Resident 4's charges while admitted and would be back. At 12:20 PM, BOM M provided Resident 4's account history reports for Provider K and Provider L. BOM M showed where Resident 4 was charged a community fee when admitting to Provider K and once at Provider L a community fee was not assessed. Surveyor questioned why Resident 4's entrance fee was not refunded within 30 days of discharge. BOM M stated since both facilities were owned by the same company, the entrance fee was applied to Provider L. Surveyor voiced concerns for the lack of records showing the entrance fee was applied to Provider L or a refund paid to Resident 4. BOM M confirmed the account history report for Provider K did not show a refund or transfer of the community fee to Provider L. Additionally, Provider L's accounting history report for Resident 4 did not show the community fee being applied to them. BOM M	N 332		

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pointed out an amount of $4,341 being transferred to the new operator of Provider L on 05/27/2026, but acknowledged this amount was less than the community fee and was completed 6 months later. BOM M stated s/he was unsure why the community fee was not documented as transferred on the accounting history reports. Surveyor asked BOM M if s/he responded back to their AR compliance analyst after s/he asked for clarification regarding Resident 4's community fee being refunded after discharge from Provider K. BOM M stated s/he did not as they confirmed the entrance fee was not charged at Provider L.

BOM M provided emails regarding the entrance fee refund requests. The following was documented:
"05/12/2026 [Former Administrator N] sent the following email to [BOM M]: [BOM M] I'm pulling up [Resident 4's] ledger looking for the refund for their community fee. I have [Family Member J] asking for the community fee. Is there another place I can look to see if it was refunded or charged to [Provider L]. Thanks for the help.
05/12/2026: [BOM M] responded: Good morning, ...I am not sure how a community fee is transferred. I can put in a service now request to ask if you like.
05/12/2025: AR compliance analyst sent the following email to [BOM M]: Good morning, I am reviewing the account for [Resident 4]. The credit balance at [Provider L] cannot be refunded, as eventually it will be passed on to the new operator. I guess clarification is needed, Should the community fee at [Provider K] have been credited back upon move out? No community fee was charged at [Provider L], as it was charged at [Provider K]."

On 06/18/2026 at 11:29 AM, Surveyor interviewed

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N 332	Continued From page 9 Family Member J. Family Member J reported s/he called BOM M on 03/17/2026 to request a refund of Resident 4's community fee. Family Member J reported when talking to BOM M, s/he acted surprised the entrance fee was not refunded and explained s/he would put in a request that could take 30 to 45 days. Family Member J stated s/he waited over 50 days to call BOM M back and was told the entrance fee had been transferred to Provider L. Family Member J reported the executive director at Provider L said each facility is their own entity and entrance fees were not transferable. Family Member J stated s/he kept getting different information and in March 2026, Provider L was taken over by a different company, who report they could not see transfer of the community fee. Family Member J acknowledged Resident 4 did not have to pay a community fee at Provider L but s/he was concerned for the lack of communication and records showing the community fee had been transferred. Family Member J noted refunds should have been due within 30 days of discharge. On 06/18/2026 at 1:06 PM, Surveyor sent the following email to Associate Director B and Regional Nurse H: "Good afternoon, I wanted to inform you that there will be 1 additional concern issued related to [Resident 4's] community entrance fee. After reviewing [his/her] admission agreement and chapter 83 further, all refunds including the entrance fee should have been refunded within 30 days of discharge (10/31/2025). The account history reports provided during survey show an entrance fee of $4,410 assessed on 09/11/2025. When [s/he] transferred to [Provider L] there was no entrance fee assessed however, this would require a new admission agreement to be signed/followed.	N 332		

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N 332	Continued From page 10 Throughout review of the account history reports, after the entrance fee was assessed on 9/11/2025, there is no evidence of a refund or the same amount being transferred to [Provider L] like reported. [His/her] admission agreement at [Provider K] was not contractually followed. [BOM M] also provided emails from an AR compliance analyst that questions if the community fee should have been credited back upon move out. If you have any feedback, please respond back to this email. On 06/19/2026 at 8:36 AM, [Associate Director B] sent the following email: Good morning, I have reached out for help on your question. However, it looks like some of the individuals I am looking for assistance are on PTO right now But I am going to reach to another individual and when I get some information, I will email you what I find out." As of 06/23/2026, no further feedback was provided.	N 332		
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 observation, record review and interview, the provider did not ensure each resident received all prescribed medications in	N 352		

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N 352	Continued From page 11 the dosage and at intervals prescribed by a practitioner. From 04/22/2026 to 06/16/2026, Resident 6 wasn't administered 25 doses of Polyethylene-Glycol (MiraLAX) as prescribed by his/her practitioner. This is a repeat violation of previous statement of deficiency (SOD) LIEV11 dated 10/20/2021 and SOD XE2212 dated 04/16/2025. FINDINGS INCLUDE: On 06/16/2026, Surveyors arrived at facility for a standard survey. OBSERVATION: On 06/16/2026 at 10:13 AM, Surveyor conducted a medication cart with Regional Nurse H. Surveyor pulled out Resident 6' s bottle of polyethylene glycol (MiraLAX). The pharmacy label documented a pharmacy label with dispension date of 04/22/2026 followed by a physician order to administer once daily. Regional Nurse H acknowledged the only bottle of MiraLAX for Resident 6 was the bottle dispensed on 04/22/2026. Regional Nurse H acknowledged that physician order documented on the bottle was scheduled to be administered once daily and had the MiraLAX been administered as ordered a new bottle would have been ordered by 05/22/2026. Regional Nurse H acknowledged the bottle was approximately 25% full of MiraLAX. RECORD REVIEW: On 06/16/2926, Surveyor reviewed Resident 6's facility record. Resident 6 was admitted to the	N 352		

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N 352	Continued From page 12 facility on 03/25/2025. Resident 6 was diagnosed with but not limited to: dementia. On 06/16/2026, Surveyor reviewed Resident 6's April 2026 medication administration record (MAR). The following order was documented, "Polyethylene Glycol 3350 Powder (Polyehtylene Glycol 3350 (Bulk)) Give 1 scoop by mouth one time a day for Bowel management -Start Date-04/22/2026 0800 ...". From 04/22/2026 to 04/30/2026, facility staff documented all administrations of MiraLAX as administered (8 administrations). On 06/16/2026, Surveyor reviewed Resident 6's May 2026 MAR. Staff documented 31 daily administrations of MiraLAX. On 06/16/2026, Surveyor reviewed Resident 6's June 2026 MAR. Staff documented 16 administrations of MiraLAX. INTERVIEW: On 06/16/2026 at 3:00 PM, Surveyors discussed the above findings with Associate Director A, Regional Nurse H and Operations Specialist I. Regional Nurse H stated s/he had also reviewed Resident 6's April MAR, May MAR and June Mar. Regional Nurse H acknowledged staff had documented 55 administrations of MiraLAX from the 30-day supply bottle dispensed on 04/22/2026. Regional Nurse H acknowledged Resident 6 hadn't been administered approximately 25 dose of MiraLAX as prescribed from 04/22/2026 to 06/16/2026.	N 352		
N 387	83.35(3)(b) Service plan development: parties involved	N 387		

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N 387	Continued From page 13 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 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 to involve the resident and the resident's legal representative as appropriate, in developing the individualized service plan (ISP) had the resident or the resident's legal representative sign the plan acknowledging their involvement in, understanding of and agreement with the plan. On 06/16/2026, Surveyors reviewed 3 ISP's for the standard survey. Two of the 3 ISP's reviewed were not signed by the resident or their legal guardian. FINDINGS INCLUDE: On 06/16/2026, Surveyors arrived at the facility for a standard survey.	N 387		

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N 387	Continued From page 14 Example: Resident 5 On 06/16/2026, Surveyor reviewed Resident 5's facility record. Resident 5 was admitted to the facility on 10/09/2024. Resident 5 was diagnosed with but not limited to: heart disease, history of heart attack, chronic kidney disease, essential hypertension, major depressive disorder, history of stroke, insomnia, narcolepsy, anxiety disorder, and attention deficit disorder. Resident 5 had an activated power of attorney, Family Member O. On 06/16/2026, Surveyor reviewed Resident 5's most recent ISP dated 04/23/2026. The ISP was not signed by Resident 5 or Family Member O. Example 2: Resident 4 On 06/16/2026, Surveyor reviewed Resident 4's closed record. Resident 4 was admitted to the facility on 09/12/2025 and discharged on 10/31/2025. Resident 4 was his/her own decision maker. Resident 4's most recent ISP dated 10/13/2025 was not signed by him/her. INTERVIEW: On 06/17/2026 at 2:00 PM, Surveyor discussed the above concerns with Associate Director B and Regional Nurse H. Associate Director B and Regional Nurse H acknowledged 2 of the 3 ISP's reviewed were not signed by the resident or their legal representative. CROSS REFERENCE: N0431 DHS Chapter 83.38(1)(g) Health Monitoring	N 387		

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N 431	Continued From page 15	N 431		
N 431	83.38(1)(g) Health monitoring. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Health monitoring. 1. The CBRF shall monitor the health of residents and make arrangements for physical health, oral health or mental health services unless otherwise arranged for by the resident. Each resident shall have an annual physical health examination completed by a physician or an advanced practice nurse as defined in s. N 8.02(1), unless seen by a physician or an advanced practice nurse as defined in s. N 8.02(1) more frequently. 2. When indicated, a CBRF shall observe residents ' food and fluid intake and acceptance of diet. The CBRF shall report significant deviations from normal food and fluid intake patterns to the resident ' s physician or dietician. 3. The CBRF shall document communication with the resident ' s physician and other health care providers, and shall record any changes in the resident ' s health or mental health status in the resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not arrange adequate health monitoring services to meet Resident 5's physical health needs. Provider didn't follow Resident 5's physician order for daily weight monitoring with parameters from 02/13/2026 to 03/06/2026.	N 431		

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N 431	Continued From page 16 This was a repeat violation from previous statement of deficiency (SOD) XE2212 dated 04/14/2025. FINDINGS INCLUDE: On 06/16/2026, Surveyors arrived at facility for a complaint investigation. RECORD REVIEW: On 06/16/2026, Surveyor reviewed Resident 5's facility record. Resident 5 was admitted to the facility on 10/09/2024. Resident 5 was diagnosed with but not limited to: heart disease, chronic kidney disease, and essential hypertension. Resident 5 had an activated power of attorney, Family Member O. On 06/16/2026, Surveyor reviewed Resident 5's physical assessments documented by the facility from 09/30/2024 to present day: 1.) The pre-admission assessment was dated 09/30. The assessment documented that prior to admission Resident 5 was living in a skilled-nursing facility (SNF) where his/her medications were being managed by staff. 2.) On 11/19/2026, Regional Nurse H documented the following, " ...Medications ...$775 ...[Name Of Facility] will provide the following services: Order and coordinate medication between family, health care providers and pharmacy. Provide attention and/or assistance with taking medications. Assist with medication storage. Daily Weight monitoring. Monitor for bruising or bleeding ..." On 06/16/2026, Surveyor reviewed Resident 5's	N 431		

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N 431	Continued From page 17	N 431		

admission agreement dated 09/30/2024. The subsection titled, "Select and Therapeutic Services List," documented the following , " ...Exhibit X-Selent Services List ...Service ...Medication - Preparation of Non-Standard Packed Medications ....Monthly Recurring Price ...$384.00 ..." Family Member O signed the bottom of Exhibit X to acknowledge charges. The subsection titled, " ...EXHIBIT Z ...identify the last question in each section that is answered "YES" and is associated with a Monthly Price other than zero. Sun the Monthly Prices identified in each section to determine the Total Monthly Price..." The last question for the "Medications," section documented the following," ...4a. Do you or your physician believe you need help, such as specific care and/or monitoring because of medications or treatments?...Monthly Price ...$1,008 ..." Family Member O signed the bottom of Exhibit Z to acknowledge the charges.

On 06/16/2026, Surveyor reviewed Resident 5's most recent individualized service plan (ISP) dated 04/23/2026. The ISP was not signed by Resident 5 or Family Member O. The following was documented, " ...[Resident 5] is no longer able to self-administers (sic.) medication independently ..."

On 06/16/2026, Surveyor reviewed Resident 5's progress notes from 01/01/2026 to 06/16/2026. Surveyor reviewed the following entries:
1.) On 02/13/2026 at 16:03 PM, Coordinator P documented the following physician order, "Furosemide Oral Tablet 40 MG (furosemide) Give 3 tablet by mouth two times a day related to CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)(N18.4) unsupervised self-administration if weight is 115 lbs or more take 3 tabs of 40 mg (120mg) 2x per day: call

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N 431	Continued From page 18 kidney clinic if <112lbs or >120lbs AND Give 3 tablet by mouth one more time a day related to CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE) ..." 2.) On 05/06/2026 at 3:39 PM, Coordinator P documented the following, " ...Reported by associate that resident noted c (with) bruising to [his/her] face, 'but don't tell anyone'. Upon writer's assessment, resident noted bruising (black-and-blue) across [his/her] forehead, from left-to-right, and to the bridge of [his/her] nose, which is more red and raised. Resident states, 'I think I fell yesterday, but, I'm not sure. I do remember that I stood up then fell down'. Resident is noted to not be able to sit up straight/hold an upright balance, and gives c/o "I'm so tired and sleepy. I just feel like I need a little more sleep'. This is not known to be resident's base. 86/60, 98.3, 76, 17, 96% (ra) (room air). Spoke c (with) resident's nephrologist [see 2/19, 2/20 notes] who agreed resident should be seen in ER, and resident was transferred to [Name of Local Emergency Room] for evaluation. Also, when called [Family Member J], was informed resident, 'had an appointment with [his/her] kidney doctor, [s/he] complained so much about the pain in [his/her] armthey (sic.) thought they'd experiment with oxycodone and gave [him/her] some for the pain ...it was only a few doses for a couple of days so I guess that's all gone' ...As resident is considered a self-medication administration resident [s/he] does not always bring updates on medications as requested and [his/her] clinic(s) are contacted for the same; however, the only new orders noted from nephrology are the amlodipine and Lasix (furosemide) ..." 3.) On 03/06/2026 at 4:42 PM, Coordinator P	N 431		

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N 431	Continued From page 19	N 431		

documented, " ...Transfer Out to Hospital Note ...Transport Mode: 911 ...Observations/Notes/Notifications: low B/P 86/60; inability to sit upright ..."

4.) On 03/27/2026, Nurse L documented that Resident 5 was discharged from a SNF back to the facility. Nurse Q documented Resident 5 now required dialysis 3 times weekly for treatment of chronic kidney disease.

On 06/16/2026, Surveyor reviewed Resident 5's March 2026 Medication Administration Record (MAR). Surveyor reviewed the following order: "...Furosemide Oral Tablet 40 MG (furosemide) Give 3 tablet by mouth two times a day related to CHRONIC KIDNEY DISEASE, STAGE 4 (SEVERE)(N18.4) unsupervised self-administration if weight is 115 lbs or more take 3 tabs of 40 mg (120mg) 2x per day: call kidney clinic if <112lbs or >120lbs AND Give 3 tablet by mouth one more time a day ...-Start Date- 02/13/2026 1700-D/C Date 03/27/2026 2052 ..."

On 06/16/2026 at 11:00 AM, Surveyor requested all of Resident 5's weight measurements for 2026 from Associate Director B. Associate Director B gave Surveyor Resident 5's 2026 weight summary.

On 06/16/2026, Surveyor reviewed Resident 5's documented weights in 2026. The facility didn't document any weight measurements on Resident 5 as ordered by his/her physician from 02/13/2026 to 03/06/2026.

On 06/16/2026, Surveyor reviewed Resident 5's physical assessments documented by the facility from 09/30/2024 to present day:

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N 431	Continued From page 20 3.) The pre-admission assessment was dated 09/30. The assessment documented that prior to admission Resident 5 was living in a skilled-nursing facility (SNF) where his/her medications were being managed by staff. 4.) On 11/19/2025, Regional Nurse H documented the following, " ...Medications ...$775 ...[Name Of Facility] will provide the following services: Order and coordinate medication between family, health care providers and pharmacy. Provide attention and/or assistance with taking medications. Assist with medication storage. Daily weight monitoring. Monitor for bruising or bleeding ..." INTERVIEW: On 06/17/2026 at 2:00 PM, Surveyors discussed the above concerns with Associate Director A and Regional Nurse H. Associate Director A and Regional Nurse H acknowledged Resident 5's nephrologist prescribed the diuretic medication furosemide on 02/13/2026 with orders to monitor weight daily and report measurements outside the prescribed parameters. Regional Nurse H acknowledged s/he had documented in his/her 11/19/2025 assessment facility would start charging Resident 5 for daily weight monitoring. Associate Director A and Regional Nurse H acknowledged facility hadn't monitored Resident 5's daily weight as ordered from 02/13/2026 to 03/06/2026 and acknowledged the situation as a health monitoring issue. CROSS REFERENCE: N0387 DHS Chapter 83. 35(3)(b) Service Plan Development: Parties Involved	N 431		

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N 504	Continued From page 21	N 504		
N 504	83.46(1)(c) Heating system maintenance. Heating. The CBRF shall maintain the heating system in a safe and properly functioning condition. The CBRF shall ensure that a heating contractor or local utility company completes all of the following maintenance and makes available to the facility documentation of the maintenance performed: 1. An oil furnace shall be serviced at least once each year. 2. A gas furnace shall be serviced at least once every 3 years. 3. The CBRF shall have a chimney inspected at intervals corresponding with the heating system service under subd. 1. or 2. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that documentation was made available of the facility's most recent gas heating system servicing. Findings include: On 06/16/2026, Surveyor conducted a review of safety records. Surveyor was unable to locate a heating system inspection that had been completed in the last 3 years. On 06/16/2026 at 11:00 AM, Surveyor interviewed Maintenance Director G. Maintenance Director G reported the provider was still looking for safety records including the most recent furnace inspection. On 06/16/2026 at 3:06 PM, Surveyor interviewed Associate Director B, Regional Nurse H, and Operations Specialist I. The management team	N 504		

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N 504	Continued From page 22 confirmed they were unable to provide evidence of the most recent furnace inspection completed at the facility. The management team stated they would work with maintenance to get a heating system inspection scheduled.	N 504		
N 507	83.46(1)(f) Combustibles. Combustible materials shall not be placed within 3 feet of any furnace, boiler, water heater, fireplace or other similar equipment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure combustible materials were not placed within 3 feet of any furnace, boiler, water heater, fireplace or other similar equipment. Findings include: On 06/16/2026 10:41 AM, Surveyor toured the provider's mechanical rooms and storage areas with Maintenance Director G. The following was observed: -Room 2.3 had folding chairs, a shower chair, large box on the floor, and long florescent light bulbs blocking a doorway that led to an internal mechanical room. Stored right next to the provider's data system was a large portable air conditioning unit, a carpet cleaner, 4 wheeled walker, many boxes filled with unknown items, and a large black frame stored against the wall. -Room 2.2 had 2 furnaces inside. Surveyor observed a sit to stand with blankets and pillows on top stored next to the furnace. Across from the 2nd furnace (back of room), boxes, 2 5-gallon buckets were stored on the floor. Along the right	N 507		

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N 507	Continued From page 23 side of the room, observed used printers, computer modems/monitors, TV monitors, and boxes of wires stacked on top of each other. The room lacked organization and the items appeared to have been placed into the area without order. -Room 3.1 had boxes of paper products, packaged food items inside cans/boxes that were stacked to the Surveyors chest height. The packaged items covered the perimeter of the room and were stored right next to the furnace. Additionally, a shower bench was stored next to the furnace when entering the room. Maintenance Director G reported the provider had purchased bulk food items and s/he was running out of storage space. -Room 3.2 had a washer, carpet cleaner, motorized scooter, and a housekeeping cart blocking a doorway that led to an internal mechanical room. The room included a 4-tier storage shelf that had items unorganized and cleaning supplies on the floor. -Room 3.3 was cluttered with resident furnishings, a refrigerator, many boxes, holiday decorations, wheelchairs, and long florescent light bulbs stacked on top and against each other. These items were stored next to the furnace. On the left side of the room included maintenance supplies including paint cans and many combustible materials. The room was unorganized. -Room 3.4 had boxes of paper records that were stacked over the Surveyors head. The room was unorganized and Surveyor was unable to walk through the room without climbing or stepping over items.	N 507		

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N 507	Continued From page 24 On 06/16/2026 at 11:00 AM, Surveyor interviewed Maintenance Director G. Maintenance Director G reported s/he started 7 months ago and the mechanical rooms were very cluttered when s/he started. Maintenance Director G acknowledged the condition of mechanical and storage rooms were still cluttered and not maintained. Maintenance Director G confirmed many items stored against furnaces were made of combustible materials. Maintenance Director G stated s/he continues to work on decluttering rooms but was also the only maintenance person for 2 buildings now. Maintenance Director G s/he will work with the provider to bring the rooms into compliance.	N 507		