STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015660	A. BUILDING: _____ B. WING _____	R-C 04/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOREST GLEN	1628 FOREST GLEN GREEN BAY, WI 54313

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{M 000}	INITIAL COMMENTS On 04/29/2026, Surveyor conducted a verification visit at Forest Glen. Additional information was gathered through 04/30/2026. All previous deficient practices were corrected, and 1 new deficient practice was identified. Under statutory provisions, a $200 revisit fee is being assessed for the follow-up licensing visit. Census: 4	{M 000}		
M 216	88.04(2)(a) RESPONSIBILITIES The licensee shall ensure that the home and its operation comply with this chapter and with all other laws governing the home and its operation. This Rule is not met as evidenced by: Based on record review and interview, the licensee did not provide the necessary oversight to ensure the home and its operations remained in compliance with DHS Chapter 88. The licensee did not ensure follow-through for special orders from the Department including: addressing and retroactively investigating each area of deficient practice within Statement of deficiency (SOD) # 1KXJ11 (dated 12/16/2025), reevaluating the internal investigation previously conducted within SOD 1KXJ11 and following up regarding findings of the internal investigation, and ensuring confidentiality of the identity of the individuals involved. Findings include: On 02/19/2026, the provider received a notice and order of enforcement from the Department	M 216		

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

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M 216	Continued From page 1 that noted: "AS SOON AS PRACTICABLE AND WITHOUT DELAY, within 45 days of receipt of this notice, the licensee shall achieve and maintain substantial compliance with all requirements. All operational and resident records required as evidence of compliance with applicable rules will be available to department representatives upon request ... SPECIAL ORDERS Based on the results of the Department's investigation, and pursuant to Wis. Stat. § 50.02(2)(am)2., EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER, the Department of Health Services HEREBY ORDERS that Forest Glen: 1. Pursuant to Wis. Admin. Code § DHS 88.03(6)(g)2.e., effective immediately, the licensee shall develop and implement corrective measures to ensure that residents receive proper care and treatment, that their health and safety are protected and promoted and that their rights are respected. The licensee's corrective measures to resolve each deficiency identified in Statement of Deficiency (SOD) 1KXJ11 will include, at a minimum: WITHIN 5 DAYS of receipt of this notice, the licensee shall provide the legal representative and case manager (if any) for Resident 1 and Resident 2 with a copy of SOD 1KXJ11 and a copy of this Notice and Order letter. The licensee shall retain evidence, acceptable to the department, to verify compliance with this order. Acceptable documentation will be a signed, certified mail receipt or a verification letter or email from each legal representative and case	M 216		

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M 216	Continued From page 2 manager. WITHIN 14 DAYS of receipt of this notice, the licensee shall retroactively, with available information, document a complete investigation report of the alleged incidents of caregiver misconduct issued under Wis. Admin. Code § DHS 88.11(3) Investigation of Abuse or Neglect in SOD 1KXJ11. The investigation will conform to requirements and guidelines specified by Wis. Admin. Codes ch. DHS 13, ch. DHS 88 and The Wisconsin Background Check and Misconduct Investigation Program Manual. At the conclusion of the investigation, the licensee will submit the report to the department's Office of Caregiver Quality for review. WITHIN 45 DAYS of receipt of this notice, the licensee's corrective measures shall include the development (or review) of a written procedure to address: Misconduct Reporting and Investigations The procedure shall specify the following: - For all allegations or incidents of misconduct, the licensee shall immediately take steps to ensure the safety of all residents - How and to whom staff are to report incidents - How internal investigations will be completed, documented, and reported - How staff will be trained on the procedures related to allegations of caregiver misconduct - How residents will be informed of these procedures... ADDITIONALLY, All managers and service providers will receive training regarding the provider's written procedure required by Order #1. Training will be documented in employee files and will include the	M 216		

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M 216	Continued From page 3	M 216		

date/duration of training, the signature/qualifications of the instructor, and evidence of successful completion of the training.

A copy of the written procedure and all documentation as evidence of meeting the requirements in Order #1 will be made available to department representatives upon request ..."

Caregiver Misconduct Investigation
Follow-Through on Findings
On 04/29/2026, Surveyor reviewed SOD # 1KXJ11 dated 12/16/2025. The investigation began on 12/11/2025 and concluded on 12/16/2025. On 12/12/2025 Surveyor discussed with Area Director A, Administrator B, and Regional Director H areas of concern related to discovered events of uninvestigated caregiver misconduct and resident mistreatment between 08/18/2025 and 12/12/2025. The deficient practice statement for M0614 DHS 88.11(3) Investigation Of Abuse Or Neglect within SOD 1KXJ11 included 7 numbered areas of caregiver misconduct and that were required by special orders to be retroactively addressed. The SOD noted after being made aware of the areas of concern on 12/12/2025, the provider consolidated their previously gathered internal information into what they determined was an internal investigation and sent the documentation to the Surveyor on 12/16/2025. Surveyor reviewed SOD 1KXJ11 addressed an internal investigation that was conducted by the provider on 12/16/2025. The SOD noted Surveyor reviewed the submitted investigation (while the state's investigation was still open) and discovered it did not encompass all areas of concern and did not follow up on findings of caregiver misconduct that was addressed with the provider on 12/12/2025. Surveyor conducted a 2nd exit interview on 12/16/2025, with Area

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M 216	Continued From page 4 Director A, Administrator B, Regional Director H and Regional Field Director of Operations (RFOD) I in attendance. The areas of concern were addressed, including the submitted internal investigation that was identified as not addressing all areas of caregiver misconduct and follow through on findings. SOD 1KXJ11 dated 12/16/2025 notes, "The provider did not ensure investigations were completed when at least 7 allegations of caregiver misconduct were reported involving Caregivers C and D. The provider did not recognize all allegations as potential caregiver misconduct that required an investigation and reporting. As a result of the Department's complaint investigation, the provider began an investigation on 12/12/2025 that did not include all identified allegations of caregiver misconduct spanning from 08/18/2025 through 12/12/2025. The documentation of the investigation submitted for Surveyor review on 12/16/2025 did not address each allegation of misconduct and did not include a summary of findings or written responses to the individual grievances brought to their attention. The documentation was limited to interview notes where both Residents 1 and 2 indicated caregiver misconduct occurred. The provider conducted no further investigation or reporting and subsequently dismissed their own findings." Surveyor reviewed, during the exit on 12/16/2025 the survey process was discussed along with next steps, the provider was given opportunity to ask questions and given both the Surveyor's and RFOD I's contact information. Surveyor reviewed per the Department's process, plans of correction are no longer accepted by the Department, but that a compliance review would occur during a	M 216		

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M 216	Continued From page 5 subsequent verification visit. On 02/26/2026 at 12:59 PM, Administrator B sent RFOD I an e-mail stating s/he received the special orders and enforcement and stated an internal investigation had already been conducted. RFOD I confirmed with the provider completing an internal investigation would meet the enforcement requirements for that special order and a compliance determination would be made during the onsite verification visit. On 04/29/2026 at 11:00 PM, Surveyor conducted a verification visit at the facility with Area Director A, Program Manager G and Administrator B present at times. Area Director A gave Surveyor the internal investigation that had been conducted by the provider for review. Surveyor reviewed the internal investigation and discovered its contents were the same as the internal investigation that had been submitted on 12/16/2025 and was part of the deficient practice written in SOD 1KXJ11. No additional investigations into each allegation of caregiver misconduct had been conducted to review. The investigation documentation included the attached resident statements previously reviewed that confirmed caregiver misconduct occurred. The provider's determination showed there was no additional follow up that occurred when the internal investigation concluded no misconduct occurred, despite evidence gathered. No further investigations were conducted into each area of potential caregiver misconduct discovered during the previous survey, and no review of the provider's own findings was conducted after the discrepancy was discussed and confirmed by the provider on 12/16/2025. On 04/29/2026 at 12:30 PM, Surveyor interviewed Area Director A and Administrator B	M 216		

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who acknowledged the content of the investigation submitted for review on 04/29/2026 was the same as the investigation submitted to Surveyor on 12/16/2026 that required a 2nd exit interview to discuss and was part of SOD 1KXJ11 as it did not investigate each allegation or review the gathered evidence. Area Director A and Administrator B acknowledged while no new occurrences of caregiver misconduct occurred since the last survey, no further investigations were conducted into each discovered area of potential caregiver misconduct, and no review of their own findings had been conducted.

Area Director B stated Caregiver D, who was identified in SOD 1KXJ11 as the subject of allegations of caregiver misconduct, was subsequently not reported to the Office of Caregiver Quality and continued to work with vulnerable residents at a different program. Area Director B stated s/he would submit the report that day.

Confidentiality
On 04/29/2026, Surveyor reviewed the provider was signed up for the Electronic Statement Of Deficiency (ESOD,) which allows the provider to receive statements of deficiently and their corresponding documentation via e-mail to the providers selected 1 or 2 recipients in their company. All other parties must request access to the documentation via the Division of Quality Assurance (DQA) open records request for confidentiality purposes.

On 02/19/2026, Licensee Q and Administrator B were sent SOD 1KXJ11 and enforcement orders via e-mail and confirmed receipt. The SOD included the standard Department form for identifying the persons referenced within the

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M 216	Continued From page 7 SOD. The document titled, "STATEMENT OF DEFICIENCIES (SOD) IDENTIFIER KEY" has listed in bold print and with a rectangle encompassing the text, "CONFIDENTIAL-DO NOT POST OR RELEASE. Must be obtained per DQA Open Record Request Process." On 04/29/2026, Surveyor reviewed the Special Orders (dated 02/19/2026) included an order to provide the legal representative and case managers for Resident 1 and Resident 2 with a copy of SOD 1KXJ11 and a copy of the enforcement letter. Surveyor reviewed e-mail correspondence from the provider (dated 02/20/2026) and noted the emails had attachments that included the confidential ID Key. The confidential ID Key was distributed to 9 persons including, Area Director A, Program Manager G, Community Care Representative J and L, Inclusa Representative M and P, Guardian K, and Family Members N and O. On 04/29/2026 at 1:00 PM, Surveyor interviewed Area Director A who confirmed each of the 9 persons were sent/ given access to the confidential ID Key.	M 216		