| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0019750 | A. BUILDING: _____ B. WING _____ | R-C 07/28/2026 |

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|---|---|
| PROMISE SIL LLC | 1806 CREEK RD WEST BEND, WI 53090 |

| (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 |
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| {M 000} | INITIAL COMMENTS<br><br>On 07/22/2026, Surveyors conducted a verification visit at Promise Sil LLC. Additional information was gathered through 07/28/2026. As a result of the survey thirteen (13) deficiencies were identified. Seven (7) of the 13 deficiencies were repeat violations for a 2nd time, one (1) of the 13 deficiencies was a repeat violation for a 3rd time.<br><br>Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed.<br><br>Census: 1 | {M 000} | | |
| M 114 | 88.03(3)(b) CRIMINAL RECORDS CHECK<br><br>Criminal records check. Prior to an initial license the licensing agency shall ask the Wisconsin department of justice to conduct a criminal records check on the license applicant and on any other adult household member. The licensee shall arrange for a criminal records check of all service providers. At least every second year following issuance of an initial license the licensing agency shall request a criminal records check on the licensee and all other adult household members and the licensee shall arrange for a criminal records check on any service provider. In addition, during the period of the licensure, the licensee shall arrange for a criminal records check on any new service provider. If any of these persons has a conviction record or a pending criminal charge which substantially relates to the care of a | M 114 | | |

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

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| M 114 | Continued From page 1<br>dependent population, the funds or property of adults or minors or activities of the adult family home, the licensing agency may deny, revoke, refuse to renew or suspend a license, initiate other enforcement action provided in this chapter or in ch. 50, Stats., or place conditions on the license.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure 2 of 2 employees (Caregiver K and Caregiver L) reviewed had a completed background check at the time of hire.<br><br>Findings include:<br><br>According to The Wisconsin Caregiver Program Manual (P-00038), Wis. Stat. ch. 50, and Wis. Admin. Code ch. 12, a complete Caregiver Background Check, at minimum, consists of:<br><br>1) A completed DHS form F-82064, Background Information Disclosure (BID).<br>2) A response from the Department of Justice (DOJ).<br>3) A "Response to Caregiver Background Check" letter from the Department of Health Service, also referred to as the Government Finding Report.<br><br>On 07/22/2026 at 12:30 PM, Surveyors requested complete background check information for | M 114 | | |

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| M 114 | Continued From page 2<br><br>Caregiver K and Caregiver L, from Licensee A. Licensee A stated Caregiver K was hired 06/17/2026 and Caregiver L was hired on 07/12/2026. Licensee A confirmed Caregiver K and Caregiver L were on the schedule and currently working in the facility. Licensee A stated Caregiver K had worked day prior to survey. Licensee A stated s/he would have to send the BID, DOJ and Government Findings report to Surveyors.<br><br>On 07/28/2026 at 12:09 PM, Surveyors received an email from Licensee A acknowledging s/he did not have the BID, DOJ and Government Findings for Caregiver K and Caregiver L.<br><br>The provider did not ensure employees reviewed had a complete background check at the time of hire. | M 114 | | |
| {M 216} | 88.04(2)(a) RESPONSIBILITIES<br><br>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.<br><br>This Rule is not met as evidenced by:<br>Based on observation, record review, and interviews, the provider did not ensure the home and its operation complied with this chapter and all other laws governing the home and its operations potentially affecting 1 of 1 resident. The provider has been unable to maintain compliance with Chapter 88 of the Department of Health Services-Licensed Adult Family Home regulations. At the time of this verification visit, the provider had 13 deficiencies, 7 repeat | {M 216} | | |

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| {M 216} | Continued From page 3<br>violations for a second time and 1 repeat violation for a 3rd time.<br><br>This is a repeat deficiency. See statement of deficiency (SOD) 1USO13, 02/02/2026.<br><br>Findings include:<br><br>On 05/05/2026, SOD 1USO13 and a Special Orders Letter were issued to Licensee A via email with the following:<br>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 Promise SIL LLC:<br>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.<br><br>On 07/22/2026, Surveyors conducted a verification visit at Promise SIL LLC. As a result of the survey, the provider had ten deficiencies. Six of the ten were repeat violations for the 2nd time and one of the ten was a repeat violation for the 3rd time. The following deficiencies were identified:<br>N0114 DHS 88.03(3)(b) Criminal Record Check<br>N0216 DHS 88.04(2)(1) Responsibilities (repeat)<br>N0232 DHS 88.04(2)(g)1 Health Screening for Staff (repeat)<br>N0276 DHS 88.05(3)(a) Homelike Environment (repeat)<br>N0344 DHS 88.05(4)(d)2.a Fire Safety Evacuation Plan Review | {M 216} | | |

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| {M 216} | Continued From page 4<br>N0380 DHS 88.06(2)(a) Admission - Health Exam (repeat)<br>N0384 DHS 88.06(2)(b) Service Agreement Except Respite<br>N0404 DHS 88.06(3)(a) Individual Service Plan And Assessment (repeat)<br>N0434 DHS 88.07(1)(e) Supervision<br>N0458 DHS 88.07(3)(a) Prescription Medication (repeat)<br>N0464 DHS 88.07(3)(d) Medication - Written Order (repeat)<br>N0556 DHS 88.10(3)(e) Self-Direction (repeat x3)<br>N0582 DHS 88.10(3)(q) Medications<br><br>On 07/22/2026 at approximately 12:30 PM, Surveyors reviewed SOD 1USO13 and the Special Orders Letter with Licensee A. Licensee A confirmed s/he did not have staff on day of survey, 07/22/2026 and 07/21/2026, and stated Resident 6 went to a sister facility during the day. Surveyors requested the staff schedule, as of 5:00 PM 07/27/2026, Surveyors did not receive the staff schedule. On 07/28/2026 at 12:09 PM, Surveyors received an email from Licensee A stating s/he did not have any additional information. On 07/28/2026 at 4:15 PM, Licensee A confirmed Caregiver B was the only staff person covering both adult family homes when Case Manager (CM) I was at the facility. | {M 216} | | |
| M 232 | 88.04(2)(g)1 HEALTH SCREENING FOR STAFF<br><br>The licensee shall obtain documentation from a physician, a registered nurse or a physician's assistant indicating that the licensee and any service provider has been screened for illness detrimental to | M 232 | | |

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| M 232 | Continued From page 5<br>residents, including for tuberculosis. The documentation is to be completed within 90 days before the start of providing service. The documentation shall be kept confidential except that the licensing agency shall have access to the documentation for verification.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, Licensee A did not ensure 2 of 2 caregivers reviewed were screened for illness detrimental to residents, including for tuberculosis within 90 days before the start of providing care.<br><br>This is a repeat deficiency. See statement of deficiency (SOD) #1USO11, 01/15/2025.<br><br>Findings include:<br><br>On 07/22/2026 at 12:30 PM, Surveyors requested employee records for Caregiver K and Caregiver L, from Licensee A. Licensee A stated Caregiver K was hired 06/17/2026 and Caregiver L was hired on 07/12/2026. Licensee A confirmed s/he could not find the free of communicable disease screening including tuberculosis. Licensee A stated s/he will email the records to Surveyors.<br><br>On 07/28/2026 at 12:09 PM, Surveyors received an email from Licensee A acknowledging s/he did not have the free of communicable disease screening including tuberculosis for Caregiver K and Caregiver L. Licensee A stated s/he will get the information immediately. | M 232 | | |

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| {M 276} | Continued From page 6 | {M 276} | | |
| {M 276} | 88.05(3)(a) Homelike Environment<br><br>An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure a well-maintained and home-like environment.<br><br>This is a repeat deficiency. See statement of deficiency (SOD) 1USO13, 02/02/2026.<br><br>Findings include:<br><br>On 07/22/2026, at approximately 12:30 PM, Surveyors toured the facility with Licensee A. During the tour, Surveyor observed the following:<br><br>-No food in the refrigerator or cabinet<br><br>On 07/22/2026 at 12:45 PM, Surveyors interviewed Licensee A. Licensee A stated s/he had shopped and was unsure why there was no food in the house. Licensee A acknowledged it was possible staff took food to sister facility. Licensee A confirmed there was no food or snacks in the house for Resident 6, and that s/he would get food. | {M 276} | | |

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| M 344 | Continued From page 7 | M 344 | | |
| M 344 | 88.05(4)(d)2.a FIRE SAFETY EVACUATION PLAN REVIEW<br><br>The licensee shall review the fire safety evacuation plan with each new resident immediately following placement and shall evaluate the resident using a form provided by the department to determine whether the resident is able to evacuate the home without any help within 2 minutes.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure that 1 of 1 resident reviewed was evaluated within 3 days of admission for evacuation time, using the Department's form.<br><br>Findings include:<br><br>The provider is licensed to serve up to 4 ambulatory residents in the client groups of emotionally disturbed/mental illness, Correctional Clients, traumatic brain injury, terminally ill, irreversible dementia/Alzheimer's, advanced age and/or developmentally disabled.<br><br>On 07/22/2026 at 12:30 PM, Surveyors requested Resident 6's record from Licensee A. Resident 6 was admitted to the facility on 05/01/2026.<br><br>On 07/22/2026 at 12:40 PM, Surveyors interviewed Licensee A. Licensee A confirmed s/he did not have an evacuation form completed for Resident 6.<br><br>The provider did not ensure the fire safety | M 344 | | |

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| M 344 | Continued From page 8<br>evacuation plan was completed within 3 days of admission. | M 344 | | |
| M 380 | 88.06(2)(a) ADMISSION-HEALTH EXAM<br><br>Except as provided in subd. 2., the licensee shall ensure that a new resident of an adult family home receives a health examination by a physician to identify health problems and is screened for communicable disease, including tuberculosis. Screening for communicable disease may be provided by a physician, a registered nurse or a physician assistant. The health examination and screening shall take place within 90 days prior to admission to the home or within 7 days after admission.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure 1 of 1 resident had been screened for communicable diseases, within 90 days before and up to 7 days after admission.<br><br>This is a repeat deficiency. See statement of deficiency (SOD) 1USO11, 01/15/2025.<br><br>Findings include:<br><br>On 07/22/2026 at 12:30 PM, Surveyors requested Resident 6's resident records from Licensee A.<br><br>Resident 6 was admitted to the facility on 05/01/2026. Resident 6 did not have evidence s/he had been screened for communicable disease, including tuberculosis. | M 380 | | |

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| M 380 | Continued From page 9<br><br>On 07/22/2026 at approximately 12:45 PM, Surveyors interviewed Licensee A. Licensee A stated Resident 6 resided at a sister facility and moved to this facility on 05/01/2026. Licensee A confirmed Resident 6 did not have a screening for communicable disease, including tuberculosis as s/he was unaware Resident 6 needed to have it completed when Resident 6 moved to from a facility Licensee A owned.<br><br>The provider did not ensure residents were screened for communicable diseases, including tuberculosis, within 90 days before and up to 7 days after admission for residents residing in the home for more than 7 days. | M 380 | | |
| M 384 | 88.06(2)(b) SERVICE AGREEMENT EXCEPT RESPITE<br><br>An adult family home shall have a service agreement with each person to be admitted to the home except a person being admitted for respite care. The service agreement shall be completed prior to admission and revised at least 30 days prior to any change. The service agreement shall be dated and signed by the licensee and the person being admitted or the persons guardian or designated representative. Copies shall be provided to all parties and to the placing agency, if any.<br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not have a service agreement for 1 of 1 resident reviewed (Resident 6). | M 384 | | |

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| M 384 | Continued From page 10<br>Findings include:<br><br>On 07/22/2026, Surveyors requested Resident 6's record from Licensee A.<br><br>Resident 6 was admitted to the facility on 05/01/2026. Resident 6 did not have an admission agreement completed when s/he admitted to the home.<br><br>On 07/22/2026 at approximately 12:45 PM, Surveyors interviewed Licensee A. Licensee A acknowledged s/he changed the house number on the admission agreement s/he had done when Resident 6 moved to a sister facility in September 2025. Licensee A stated s/he was unaware a new admission agreement was needed as Resident 6 resided at a sister facility.<br><br>The provider did not have a service agreement for Resident 6 when s/he moved into the facility. | M 384 | | |
| M 404 | 88.06(3)(a) INDIVIDUAL SERVICE PLAN & ASSESSMENT<br><br>The licensee shall ensure that a written assessment and individual service plan is completed and developed for each resident within 30 days after placement.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure a written assessment and individual service plan (ISP) were completed for 1 of 1 resident within 30 days of placement. | M 404 | | |

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| M 404 | Continued From page 11<br><br>This is a repeat deficiency. See statement of deficiency (SOD) 1USO11, 01/15/2025.<br><br>Findings include:<br><br>On 07/22/2026 at 12:30 PM, Surveyors requested Resident 6's record from Licensee A. Surveyors reviewed Resident 6's record and identified the following:<br><br>Resident 6 was admitted to the home on 05/01/2026. Resident 6's record reflected an ISP from sister facility. Resident 6's record did not have an assessment or ISP completed within 30 days of admission.<br><br>On 07/22/2026 at 1:00 PM, Surveyors interviewed Licensee A. Licensee A stated s/he was unaware s/he needed to complete an assessment and ISP for Resident 6 as s/he resided at a sister facility.<br><br>The provider did not ensure an assessment and ISP was completed and accurate for Resident 6 within 30 days of placement. | M 404 | | |
| M 434 | 88.07(1)(e) Supervision<br><br>The licensee shall arrange for a service provider to be present in the home when the licensee is gone overnight or when the licensee's absence prevents the resident from receiving the services, training or supervision specified in the resident's individual service plan under s. HSS 88.06(3). | M 434 | | |

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| M 434 | Continued From page 12 | M 434 | | |

This Rule is not met as evidenced by:
Based on observation, interview, and record review, the provider did not arrange for a service provider to be present in the home when a resident required services or supervision. The licensee shared staff between 2 provider homes and did not ensure the provider's home was staffed when 1 of 1 resident (Resident 6) required 24-hour supervision.

Findings include:

Definition of "Continuous care" from DHS 88 means the need for supervision, intervention or services on a 24-hour basis to prevent, control and ameliorate a constant or intermittent mental or physical condition which may break out or become critical during any time of the day or night.

On 07/22/2026, at 11:10 AM, Surveyors arrived at the facility, with no answer at the door. Surveyors called the facility phone # and caregiver at the sister facility answered the phone. Surveyors observed Resident 6 on the couch at the sister facility. Caregiver B acknowledged there were no staff on 07/21/2026 and 07/22/2026, and Resident 6 was at this sister facility. Caregiver B stated s/he did not have a schedule and was unable to say who was scheduled for the remainder of the week. Caregiver B stated staff must assist Resident 6 with his/her catheter needs and emptying the catheter.

On 07/22/2026 at 11:37 AM, Surveyors interviewed Resident 6. Resident 6 stated s/he doesn't like having to come to the sister facility. Resident 6 stated s/he must come to the sister

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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| PROMISE SIL LLC | 1806 CREEK RD WEST BEND, WI 53090 |

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| M 434 | Continued From page 13 | M 434 | | |

facility every day. Resident 6 confirmed s/he sleeps in his/her bed at his/her facility, but was unable to tell Surveyors which staff were working overnight. Resident 6 stated s/he didn't know if there were any staff in the house with him/her overnight. Resident 6 stated s/he must go to sister facility to eat all meals and get his/her blood sugar checked and receive his/her meds.

On 07/22/2026 at 11:45 AM, Surveyors observed Resident 6's charting notes. Staff charted they conducted 2-hour checks on Resident 6. The charting notes were in the sister facility.

On 07/27/2026 at 8:10 AM, Surveyors interviewed Case Manager (CM) I. CM I acknowledged s/he had heard Resident 6 was being pulled to the sister facility. CM I confirmed the facility is paid to provide 24/7 supervision, and stated Resident 6 should not be left unsupervised.

On 07/28/2026 at 2:24 PM, Surveyors interviewed CM I. CM I stated s/he had made a visit to the facility on 07/28/2026. CM I stated s/he rang the doorbell and no one answered. CM I stated s/he rang the doorbell at the sister facility and heard the back door alarm go off. CM I rang the doorbell again and Caregiver B answered the door and stated s/he was assisting a resident. CM I stated s/he heard the back door alarm sound and asked if Caregiver B if s/he had went to get Resident 6 from the sister facility. CM I stated s/he interviewed Resident 6 who confirmed s/he is left alone at night, and that staff do 2-hour checks. CM I stated Resident 6 confirmed s/he was at his/her house alone and that s/he needs to go to sister facility to eat his/her meals and get his/her meds. CM I confirmed Resident 6 is not to be left unsupervised. CM I stated Caregiver B was the only staff person for the 2 sister facilities

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| M 434 | Continued From page 14<br>and that Caregiver B was providing care to both houses. CM I stated s/he was at the home with Resident 6 from 11:30 AM - 12:48 PM.<br><br>On 07/28/2026 at 3:40 PM, Surveyors interviewed Licensee A. Licensee A stated Caregiver L was working but s/he was on break when CM I was at the facility. Licensee A confirmed Caregiver B was covering both houses at the time of CM I's visit. | M 434 | | |
| M 458 | 88.07(3)(a) PRESCRIPTION MEDICATIONS<br><br>Every prescription medication shall be securely stored, shall remain in its original container as received from the pharmacy and be stored as specified by the pharmacist.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure prescription medications were securely stored in the home.<br><br>This is a repeat deficiency. See statement of deficiency (SOD) 1USO12, 07/28/2025.<br><br>Findings include:<br><br>On 07/22/2026, Surveyors arrived at the adult | M 458 | | |

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| M 458 | Continued From page 15<br>family home (AFH) at 12:30 PM. Surveyors entered the facility with Licensee A. Surveyors observed medications in a cabinet above the kitchen sink unlocked. Surveyors observed Resident 6 going in/out of his/her room. Licensee A acknowledged staff administer medications for Resident 6. Licensee A stated s/he was unsure why the cabinet was left unlocked.<br><br>The provider did not ensure prescription medications were securely stored in the home. | M 458 | | |
| M 464 | 88.07(3)(d) MEDICATION- WRITTEN ORDER<br><br>Before the licensee or service provider dispenses or administers a prescription medication to a resident, the licensee shall obtain a written order from the physician who prescribed the medication specifying who by name or position is permitted to administer the medication, under what circumstances and in what dosage the medication is to be administered. The licensee shall keep the written order in the resident's file.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not obtain a written order from the physician for 1 of 1 resident reviewed who required staff to administer their medications. Resident 6 did not have a written order permitting the provider staff to administer medications.<br><br>This is a repeat deficiency. See statement of deficiency (SOD) 1USO11, 01/15/2025. | M 464 | | |

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| M 464 | Continued From page 16<br><br>Findings include:<br><br>On 07/22/2026 at approximately 12:30 PM, Surveyors reviewed Resident 6's records and identified the following:<br>-Resident 6 was admitted to the provider's home on 05/01/2026.<br>-Resident 6's medications were administered by the home's caregivers. Resident 6's record did not include a physician order to administer medications.<br><br>On 07/22/2026 at approximately 1:00 PM, Surveyors interviewed Licensee A. Licensee A acknowledged s/he did not have the written order from the physician to authorize staff to pass Resident 6's medications.<br><br>The provider did not obtain a written order from the physician stating who by position or name could administer resident medications. | M 464 | | |
| {M 556} | 88.10(3)(e) Self-Direction<br><br>Self-direction. To have opportunities to make decisions relating to care, activities and other aspects of life in the adult family home. No curfew, rule or other restrictions on a resident's freedom of choice shall be imposed unless specifically identified in the home's program statement or the resident's individual service plan. An adult family home shall help any resident who expresses a preference for more independent living to contact any agency needed to arrange it. | {M 556} | | |

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| {M 556} | Continued From page 17<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure 1 of 1 resident was able to make decisions related to his/her food preferences, needs and where s/he would like to spend the day.<br><br>This requirement is being cited for third time. See statement of deficiency (SOD) 1USO12, 07/28/2025 and #1USO13, 02/02/2026.<br><br>Findings include:<br><br>On 07/22/2026 at 10:00 AM, Surveyors rang the doorbell, with no answer. Surveyors called the house phone number, and it was answered by the caregiver at the facility next door. Surveyors entered the sister facility and observed Resident 6 sitting on the couch. Caregiver B confirmed Resident 6 lived next door, but there was not a caregiver so Resident 6 was at the sister facility during the day.<br><br>On 07/22/2026 at 10:30 AM, Surveyors interviewed Resident 6. Resident 6 stated s/he does not like the room mates at the sister facility and doesn't like having to come to this house during the day. Resident 6 acknowledged s/he has to come to this house several times a week and is usually at the sister facility from about 8:00 AM to 7:00 PM. Resident 6 stated s/he normally eats all meals and the sister facility and get his/her medications between the 2 houses.<br><br>On 07/22/2026 at approximately 12:30 PM, Surveyors entered the home with Licensee A. Surveyors observed the refrigerator and kitchen cabinets to be lacking food. Surveyors observed | {M 556} | | |

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| {M 556} | Continued From page 18<br>the refrigerator did not have food, snacks, milk or juice. Licensee A stated s/he had purchased food but was unsure why there was no food in the house. Licensee A stated staff may have taken the food to the sister facility. Licensee A confirmed s/he did not have staff the day of survey, 07/22/2026 and day prior, 07/21/2026, and that Resident 6 was at the sister facility both days. Licensee A stated the staff was on vacation for a week. Surveyors requested staff schedule. Licensee A stated s/he would need to make a schedule and send to Surveyors.<br><br>The provider did not ensure resident was able to make decisions related to his/her food preferences, needs and where s/he would like to spend the day. | {M 556} | | |
| M 582 | 88.10(3)(q) Medications<br><br>Medications. To receive all prescribed medications in the dosage and at the intervals prescribed by the resident's physician, and to refuse medications unless there has been a court order under s. 51.61(1)(g), Stats., with a court finding of incompetency.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview with staff, the provider did not allow each resident to receive all prescribed medications in the dosage and at the intervals prescribed by the resident's | M 582 | | |

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| M 582 | Continued From page 19 | M 582 | | |

physician for 1 of 1 resident.

Resident 1 had a physician's order for cefuroxime (CEFTIN) 250 MG tablet. There was no evidence Resident 1 received the prescribed medication as ordered.

Findings include:

On 07/22/2026, Surveyor reviewed Resident 6's record. Resident 6 was admitted to the facility on 05/01/2026. Resident 6 had hospital discharge paperwork from 07/21/2026 with an order for cefuroxime (CEFTIN) 250 MG tablet, Take 1 tablet (250 mg total) by mouth 2 times daily for 7 days.

On 07/22/2026 at 10:45 AM, Surveyors interviewed Caregiver B. Caregiver B stated the medication had not yet come from pharmacy. Caregiver B acknowledged s/he had not checked with pharmacy for the status of the medication.

On 07/22/2026 at 12:33 PM, Surveyors interviewed Licensee A. Licensee A stated s/he was unaware of the medication and unsure why the medication was not at the facility yet.

On 07/22/2026 at 1:10 PM, Surveyors interviewed Pharmacy J. Pharmacy J confirmed they did not have the order for cefuroxime (CEFTIN) 250 MG tablet. At 1:15 PM, Licensee A stated s/he will work on sending the script to the pharmacy. Pharmacy J stated s/he would watch for the script to come through and process.

On 07/28/2026 at 12:16 PM, Surveyors interviewed Case Manager (CM) I. CM I stated s/he visited with Resident 6 on 07/28/2026, and Resident 6 still had not received his/her CEFTIN.

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| M 582 | Continued From page 20<br><br>On 07/28/2026 at 4:15 PM, Surveyors interviewed Pharmacy J. Pharmacy J acknowledged s/he had received the script for CEFTIN on 07/28/2026 at 2:56 PM. Pharmacy J stated they are currently working on the script for CEFTIN.<br><br>The provider did not allow each resident to receive all prescribed medications in the dosage and at the intervals prescribed by the resident's physician. | M 582 | | |