STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010325	A. BUILDING: _____ B. WING _____	C 06/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY CASA	E8509 N REEDSBURG RD REEDSBURG, WI 53959

(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 From 06/03/2026 to 06/09/2026, Surveyor conducted 2 complaint investigations and a standard survey at Country Casa, a CBRF in Reedsburg. Twenty-four deficiencies were identified. Four deficiencies were repeat deficiencies - See Statement of Deficiency (SOD) OK4411, dated 05/25/2023 and SOD FCUY11, dated 11/26/2024. Two of 2 complaints were substantiated. Census: 5	N 000		
N 158	83.12(2)(a) Caregiver: Investigating abuse & neglect Investigating and reporting abuse, neglect, or misappropriation of property. Caregiver. 1. When a CBRF receives a report of an allegation of abuse or neglect of a resident, or misappropriation of property, the CBRF shall take immediate steps to ensure the safety of all residents. 2. The CBRF shall investigate and document any allegation of abuse or neglect of a resident, or misappropriation of property by a caregiver. If the CBRF ' s investigation concludes that the alleged abuse, or neglect of a resident or misappropriation of property meets the definition of abuse or neglect of a resident, or of misappropriation of property, the CBRF shall report the incident to the department on a form provided by the department, within 7 calendar days from the date the CBRF knew or should have known about the abuse, neglect, or misappropriation of property. The CBRF shall maintain documentation of any investigation.	N 158		

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

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N 158	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure immediate steps were taken to ensure the safety of all residents when there was an allegation of caregiver misconduct and that the allegation was investigated and documented. The provider did not take immediate action to safeguard all residents and conduct an investigation following allegations that Caregiver E had inappropriate relations with Resident 1. This is a repeat deficiency. See Statement of Deficiency (SOD) OK4411, dated 05/25/2023. Findings include: From 06/03/2026 to 06/09/2026, Surveyor conducted 2 complaint investigations alleging inappropriate relations between a resident and caregiver. On 06/03/2026 at approximately 7:00 a.m., Surveyor reviewed a law enforcement record, obtained by Surveyor, dated 05/11/2026. The record documented law enforcement met with Resident 1 at a local medical center after report that Resident 1 took too many medications. The report documented that Resident 1 reported s/he stayed overnight at Caregiver E's personal home on 04/19/2026 and engaged in sexual intercourse with Caregiver E. The report consisted of interviews with Resident 1, Caregiver E, Caregiver D, Licensee A and Resident 1's case manager. The report documented an interview with Caregiver D indicated Resident 1 was out of the facility with Caregiver E on 04/03/2026 (returned at 8:30 p.m.), 04/05/2026 (overnight), 04/07/2026 (1:50 p.m. to 8:40 p.m.), 04/08/2026	N 158		

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N 158	Continued From page 2 (1:45 p.m. to 9:00 p.m.), 04/09/2026 (4:50 p.m. to 9:00 p.m.), 04/12/2026 (5:35 p.m. to 7:15 p.m.), 04/13/2026 (no specific times) and 04/19/2026 (overnight). The report documented charges of 2nd degree sexual assault were forwarded for prosecution for Caregiver E. On 06/03/2026 at approximately 8:10 a.m., Surveyor spoke with Licensee A via phone to explain that s/he would be conducting 2 complaint investigations and a standard survey. Licensee A stated s/he would send Caregiver B to the facility to assist with survey tasks. Surveyor requested that Licensee A send documentation of any caregiver misconduct investigations completed this year with Caregiver B. Licensee A stated there were not any investigations to provide. On 06/03/2026 at 8:20 a.m., Surveyor interviewed Caregiver C. Surveyor asked Caregiver C about Resident 1. Caregiver C stated Resident 1 did everything s/he could to make Caregiver C unhappy and s/he wasn't sure why. Caregiver C stated Resident 1 "clicked" with Caregiver E and would often go out for the day or stay overnight with Caregiver E. Caregiver C stated s/he found the relationship between Resident 1 and Caregiver E odd. When asked about staffing patterns at the facility, Caregiver C stated the facility was always staffed with 1 staff member. On 06/03/2026 at approximately 9:15 a.m., Surveyor reviewed Resident 1's record, which documented him/her being out of the facility with Caregiver E on 04/03/2026, 04/05/2026, 04/07/2026, 04/08/2026, 04/09/2026, 04/12/2026, 04/13/2026, 04/18/2026 and 04/19/2026. The notes documented overnight stays on 04/05/2026 and 04/19/2026.	N 158		

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N 158	Continued From page 3 On 06/03/2026 at 11:50 a.m., Surveyor interviewed Caregiver B regarding allegations of Caregiver E's misconduct with Resident 1. Caregiver B stated, "Every one of us saw a problem in the making ... [Resident 1] was extremely close with [Caregiver E]. [Caregiver E] defended [Resident 1] left and right." Caregiver B stated s/he believed there was every chance of inappropriate action between Caregiver E and Resident 1 but had no definitive evidence. Caregiver B stated Licensee A had never questioned him/her about the allegations between Resident 1 and Caregiver E. Surveyor asked if the provider made any changes in staffing patterns or if Caregiver E had ever been taken off the facility's schedule following the allegations of caregiver misconduct. Caregiver B replied, "No." On 06/05/2026 at 7:30 a.m., Surveyor interviewed Licensee A regarding the allegations of misconduct against Caregiver E. Surveyor asked about any action taken to investigate and safeguard residents following the allegations of Caregiver E's caregiver misconduct. Licensee A did not identify any actions that were taken to safeguard all residents, but stated Resident 1 was no longer residing at the home. Licensee A stated law enforcement completed an investigation, but his/her action included having Caregiver E talk to him/her about the allegations. Licensee A stated Caregiver E denied the allegations and started crying. Licensee A was unaware of the date s/he interviewed Caregiver E and was unable to provide documentation of the interview. Licensee A denied interviewing other caregivers or residents regarding the allegation.	N 158		
N 164	83.12(4)(b) Reporting when law enforcement is called.	N 164		

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N 164	Continued From page 4 A CBRF shall send a written report to the department within 3 working days after any of the following occurs: Any time law enforcement personnel are called to the CBRF as a result of an incident that jeopardizes the health, safety, or welfare of residents or employees. The CBRF ' s report to the department shall provide a description of the circumstances requiring the law enforcement intervention. This reporting requirement does not apply to residents under the jurisdiction of government correctional agencies. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a report was sent to the department within 3 working days when law enforcement was called to the facility as a result of an incident that jeopardized the health, safety or welfare of residents or employees. The provider did not report 5 occurrences, dated 02/21/2026 to 04/20/2026, when law enforcement was present at the facility for the wellbeing of Resident 1. Findings include: On 06/03/2026 at approximately 7:00 a.m., Surveyor reviewed a law enforcement record, obtained by Surveyor, dated 05/11/2026. The record documented law enforcement presented to the provider's facility on 04/20/2026 to assist Resident 1 after being seen at the local medical center for mismanagement of medications. The report indicated Resident 1 had informed law enforcement s/he had been harassed by Caregiver D and had sexual intercourse with Caregiver E. The report documented continued follow up with Licensee A regarding the	N 164		

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N 164	Continued From page 5	N 164		

allegations.

On 06/03/2026 at approximately 8:15 a.m., Surveyor interviewed Licensee A via phone and requested copies of any self-reports submitted to the department since 01/01/2026. Licensee A stated there were not any self-reports to provide.

On 06/03/2026 at approximately 9:00 a.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's facility on 02/16/2026 with diagnoses including anxiety, depression, bipolar disorder, attention deficit hyperactivity disorder and post-traumatic stress disorder. Resident 1's progress notes, dated 02/16/2026 through 04/20/2026, documented the following occurrences of law enforcement presence at the facility:

- 02/21/2026: Resident shared s/he did not want to be alive anymore. Licensee A contacted law enforcement, who came to the facility.
- 04/02/2026: Resident 1 requested his/her belongings and stated s/he was going to "off" him/herself. Sherrif was called and took Resident 1 to local hospital.
- 04/04/2026: Resident 1 misunderstood non-resident resident and got in non-resident resident's face. Inappropriate comments, stomping and circling the living room occurred. Resident 1 called law enforcement on non-resident that resided at the facility and staff and stated s/he did not feel safe.
- 04/19/2026: Resident 1 phoned police and would not tell staff why.
- 04/20/2026: Resident 1 showed up at the facility with law enforcement. Licensee A informed Resident 1 s/he was not allowed at the facility.

On 06/03/2026 at approximately 1:00 p.m.,

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N 164	Continued From page 6 Surveyor interviewed Caregiver B and discussed concern that law enforcement presence at the facility was not self-reported to the department. Caregiver B stated the self-report would have been the responsibility of whichever staff member was working at the time of law enforcement's response to the facility. Caregiver B stated s/he him/herself was responsible for not filing a self-report. On 06/05/2026 at 7:30 a.m., Surveyor interviewed Licensee A and discussed concern that self-reports were not filed with the department when law enforcement responded to the facility. Licensee A replied, "That was my fault."	N 164		
N 189	83.13(3)(b) Post house rules, resident rights, grievances The CBRF shall post all of the following: House rules, resident rights and grievance procedures as required under s. DHS 83.32(2) (b). This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that the house rules were posted. Findings include: On 06/03/2026 at approximately 9:20 a.m., Surveyor toured the provider's facility and was unable to locate documentation of the provider's house rules. Surveyor requested documentation of the provider's house rules from Caregiver B, who Licensee A delegated to work with Surveyor. Caregiver B was unable to locate house rules within the provider's facility and stated s/he would need to go to the provider's affiliated facility to	N 189		

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N 189	Continued From page 7 check Licensee A's records. On 06/03/2026 at approximately 11:20 a.m., Caregiver B returned to the provider's facility with the provider's house rules. Surveyor interviewed Caregiver B and discussed concern that Surveyor was unable to locate a posting of the provider's house rules. Caregiver B confirmed Surveyor's observation and stated the house rules used to always be posted on the bulletin board but s/he wasn't sure why they were no longer there.	N 189		
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 observation, interview and record review, the provider did not ensure the CBRF and its operations complied with all laws governing the facility. Findings include: From 06/03/2026 to 06/09/2026, Surveyor conducted 2 complaint investigations and a standard survey. Two of 2 complaints were substantiated and 24 deficiencies, 4 of which were repeat deficiencies, were identified. The following deficiencies were identified: Administrative: - The provider did not investigate allegations of caregiver misconduct and safeguard residents while completing the investigation.	N 196		

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N 196	Continued From page 8 - The provider did not report 5 occurrences, dated 02/21/2026 to 04/20/2026, when law enforcement was present at the facility for the wellbeing of Resident 1. - The provider did not ensure house rules were posted. - The provider did not maintain documentation of the staff schedule, including the employee's full name, job assignment and time worked. Environment: - The provider did not ensure cleaning compounds and toxic substances were stored in a secure area. - The provider did not ensure fire drills were conducted quarterly with the date, time and evacuation time documented. - The provider did not ensure other evacuation drills, such as tornado, flooding or other emergency or disaster evacuation drills, were conducted semi-annually. - The provider did not ensure the fire detection system was tested annually by certified or trained and qualified personnel. - The provider did not ensure sensitivity testing was completed in accordance with NFPA 72. - The provider did not ensure the laundry room, which was located on the same floor as resident bedrooms, had a self-closing door. Employees: - The provider did not ensure a background check was completed at the time of hire and every 4 years after for 2 of 3 caregivers reviewed. *Repeat deficiency. - The provider did not ensure 1 of 1 caregivers reviewed, who had been hired within the past 2 years, was screened for clinically apparent communicable disease, including tuberculosis, within 90 days before the start of employment.	N 196		

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N 196	Continued From page 9 *Repeat deficiency. - The provider did not ensure 1 of 1 employees reviewed, that had been hired within the past 2 years, obtained training for challenging behaviors and client groups as required within 90 days after starting employment. - The provider did not ensure 1 of 1 employees reviewed, who had been hired within the past 2 years, obtained training for dietary tasks prior to completing dietary duties. - The provider did not ensure 1 of 3 employees reviewed received 15 hours of continuing education per calendar year. Resident Records and Care: - The provider did not ensure 2 of 2 residents reviewed, who had admitted to the provider's facility in the past 2 years, were screened for communicable disease, including tuberculosis within 90 days before or 7 days after admission. *Repeat deficiency. - The provider did not ensure 2 of 2 residents reviewed were provided and explained the house rules of the CBRF before or at the time of admission. - The provider did not ensure 2 of 2 admission agreements were signed and dated by the resident and/or resident's legal representative. - The provider did not ensure 2 of 3 individual service plans (ISP) were updated when there was a change in a resident's needs or annually. - The provider did not ensure 2 of 2 residents reviewed, that received a scheduled psychotropic medication and had resided at the facility greater than 3 months, had their use of scheduled psychotropic medications reassessed by a pharmacist, practitioner or registered nurse for the desired responses and possible side effects at least quarterly. - The provider did not ensure 1 of 1 residents	N 196		

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N 196	Continued From page 10	N 196		

reviewed that received a PRN psychotropic medication had the rationale for use and detailed description of behaviors which indicated the need for administration of the PRN medication documented in their ISP and that the PRN medication was monitored at least monthly for inappropriate use.
- The provider did not ensure adequate supervision was provided to meet the needs of residents, resulting in allegations of caregiver misconduct and medication errors.
- The provider did not ensure deviations from the planned menu were documented on the menu.

On 06/03/2026 at approximately 11:50 a.m., Surveyor reviewed identified concerns with Caregiver B, who Licensee A had delegated to assist Surveyor. Surveyor asked Caregiver B if s/he wished to take notes, to which Caregiver B declined stating s/he understood a report from the department would follow. When discussing the above concerns, Caregiver B stated s/he used to have more involvement with the facility but had primarily worked at another facility for the past year.

On 06/05/2026 at 7:30 a.m., Surveyor interviewed Licensee A and discussed concerns identified during the standard survey and complaint investigations. Licensee A replied, "You know me and my documentation." Licensee A stated s/he had recently reorganized his/her desk and was unable to locate some records needed during the survey process. Licensee A also inquired if the documentation requirements for an adult family home would be less than they are for the CBRF license.

Cross Reference:
N0158 DHS 83.12(2)(a) Caregiver: Investigating

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N 196	Continued From page 11 Abuse & Neglect N0164 DHS 83.12(4)(b) Reporting When Law Enforcement Is Called N0189 DHS 83.13(3)(b) Post House Rules, Resident Rights, Grievances N0219 DHS 83.17(1) Licensee Conduct Caregiver Background Check N0220 DHS 83.17(2)(a) Employees Screened For Communicable Disease N0243 DHS 83.21(1-3) All Employee Training N0247 DHS 83.22(1-4) Task Specific Training N0277 DHS 83.25 Continuing Education N0302 DHS 83.28(4)(a) Resident Health Screening And Documentation N0305 DHS 83.28(6) Resident Rights, Grievance Procedure, Rules N0310 DHS 83.29(2) Admission Agreement Include Services, Charges N0389 DHS 83.35(3)(d) Service Plans Updated Annually Or On Changes N0399 DHS 83.36(2) Maintain Current Written Staffing Schedule N0407 DHS 83.37(3)(h) Scheduled Psychotropic Medications N0408 DHS 83.37(1)(i)1. PRN Psychotropic Medication N0426 DHS 83.38(1)(b) Supervision N0450 DHS 83.41(2)(c) Nutrition: Menus N0499 DHS 83.45(3) Toxic Substances N0525 DHS 83.47(2)(d) Fire Drills N0526 DHS 83.47(2)(e) Other Evacuation Drills N0538 DHS 83.48(3)(a) Fire Detection Systems Inspected Annually N0539 DHS 83.48(3)(b) Sensitivity Testing Performed N0640 DHS 83.59(2)(b) Solid Core Wood Doors Or Equivalent	N 196		

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N 219	Continued From page 12	N 219		
N 219	83.17(1) Licensee conduct caregiver background check Caregiver background check. At the time of hire, employment or contract and every 4 years after, the licensee shall conduct and document a caregiver background check following the procedures in s. 50.065, Stats., and ch. DHS 12. A licensee shall not employ, contract with or permit a person to reside at the CBRF if the person has been convicted of the crimes or offenses, or has a governmental finding of misconduct, found in s. 50.065, Stats., and ch. DHS 12, Appendix A, unless the person has been approved under the department ' s rehabilitation process as defined in ch. DHS 12. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a background check was completed at the time of hire and every 4 years after for 2 of 3 caregivers reviewed. Caregiver C did not have a background check completed every 4 years. Caregiver D did not have a background check completed at the time of hire. Findings include: According to The Wisconsin Caregiver Program Manual (P-00038), a complete Caregiver Background Check, at minimum, consists of: 1) A completed DHS form F-82064, Background Information Disclosure (BID). 2) A response from the Department of Justice	N 219		

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(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 219	Continued From page 13 (DOJ). 3) A Governmental Findings Report from DHS that reports the person's status, including administrative finding or licensing restrictions (GFR). On 06/03/2026 at approximately 10:15 a.m., Surveyor reviewed caregiver records, provided by Caregiver B, who Licensee A delegated to assist Surveyor. Employee records documented the following: - Caregiver C was hired 03/2016. Caregiver C's BID was dated 12/11/2015. Caregiver C's DOJ and GFR were dated 11/25/2025. - Caregiver D was hired 03/2023. Caregiver D's record included a BID, dated 02/24/2023; however, the record did not include a DOJ or GFR. On 06/03/2026 at approximately 10:15 a.m., Surveyor interviewed Caregiver B and asked if the provider had documentation of a BID completed within the past 4 years for Caregiver C and documentation of a DOJ and GFR completed for Caregiver D upon hire. Caregiver B reviewed employee records and stated s/he was unable to locate additional records.	N 219		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease	N 220		

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N 220	Continued From page 14	N 220		

control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 1 of 1 caregivers reviewed, who had been hired within the past 2 years, was screened for clinically apparent communicable disease, including tuberculosis, within 90 days before the start of employment.

Caregiver E did not have documentation indicating s/he had been screened for clinically apparent communicable disease, including tuberculosis, within 90 days before the start of employment.

This is a repeat deficiency. See Statement of Deficiency (SOD) FCUY11, dated 11/26/2024.

Findings include:

On 06/03/2026 at 10:15 a.m., Surveyor reviewed the employee records of Caregiver E, provided by Caregiver B, who Licensee A delegated to assist Surveyor. Caregiver E's record documented a hire date of 06/2024. Caregiver E's record did not include documentation of screening for clinically apparently communicable disease, including a tuberculosis test.

On 06/03/2026 at approximately 10:15 a.m., Surveyor interviewed Caregiver B and asked if the provider had documentation of a

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N 220	Continued From page 15 communicable disease screen, including tuberculosis test, for Caregiver E. Caregiver B reviewed employee records and stated s/he was unable to locate additional records.	N 220		
N 243	83.21(1)-(3) All employee training. The CBRF shall provide, obtain or otherwise ensure adequate training for all employees in all of the following: Resident rights. Training shall include general rights of residents including rights as specified under s. DHS 83.32(3). Training shall be provided as applicable under ss. 50.09 and 51.61 and chs. 54, 55, and 304, Stats., and ch. DHS 94, depending on the legal status of the resident or service the resident is receiving. Specific training topics shall include house rules, coercion, retaliation, confidentiality, restraints, self-determination, and the CBRF ' s complaint and grievance procedures. Residents ' rights training shall be completed within 90 days after starting employment. Client Group. Training shall be specific to the client group served and shall include the physical, social and mental health needs of the client group. Specific training topics shall include, as applicable: characteristics of the client group served, activities, safety risks, environmental considerations, disease processes, communication skills, nutritional needs, and vocational abilities. Client group specific training shall be completed within 90 days after starting employment. Client Group. In a CBRF serving more than one client group, employees shall receive training for each client group. Recognizing, preventing, managing, and responding to challenging behaviors. Specific	N 243		

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N 243	Continued From page 16 training topics shall include, as applicable: elopement, aggressive behaviors, destruction of property, suicide prevention, self-injurious behavior, resident supervision, and changes in condition. Challenging behaviors training shall be completed within 90 days after starting employment. This Rule is not met as evidenced by: Based on record review and interview the licensee did not provide, obtain or otherwise ensure 1 of 1 employees reviewed, that had been hired within the past 2 years, obtained all training as required within 90 days after starting employment. Caregiver E's record did not contain evidence of training in recognizing, preventing, managing and responding to challenging behaviors and training in required client groups within 90 days after starting employment. This is a repeat deficiency. See Statement of Deficiency (SOD) FCUY11, dated 11/26/2024. Findings include: On 06/03/2026, Surveyor conducted a review of 1 employee record, for an employee hired in the past 2 years, to verify compliance with all employee training requirements. Surveyor requested training records from Caregiver B, who Licensee A delegated to assist Surveyor, for Caregiver E.	N 243		

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N 243	Continued From page 17 Recognizing, Preventing, Managing and Responding to Challenging Behaviors The record for Caregiver E, hired 06/01/2024, did not contain evidence of training or evidence of meeting an exemption for challenging behaviors training. At 10:15 a.m., Surveyor interviewed Caregiver B. Caregiver B confirmed the facility did not have evidence Caregiver E completed or met an exemption for challenging behaviors training. Client Group The facility was licensed to provide care and services to residents within the client groups of emotionally disturbed/mental illness and developmentally disabled. The record for Caregiver E, hired 06/01/2024, did not contain evidence of training or evidence of meeting an exemption for client group training. At 10:15 a.m., Surveyor interviewed Caregiver B. Caregiver B confirmed the facility did not have evidence Caregiver E completed or met an exemption for client group training specific to emotionally disturbed/mental illness and developmentally disabled. Caregiver B stated s/he was only able to provide documentation indicating Caregiver E completed training for clients with traumatic brain injury.	N 243		
N 247	83.22(1)-(4) Task specific training. The CBRF shall provide, obtain or otherwise ensure adequate training for employees performing job duties in all of the following: Assessment of residents. All employees responsible for resident assessment shall successfully complete training in the assessment	N 247		

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N 247	Continued From page 18 of residents prior to assuming these job duties. Specific training topics shall include: assessment methodology, assessment of changes in condition, sources of assessment information, and documentation of the assessment. Individual service plan development. All employees responsible for service plan development shall successfully complete training in individual service plan development prior to assuming these job duties. Specific training topics shall include: identification of the resident ' s needs and desired outcomes, development of goals and interventions, service plan evaluation and review of progress. Provision of personal care. All employees responsible for providing assistance with activities of daily living shall successfully complete training prior to assuming these job duties. Specific training topics shall include, as appropriate: bathing, eating, dressing, oral hygiene, nail and foot care, toileting and incontinence care, positioning and body alignment, and mobility and transferring. Dietary training. All employees performing dietary duties shall complete dietary training within 90 days after assuming these job duties. Specific training topics shall include: determining nutritional needs, menu planning, food preparation and food sanitation. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 employees reviewed, who had been hired within the past 2 years, obtained all task specific training.	N 247		

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N 247	Continued From page 19 Caregiver E, who performed dietary duties, did not contain evidence of training in dietary services within 90 days after assuming these job duties. Findings include: On 06/03/2026, Surveyor conducted a review of 1 employee record, who had been hired within the past 2 years, to verify compliance with task specific training requirements. Surveyor requested training records from Caregiver B, who Licensee A delegated to assist Surveyor, for Caregiver E. Dietary Training On 06/03/2026, Surveyor observed the provider staffed each shift with 1 staff member, who was responsible for resident care, dietary tasks and household tasks. The record for Caregiver E, hired 06/01/2024, did not contain evidence of training or evidence of meeting an exemption for dietary training. At 10:15 a.m., Surveyor interviewed Caregiver B. Caregiver B confirmed Caregiver E had performed dietary tasks since 06/2024. Caregiver B confirmed the facility did not have evidence Caregiver E completed or met an exemption for dietary training within 90 days after assuming these job duties.	N 247		
N 277	83.25 Continuing education The administrator and resident care staff shall receive at least 15 hours per calendar year of continuing education beginning with the first full calendar year of employment. Continuing education shall be relevant to the job	N 277		

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N 277	Continued From page 20 responsibilities and shall include, at a minimum, all of the following: (1) Standard precautions; (2) Client group related training; (3) Medications; (4) Resident rights; (5) Prevention and reporting of abuse, neglect and misappropriation; (6) Fire safety and emergency procedures, including first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 3 employees reviewed received 15 hours of continuing education per calendar year. Caregiver E did not receive 15 hours of continuing education in 2025. Findings include: On 06/03/2026 at approximately 10:15 a.m., Surveyor reviewed Caregiver E's record, provided by Caregiver B, who Licensee A delegated to assist Surveyor. Caregiver E's record documented that s/he was hired 06/2024. Caregiver E's record documented the completion of 10.75 hours of continuing education in 2025. Surveyor interviewed Caregiver B and reviewed concern that Caregiver E had not completed 15 hours of continuing education in 2025. Caregiver B reviewed Caregiver E's required and stated s/he did not have documentation of additional trainings to provide.	N 277		
N 302	83.28(4)(a) Resident health screening and documentation	N 302		

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N 302	Continued From page 21 Resident health screening. 1. Within 90 days before or 7 days after admission, a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse shall screen each person admitted to the CBRF for clinically apparent communicable disease, including tuberculosis, and document the results of the screening. 2. Screening for tuberculosis and all immunizations shall be conducted using centers for disease control and prevention standards. 3. The CBRF shall maintain the screening documentation in each resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents reviewed, who had admitted to the provider's facility in the past 2 years, were screened for communicable disease, including tuberculosis within 90 days before or 7 days after admission. Resident 1 and Resident 2's records did not include documentation indicating they were screened for communicable disease, including tuberculosis. This is a repeat deficiency. See Statement of Deficiency (SOD) FCUY11, dated 11/26/2024. Findings include: On 06/03/2026 at approximately 9:15 a.m., Surveyor reviewed resident records provided by Caregiver B, who was delegated by Licensee A to work with Surveyor, and Caregiver C. Records	N 302		

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N 302	Continued From page 22 documented the following: - Resident 1 was admitted to the provider's facility on 02/16/2026. Resident 1's record did not include documentation of a communicable disease screen, including tuberculosis test. - Resident 2 was admitted to the provider's facility on 08/25/2025. Resident 2's record did not include documentation of a communicable disease screen, including tuberculosis test. On 06/03/2026 at approximately 9:33 a.m., Surveyor reviewed concern with Caregiver B that resident records did not include documentation of a communicable disease screen, including tuberculosis test. Caregiver B reviewed resident records and responded, "I'm not seeing [screens] either."	N 302		
N 305	83.28(6) Resident rights, grievance procedure, rules Resident rights, grievance procedure, and house rules. Before or at the time of admission, the CBRF shall provide and explain resident rights, the house rules of the CBRF as required under s. DHS 83.32 (2), and the grievance procedure, including written information regarding the names, addresses and telephone numbers of all resident advocacy groups serving the client groups in the facility, including the long term care ombudsman program and the protection and advocacy services of Disability Rights Wisconsin, Inc. This Rule is not met as evidenced by: Based on record review and interview, the	N 305		

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N 305	Continued From page 23	N 305		

provider did not ensure 2 of 2 residents reviewed were provided and explained the house rules of the CBRF before or at the time of admission.

Resident 1 and Resident 2 were not provided the house rules of the CBRF before or at the time of admission.

Findings include:

On 06/03/2026 at approximately 9:15 a.m., Surveyor reviewed resident records provided by Caregiver B, who was delegated by License A to work with Surveyor, and Caregiver C. The following concerns were identified:

- Resident 2 was admitted to the provider's facility on 08/25/2025. Resident 2's record did not include documentation indicating s/he had been provided with the house rules prior to or at the time of admission.
- Resident 1 was admitted to the provider's facility on 02/16/2026. Resident 1's record did not include documentation indicating s/he had been provided with the house rules prior to or at the time of admission.

On 06/03/2026 at approximately 9:30 a.m., Surveyor interviewed Caregiver B and discussed concern that neither Resident 1, nor Resident 2's admission documentation indicated they had been provided and explained the house rules of the CBRF at the time of admission. Caregiver B reviewed resident records and confirmed Surveyor's observation. Caregiver B stated s/he hadn't been doing much of the paperwork at the facility over the past year. Caregiver B was unable to locate documentation of house rules within the home.

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N 310	Continued From page 24	N 310		
N 310	83.29(2) Admission agreement include services, charges The admission agreement shall be given in writing and explained orally in the language of the prospective resident or legal representative. Admission is contingent on a person or that person ' s legal representative signing and dating an admission agreement. The admission agreement shall include all of the following: (a) An accurate description of the basic services provided, the rate charged for those services and the method of payment; (b) Information about all additional services offered, but not included in the basic services. The CBRF shall provide a written statement of the fees charged for each of these services; (c) The method for notifying residents of a change in charges for services; (d) Terms for resident notification to the CBRF of voluntary discharge. This paragraph does not apply to a resident in the custody of a government correctional agency; (e) Terms for refunding charges for services paid in advance, entrance fees, or security deposits in the case of transfer, death or voluntary or involuntary discharge; (f) A statement that the amount of the security deposit may not exceed one month ' s fees for services, if security deposit is collected; (g) Terms for holding and charging for a resident ' s room during a resident ' s temporary absence. This paragraph does not apply to a resident in the custody of a government correctional agency; (h) Reasons and notice requirements for involuntary discharge or transfer, including transfers within the CBRF. This paragraph does not apply to a resident in the custody of a government correctional agency.	N 310		

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N 310	Continued From page 25 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 admission agreements were signed and dated by the resident and/or resident's legal representative. Findings include: On 06/03/2026 at approximately 9:15 a.m., Surveyor reviewed resident records provided by Caregiver B, who was delegated by License A to work with Surveyor, and Caregiver C. The following concerns were identified: - Resident 2 was admitted to the provider's facility on 08/25/2025. Resident 2's record indicated s/he made his/her own health care decisions. Resident 2's record did not include a signed admission agreement. - Resident 1 was admitted to the provider's facility on 02/16/2026. Resident 1's record indicated s/he made his/her own health care decisions. Resident 1's record had an admission agreement that was signed by Resident 1 but not dated. - Neither Resident 1, nor Resident 2's admission agreement included a description of basic services provided, terms for refunding charges for services paid in advance in the case of transfer, death or voluntary or involuntary discharge and reasons for involuntary discharge or transfer. On 06/03/2026 at approximately 9:30 a.m., Surveyor interviewed Caregiver B and discussed concern that 2 of 2 admission agreements did not include all requirements. Caregiver B confirmed Surveyor's observation and stated s/he hadn't been doing much of the paperwork at the facility over the past year.	N 310		

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N 389	Continued From page 26	N 389		
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 3 individual service plans (ISP) were updated when there was a change in a resident's needs or annually. Resident 1's ISP was not updated to include the use of a code word when a break was needed. Resident 3's ISP was not reviewed at least annually. Findings include: From 06/03/2026 to 06/09/2026, Surveyor completed 2 complaint investigations and a standard survey. The following concerns were identified: Example 1 - Resident 1:	N 389		

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N 389	Continued From page 27 On 06/03/2026 at approximately 9:15 a.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's facility on 02/16/2026 with diagnoses including anxiety, depression, bipolar disorder, attention deficit hyperactivity disorder and post-traumatic stress disorder. Resident 1's ISP, dated 03/12/2026, documented that s/he had a history of wandering, suicidal ideation, occasional aggression and verbal outbursts. Interventions listed in the ISP included 30-minute checks, contacting crisis, trying to calm and reducing volume. Resident 1's record included a progress note, dated 03/10/2026, that stated case manager, facility staff and Resident 1 discussed concerns with staff needing a break when Resident 1 was manic and repeating things. The note indicated a code word of "Apple" would be used when staff needed a break. A progress note, dated 03/24/2026, documented the effective use of code word "Apple." Surveyor re-reviewed Resident 1's ISP and noted the use of "apple" was not included. On 06/05/2026 at 7:30 a.m., Surveyor interviewed Licensee A and discussed concern that Resident 1's ISP was updated to include code word determined by Resident 1, facility staff and case manager. Licensee A acknowledged attempts to use code word, but stated none of the interventions worked. Example 2 - Resident 3: On 06/03/2026 at approximately 9:15 a.m., Surveyor reviewed Resident 3's record. Resident 3 was admitted to the provider's facility on 06/03/2021 with diagnoses of diabetes and congestive heart failure. Resident 3's record documented that his/her Health Care Power of Attorney was activated on 06/09/2025. Resident	N 389		

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N 389	Continued From page 28 3's record documented the last time his/her ISP had been reviewed and signed by a party other than Licensee A was 07/13/2023 when the ISP was signed by Resident 3. On 06/03/2026 at approximately 11:50 a.m., Surveyor interviewed Caregiver B and discussed concern that Resident 3's ISP had not been reviewed and signed by Resident 3 or his/her activated Health Care Power of Attorney in the past 6+ months. Caregiver B replied, "That's very peculiar."	N 389		
N 399	83.36(2) Maintain current written staffing schedule Staffing schedule. The CBRF shall maintain a current written schedule for staffing the CBRF. The schedule shall include each employee ' s full name, job assignment and time worked. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a written staff schedule was maintained. The provider did not maintain documentation of the staff schedule, including the employee's full name, job assignment and time worked. Findings include: On 06/03/2026 at 9:48 a.m., Surveyor requested the provider's staff schedule from 03/01/2026 to present from Caregiver C. Caregiver C stated there was no documentation of the staff schedule, but that caregivers worked a 2-week rotation that Caregiver C could verbally tell	N 399		

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N 399	Continued From page 29 Surveyor. Caregiver C then verbally told Surveyor the schedule and Surveyor noted occurrences when no one was assigned to work. Caregiver C then wrote out the schedule him/herself to ensure there were no gaps. Surveyor observed Caregiver C edit the schedule as s/he wrote it out and occurrences when no one was assigned to work were identified. Surveyor asked how s/he would know if the rotation was not followed and someone else covered a shift on a specific day. Caregiver C stated there would not be any documentation on a schedule but shift notes or the medication administration record would identify who worked that day. On 06/03/2026 at approximately 1:00 p.m., Caregiver B commented that s/he had worked approximately 2 weeks ago at the provider's facility when the fire alarms went off. Surveyor reviewed the staff rotation completed by Caregiver C and noted Caregiver B was not noted on the rotation. Surveyor interviewed Caregiver B and asked if s/he was a part of the rotation at the home. Caregiver B clarified that s/he typically worked at an affiliated facility but would cover shifts when needed at the facility Surveyor was present at.	N 399		
N 407	83.37(1)(h) Scheduled psychotropic medications. Scheduled psychotropic medications. When a psychotropic medication is prescribed for a resident, the CBRF shall do all of the following: 1. Ensure the resident is reassessed by a pharmacist, practitioner or registered nurse, as needed, but at least quarterly for the desired responses and possible side effects of the medication. The results of the assessments shall be documented in the resident ' s record as	N 407		

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required under s. HFS 83.42(1)(q). 2. Ensure all resident care staff understands the potential benefits and side effects of the medication.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 2 of 2 residents reviewed, that received a scheduled psychotropic medication and had resided at the facility greater than 3 months, had their use of scheduled psychotropic medications reassessed by a pharmacist, practitioner or registered nurse for the desired responses and possible side effects at least quarterly.

Resident 3's use of Aristada and Sertraline was not reassessed quarterly.
Resident 2's use of Divalproex was not reassessed quarterly.

Findings include:

On 06/03/2026 at approximately 9:15 a.m., Surveyor reviewed resident records provided by Caregiver B, who was delegated by License A to work with Surveyor, and Caregiver C. The following concerns were identified:

- Resident 3 was admitted to the provider's facility on 06/03/2021. Resident 3's physician orders included an order for Aristada 3.2 ml (Start Date: 08/30/2021) injection every 3 weeks and Sertraline Hcl 100 mg (Start Date: 06/25/2021) 2 tablets daily. Resident 3's record did not include documentation of scheduled psychotropic reviews.
- Resident 2 was admitted to the provider's facility on 08/25/2025 with an order for Divalproex 250

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N 407	Continued From page 31 mg 3 times daily (no diagnosis listed). Resident 2's record did not include documentation of scheduled psychotropic reviews. On 06/03/2026 at approximately 9:30 a.m., Surveyor interviewed Caregiver B and discussed concern that 2 of 2 residents that received scheduled psychotropic medications did not have documentation of scheduled psychotropic reviews. Caregiver B confirmed Surveyor's observation and stated residents routinely saw psychiatry, but the provider did not receive follow up documentation like they used to. Caregiver B added that Resident 2's Divalproex was prescribed for seizures.	N 407		
N 408	83.37(1)(i) PRN psychotropic medication. As needed (PRN) psychotropic medication. When a psychotropic medication is prescribed on an as needed basis for a resident, the CBRF shall do all of the following: 1. The resident ' s individual service plan shall include the rationale for use and a detailed description of the behaviors which indicate the need for administration of PRN psychotropic medication. 2. The administrator or qualified designee shall monitor at least monthly for the inappropriate use of PRN psychotropic medication, including but not limited to, use contrary to the individual service plan, presence of significant adverse side effects, use for discipline or staff convenience, or contrary to the intended use. 3. Documentation in the resident ' s record shall include the rationale for use, description of behaviors requiring the PRN psychotropic medication, the effectiveness of the medication, the presence of any side effects, and monitoring for inappropriate use for each PRN psychotropic medication given.	N 408		

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N 408	Continued From page 32 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 residents reviewed that received a PRN psychotropic medication had the rationale for use and detailed description of behaviors which indicated the need for administration of the PRN medication documented in their individual service plan (ISP) and that the PRN medication was monitored at least monthly for inappropriate use. Resident 1's ISP did not include the use of his/her Hydroxyzine PRN and the use of his/her Hydroxyzine PRN was not monitored monthly. Findings include: On 06/03/2026 at approximately 9:15 a.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's facility on 02/16/2026 with an order for Hydroxyzine Hcl 25 mg 3 times daily as needed. Resident 1's record documented frequent use of the Hydroxyzine, including 41 administrations from 04/01/2026 to 04/19/2026. Resident 1's ISP, dated 03/12/2026, did not include the rationale for use and detailed description of behaviors which indicated the need for Hydroxyzine administration. Resident 1's record did not include a monthly review of Resident 1's Hydroxyzine PRN use. On 06/03/2026 at 9:33 a.m., Surveyor interviewed Caregiver B regarding Resident 1's Hydroxyzine PRN use. Caregiver B stated s/he "never knew of it" regarding the need for PRN psychotropic medications to be included in ISPs. Caregiver B stated residents routinely saw psychiatry, but s/he did not have any documentation of monthly	N 408		

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N 408	Continued From page 33 monitoring of Resident 1's Hydroxyzine use.	N 408		
N 426	83.38(1)(b) Supervision. 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: Supervision. The CBRF shall provide supervision appropriate to the resident's needs. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure adequate supervision was provided to meet the needs of residents. Licensee A instructed Caregiver E to have Resident 1 stay overnight at his/her home because Caregiver D threatened to leave the facility due to Resident 1, resulting in allegations of caregiver misconduct and medication errors. Findings include: From 06/03/2026 to 06/09/2026, Surveyor completed a complaint investigation alleging concerns with caregiver misconduct and medication management at the facility. On 06/03/2026 at approximately 7:00 a.m., Surveyor reviewed a law enforcement record, obtained by Surveyor, dated 05/11/2026. The	N 426		

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record documented law enforcement met with Resident 1 at a local medical center after report that Resident 1 took too many medications. The report documented Resident 1 had informed law enforcement that Licensee A had instructed Caregiver E to take Resident 1 to his/her own personal house due to harassment issues occurring at the home. The report documented that Resident 1 reported s/he stayed overnight at Caregiver E's personal home on 04/19/2026 and engaged in sexual intercourse with Caregiver E.

On 06/03/2026 at approximately 9:15 a.m., Surveyor reviewed resident records provided by Caregiver B, who was delegated by Licensee A to work with Surveyor, and Caregiver C. Resident 1's record documented s/he was admitted to the provider's facility on 02/16/2026 with diagnoses including anxiety, depression, bipolar disorder, attention deficit hyperactivity disorder and post-traumatic stress disorder. Resident 1's individual service plan (ISP), dated 03/12/2026, documented that staff supervised Resident 1's medication administration and that Resident 1 had a history of suicidal ideation. Caregiver C clarified that the provider stored and administered resident medications. Resident 1's progress notes documented the following:

- 02/16/2026: Resident 1 had just admitted to the provider's facility and informed staff s/he had a history of overdosing on medications.
- 04/05/2026: Received call from Licensee A to get medications ready for Resident 1 as s/he was going to spend a few days with Caregiver E. Resident sent with pill pouches through 04/07/2026 at 8 p.m., card of Hydroxyzine (18 tablets) and Methylphenidate).
- 04/06/2026: Case manager called looking for resident and was updated that Resident 1 was

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staying with Caregiver E. Licensee A followed up and stated Resident 1 was contracted to stay at the facility and needed to return to the facility this evening.
- 04/19/2026: Resident 1 called Caregiver E to stay at his/her house. Licensee A stated Resident 1 was his/her own decision maker and to get medications ready for Resident 1. Caregiver sent medication pouches dated 04/19/2026 8:00 p.m. through 04/22/2026 8:00 p.m., a card of Hydroxyzine (11 tablets) and card of Methylphenidate (18 tablets). Documentation indicated medications were handed to Resident 1.
- 04/20/2026: Resident returned home at 8:00 a.m. and stated s/he needed help with his/her medications. Staff noted mediations for 04/20/2026 at 8:00 a.m. were gone. Resident 1 reported s/he had taken them at bedtime because s/he didn't understand. Staff instructed Resident 1 to discuss medication concerns with Licensee A. Sometime between talking to Licensee A at 8:30 a.m. and Resident 1's case manager arriving at 9:00 a.m., Resident 1 took more medications for the 20th and 21st. Resident 1's case manager took Resident 1 to the emergency room for evaluation.

On 06/03/2026 at 11:50 a.m., Surveyor interviewed Caregiver B and discussed concern that Resident 1 was in possession of his/her own medications yet required supervision with medication administration. Caregiver B stated it was common practice to give medications to residents when they were going out on leave but wouldn't give the medications to residents that had a history of abuse.

On 06/04/2026 at approximately 10:00 a.m., Surveyor reviewed county case notes, obtained

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N 426	Continued From page 36 by Surveyor. A note, dated 04/20/2026, documented Resident 1's case manager arrived to the group home at 9:00 a.m. on 04/20/2026. While visiting, Resident 1 disclosed s/he took medications to "catch up" and help regulate him/herself. Upon review of medications, it was determined Resident 1 had taken his/her medications inaccurately. The following medications were taken between 04/19/2026 at 7:00 p.m. and 04/20/2026 at approximately 9:00 a.m.: 3 Hydroxyzine Hcl 25 mg PRN tablets, an extra dose of Methylphenidate ER 27 mg (ordered daily in AM), his/her evening medications for 04/20/2026 (Levetiracetam 500 mg, Olanzapine 10 mg and Trazodone 50 mg) and all medications scheduled for 04/21/2026 (Morning Pouch: Levetiracetam 500 mg and Vitamin B6 50 mg / Evening pouch: Levetiracetam 500 mg, Olanzapine 10 mg, Trazadone 50 mg). On 06/05/2026 at 7:30 a.m., Surveyor interviewed Licensee A and discussed concern that Resident 1 stayed at Caregiver E's home, after discussion with placement agency that s/he should not do so and resulting in resulting in allegations of caregiver misconduct and medication errors. Licensee A stated the provider had sent medications with residents for the past umpteen years. Licensee A stated Caregiver D had threatened to leave the facility due to Resident 1's behavior, so Licensee A called Caregiver E and had Resident 1 stay overnight at Caregiver E's home. When discussing alternate options to having Resident 1 stay at a caregiver's personal home, Licensee A replied, "Crisis wouldn't do a thing. We tried everything we could to get [Resident 1] out of there." Surveyor asked Licensee A if s/he considered alternate options than Resident 1 staying at Caregiver E's home.	N 426		

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N 426	Continued From page 37 Licensee A replied, "I guess I could have asked another staff member to go [to the facility]."	N 426		
N 450	83.41(2)(c) Nutrition: menus. Menus. 1. The CBRF shall make reasonable adjustments to the menu for individual resident ' s food likes, habits, customs, conditions and appetites. 2. The CBRF shall prepare weekly written menus and shall make menus available to residents. Deviations from the planned menu shall be documented on the menu. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure deviations from the planned menu were documented on the menu. Findings include: On 06/03/2026 at approximately 12:00 p.m., Surveyor observed the provider's weekly menu posted on the refrigerator which documented that lunch would be grilled cheese and tomato soup and dinner would be lasagna with garlic bread. On 06/03/2026 at approximately 12:10 p.m., Surveyor observed Caregiver C serve residents cold cut sandwiches and pasta salad for lunch. Surveyor also observed a roast in a crock pot. Surveyor interviewed Caregiver C and asked why grilled cheese and tomato soup wasn't prepared for lunch. Caregiver C stated it didn't make sense to open a big can of tomato soup when only 2 residents were eating lunch at the facility, so s/he made an alternate meal. Caregiver C added another resident was just returning home from a	N 450		

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N 450	Continued From page 38 dental procedure, so s/he was making him/her a separate meal of chicken noodle soup. Surveyor asked if lasagna would be prepared for supper. Caregiver C stated s/he was preparing beef roast for supper instead of lasagna because the residents hadn't had it in a while. Surveyor discussed concern that the provider's menu did not document deviations from the menu with Caregiver C. Caregiver C confirmed deviations were not documented.	N 450		
N 499	83.45(3) Toxic substances. Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure cleaning compounds and toxic substances were stored in a secure area. Findings include: The provider is licensed to serve up to 8 residents with diagnoses including emotionally disturbed/mental illness and developmentally disabled. On 06/03/2026 at 9:24 a.m., Surveyor toured the provider's laundry room, which did not have a door to enter. Surveyor observed the following cleaning compounds, unsecured and accessible: - La's Totally Awesome bleach (Label: Causes substantial but temporary eye injury ...If swallowed, drink glass of water, contact a	N 499		

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N 499	Continued From page 39 physician or position control center immediately ...) - Ajax laundry detergent (Label: Eye irritant ... If swallowed, slowly drink a glassful of water. Call physician). - Clear plastic spray bottle with handwritten label stating "Lestoil Laundry Pre Soak" - Clear plastic spray bottle with handwritten label stating "Bleach Water" - Arm and Hammer detergent (Label: In case of eye contact, flush with water. If swallowed, drink a glass of water. In either case, call a physician). On 06/03/2026 at approximately 12:00 p.m., Surveyor interviewed Caregiver B, who Licensee A delegated to work with Surveyor. Surveyor shared concern that the laundry room stored several cleaning compounds that were left unsecured and accessible to residents. Caregiver B confirmed Surveyor's observation and stated Surveyor was pickier than past surveyors.	N 499		
N 525	83.47(2)(d) Fire drills. Fire drills. 1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of the drill and the CBRF ' s total evacuation time. The CBRF shall record residents having an evacuation time greater than the time allowed under s. HFS 83.35(5) and the type of assistance needed for evacuation. Fire evacuation drills may be announced in advance. 2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleeping hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the	N 525		

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N 525	Continued From page 40 employees scheduled to work during the residents ' normal sleeping hours. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure fire drills were conducted quarterly with the date, time and evacuation time documented. Four of five drills documented as completed from 01/01/2025 to 06/03/2026 did not include the time the drill was completed. One of five drills completed from 01/01/2025 to 06/03/2026 did not include the evacuation time. The provider did not complete drills quarterly in 2025. Findings include: On 06/03/2026 at approximately 9:15 a.m., Surveyor reviewed the provider's environmental documentation, provided by Caregiver B, who Licensee A delegated to work with Surveyor, and Caregiver C. Environmental documentation included the following: - Fire Drill 05/20/2026 - No time. - Fire Drill 02/19/2026 - No time. - Fire Drill 08/29/2025 - No time. - Fire Drill 07/10/2025 - No time. - Fire Drill 02/12/2025 at 9:00 a.m. - No evacuation time. On 06/03/2026 at approximately 1:00 p.m., Surveyor interviewed Caregiver B and discussed concern that fire drills did not include all required documentation, including time of drill and	N 525		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010325	A. BUILDING: _____ B. WING _____	C 06/09/2026

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N 525	Continued From page 41 evacuation time. Caregiver B stated s/he documented everything when s/he completed drills in the past but had primarily been working at an affiliated facility over the past year and wasn't sure what was and was not done at the facility.	N 525		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure other evacuation drills, such as tornado, flooding or other emergency or disaster evacuation drills, were conducted semi-annually. The provider did not complete an evacuation drill, such as tornado, flooding or other emergency or disaster evacuation drill in 2025. Findings include: On 06/03/2026 at approximately 9:15 a.m., Surveyor reviewed the provider's environmental documentation, provided by Caregiver B, who Licensee A delegated to work with Surveyor, and Caregiver C. Environmental documentation indicated the provider conducted 1 tornado drill in 2026, dated 04/17/2026. Documentation did not indicate any drills, other than fire drills, were completed in 2025. On 06/03/2026 at approximately 1:00 p.m., Surveyor interviewed Caregiver B and discussed concern that evacuation drills, other than fire	N 526		

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N 526	Continued From page 42 drills, were not completed in 2025. Caregiver B stated s/he had been doing them in the past at the facility, but for the past year was primarily working at an affiliated facility and wasn't sure what had or had not been done.	N 526		
N 538	83.48(3)(a) Fire detection systems inspected annually. After the first year following installation, fire detection systems shall be inspected, cleaned and tested annually by certified or trained and qualified personnel in accordance with the specifications in NFPA 72 and the manufacturer ' s specifications and procedures. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the fire detection system was tested annually by certified or trained and qualified personnel. The provider's fire detection system had not been tested since 02/21/2021. Findings include: On 06/03/2026 at approximately 9:05 a.m., Surveyor reviewed environmental documentation provided by Caregiver B, who Licensee A delegated to work with Surveyor, and Caregiver C. Environmental documentation did not include documentation of a fire detection system inspection. Surveyor interviewed Caregiver B and asked if s/he had documentation of a fire detection system inspection. On 06/03/2026 at 10:09 a.m., Caregiver B	N 538		

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N 538	Continued From page 43 followed up with Surveyor and provided documentation of an inspection dated 02/22/2021. Caregiver B stated s/he called the vendor that typically completed inspections of the facility's fire system and an inspection was scheduled for the following week.	N 538		
N 539	83.48(3)(b) Sensitivity testing performed Sensitivity testing shall be performed at intervals in accordance with NFPA 72. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure sensitivity testing was completed in accordance with NFPA 72. The facility had not had a sensitivity test completed within the past 5 years. Findings include: NFPA 72 indicates sensitivity tests must occur 1 year after install then checked every other year and increased to every 5 years if the device remains within its sensitivity range (Source: NFPA, How Do I Maintain My Smoke Detector? August 17 2020, https://www.nfpa.org/news-blogs-and-articles/blogs/2020/08/17/how-do-i-maintain-my-smoke-detector (retrieval date - June 4, 2026).) On 06/03/2026 at approximately 9:05 a.m., Surveyor reviewed environmental documentation provided by Caregiver B, who Licensee A delegated to work with Surveyor, and Caregiver C. Environmental documentation did not include documentation of a sensitivity test. While reviewing documentation, Surveyor interviewed	N 539		

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N 539	Continued From page 44 Caregiver B and asked if s/he had documentation of a sensitivity test completed in the past 5 years. On 06/03/2026 at 10:09 a.m., Caregiver B followed up with Surveyor and stated s/he called the vendor that typically completed inspections of the facility's fire system and an inspection was scheduled for the following week.	N 539		
N 640	83.59(2)(b) Solid core wood doors or equivalent A solid core wood door or an equivalent fire resistive door shall be provided at any interior stair between the basement and the first floor. The door shall have a positive latch and an automatic closing device and normally shall be kept closed. Enclosed furnace and laundry areas with self-closing doors in a split level home may substitute for the self-closing door between the first and second levels. Enclosed furnace and laundry areas shall have self-closing solid core wood doors or an equivalent fire resistive door when located on a common level with resident bedrooms. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the laundry room, which was located on the same floor as resident bedrooms, had a self-closing door. Findings include: On 06/03/2026 at 9:24 a.m., Surveyor toured the provider's facility and observed the laundry room, which was located on the same floor as resident rooms, did not have a door. On 06/03/2026 at approximately 12:00 p.m.,	N 640		

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N 640	Continued From page 45 Surveyor interviewed Caregiver B, who Licensee A delegated to work with Surveyor. Caregiver B confirmed staff used the laundry room located on the main floor of the facility and next to resident rooms. Surveyor shared concern that the laundry room did not have a self-closing door installed to enter the room. Caregiver B confirmed Surveyor's observation and stated Surveyor was pickier than past surveyors.	N 640		