

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0013806	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/24/2026
NAME OF PROVIDER OR SUPPLIER GREENBRIAR APARTMENTS LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1350 JEFFERSON STREET BARABOO, WI 53913		
(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
U 000	INITIAL COMMENTS On 07/23/2026 to 07/24/2026, Surveyor conducted 3 complaint investigations at Greenbriar Apartments LLC. Six deficiencies were identified. Three of 6 deficiencies were repeat violations. See Statement of Deficiency (SOD) JGBW13, dated 10/30/2023, SOD JGBW14, dated 05/29/2024, SOD JGBW12, dated 05/16/2023, SOD JGBW11, dated 12/15/2021, and SOD TE1S11, dated 10/10/2021. Three of 3 complaints were substantiated. Census: 26	U 000		
U 118	89.23(2)(a)2.c SERVICES SUFFICIENT SERVICES. Minimum required services. A residential care apartment complex shall have the capacity to provide all of the following services to all tenants, either directly or under contract: c. Nursing services: health monitoring, medication administration and medication management.	U 118		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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U 118	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure health monitoring for 2 of 4 tenants reviewed. Tenant 1's blood sugar was not taken 3x/day as ordered. Tenant 4's pulse was not taken 2x/day as ordered. This was a repeat deficiency - See Statement of Deficiency (SOD) JGBW13, dated 10/30/2023 and SOD JGBW11, dated 12/15/2021. Findings include: On 05/19/2026, the Department received a complaint alleging concerns tenant's health was not being monitored. On 07/23/2026, Surveyor reviewed tenant records and identified the following: Example 1: Tenant 1 Tenant 1 was admitted to the facility on 12/10/2025 with diagnosis of type 2 diabetes. Tenant 1's comprehensive assessment dated 12/5/2025 indicated s/he required assistance with medications 3x/day. Tenant 1's physician orders included: Blood sugar diagnostic (OneTouch Ultra Test Strips) as directed to test 3 times daily with a start date of 08/07/2023. Surveyor reviewed Tenant 1 May and July 2026 medication administration records (MARs). In May 2026, staff did not document Tenant 1's blood sugar on the following dates: 05/01/2026, 05/02/2026, 05/04/2026, 05/12/2026 (12pm),	U 118			

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U 118	Continued From page 2 05/16/2026 (12pm), 05/17/2026 (12pm), 05/20/2026, 05/21/2026 (5pm), 05/25/2026 (12pm and 5pm), 05/27/2026 (12pm and 5pm), 05/28/2026 (5pm), 05/29/2026 (12pm and 5pm), 05/31/2026 (8am and 12pm). Staff initialed all oral medications as administered for the month of May and Tenant 1 was not documented as being out for any reason. The provider could not locate Tenant 1's June 2026 MAR. In July 2026, staff did not document Tenant 1's blood sugar on the following dates: 07/05/2026, 07/12/2026 (5pm), 07/15/2026 (12pm), 07/16/2026 (12pm), 07/17/2026 (5pm), 07/18/2026 (5pm). Staff initialed all oral medications as administered for the month of July 2026 and Tenant 1 was not documented as being out for any reason. Example 2: Tenant 4 Tenant 4 was admitted to the facility on 09/05/2025 with diagnosis including intellectual disability, schizophrenia, and depressive disorder. Tenant 4's comprehensive assessment dated 06/24/2026 indicated s/he required assistance with medications 3-4x/day. Tenant 4's physician orders included: "Metoprolol 25 mg with instructions to take 1 tablet by mouth 2 times per day with morning and evening meals *Hold for pulse <50*, with a start date of 08/28/2025." Surveyor reviewed Tenant 4's April, May, and July 2026 MARs. In April 2026, staff did not document Tenant 4's pulse on the following dates: 04/02/2026 (4pm), 04/28/2026 (4pm), 04/30/2026	U 118		

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U 118	Continued From page 3 (4pm). Staff initialed all oral medications as administered for the month of April 2026 and Tenant 4 was not documented as being out for any reason. In May 2026, staff did not document Tenant 4's pulse on the following dates: 05/23/2026 (5pm), 05/24/2026 (5pm). Staff initialed all oral medications as administered for the above dates and Tenant 4 was not documented as being out for any reason. The provider could not locate Tenant 4's June 2026 MAR. In July 2026, staff did not document Tenant 4's pulse on the following dates: 07/06/2026 (4pm), 07/12/2026 (4pm). On 07/23/2026 at 3:35 PM, Surveyor interviewed Director A regarding Tenant 1's and Tenant 4's vitals not being taken daily as ordered. Director A acknowledged both tenant records did not have vitals recorded consistently. Director A stated s/he would re-educate caregivers on the importance of taking vitals and consistent recording. Director A did not provide an answer to why vitals were not recorded on the above dates.	U 118			
U 129	89.23(4)(a)2. SERVICES PROVIDER QUALIFICATIONS. Service Providers. Nursing services and supervision of delegated nursing services shall be	U 129			

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U 129	Continued From page 4 provided consistent with the standards contained in the Wisconsin nurse practice act. Medication administration and medication management shall be performed by or, as a delegated task, under the supervision of a nurse or pharmacist. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure medication administration was performed by or, as a delegated task, under the supervision of a nurse. This is a repeat deficiency. See Statement of Deficiency (SOD) JGBW12, dated 05/16/2023, SOD JGBW13, dated 10/30/2023, and SOD TE1S11, dated 10/19/2021. Findings include: On 07/23/2026, Surveyor reviewed employee records who administer medications and identified the following: Caregiver B was hired 11/01/2017. Caregiver B's record did not include documentation of RN delegation for medication administration. Caregiver C was hired 04/30/2026. Caregiver C's record did not include documentation of RN delegation for medication administration. On 07/23/2026, Surveyor reviewed Tenant 1's medication administration record (MAR) for July 2026, which documented Caregiver B and C had administered Tenant 1's medications throughout	U 129		

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U 129	Continued From page 5 the month including oral tablets and insulin administration. On 07/23/2026 at 3:35 PM, Surveyor conducted an exit conference and shared findings with Director A. Director A reported the provider did not have a registered nurse associated with the facility at this time. Director A acknowledged an understanding of the concern and stated s/he would work on addressing this issue.	U 129		
U 164	89.26(2)(i) COMPREHENSIVE ASSESSMENT CONTENTS. The comprehensive assessment shall identify and evaluate the following factors relating to the person's need and preference for services: Situations or conditions which could put the tenant at risk of harm or injury. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure that 2 of 2 tenants had situations or conditions identified and assessed that could put tenants at risk of harm or injury. Tenant 1 had repeated incidents of smoking in his/her apartment and his/her record did not contain an assessment of housekeeping services. Tenant 2's apartment was in a state of neglect and his/her record did not contain an assessment of housekeeping services. Findings include: On 07/09/2026, the Department received a complaint alleging concerns with cleanliness in	U 164		

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U 164	Continued From page 6 the facility. On 07/23/2026, Surveyor conducted a complaint investigation. The following was found: On 07/23/2026 at 10:26 AM, Surveyor toured Tenant 1's apartment. Surveyor observed the apartment to be unkept, strong odor of cigarette smoke, burnt cigarettes in an ashtray next to Tenant 1's recliner, Tenant 1's bed did not have a mattress protector or sheets, the floor was covered in food crumbs, dust, and debris, the microwave interior was coated in sticky, orangish grease. The glass window of the microwave was totally hidden by the thick orangish film that dulled the glass. Surveyor observed spoiled food in Tenant 1's refrigerator including a mason jar of olives that was left out on the counter, and the food appeared to be moldy. Outside Tenant 1's apartment posted on the wall, Surveyor observed a cleaning log that documented: 7/2/26: toilet, garbage, swept, mopped, 7/3/26: nothing, 7/6/26: trash, 7/7/26: trash, 7/9/26: trash, 7/12: trash, 7/18: trash, swept. The cleaning log did not address observations seen while touring Tenant 1's apartment. On 07/23/2026 at 11:55 AM, Surveyor toured Tenant 4's apartment. Tenant 4's apartment had a pungent stale and musty odor that was so overwhelming, the Surveyor could only stay in the apartment for approximately 30 seconds. The apartment lacked airflow and the air felt thick, making it heavy to breathe. Tenant 4's bed did not have a mattress protector or sheets. The floor was covered in food crumbs, dust, and debris. The apartment appeared in a state of neglect.	U 164			

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U 164	Continued From page 7 On 07/23/2026, Surveyor reviewed Tenant 1's and Tenant 4's comprehensive assessments and noted both tenants were not assessed for housekeeping services. In addition, Tenant 1 was not assessed after repeated incidents of smoking in his/her room. Tenant 1's record included a form dated 6/24/2026 written by Director A: "RE: Smoking in Rooms. We have a no smoking Room policy it has come to my attention that this is a persistent pattern. This is my first warning, After the 3rd warning we will issue a 30 day notice [sic]." On 07/23/2026 at 9:30 AM, Surveyor interviewed Caregiver B regarding the provider's housekeeping services. Caregiver B stated the facility did not have a housekeeper and caregivers were responsible for daily light cleaning and deep cleaning weekly. Caregiver B stated in addition to cares, medications, and meals, housekeeping was hard to maintain in the building. Caregiver B stated Tenant 1's apartment was cleaned weekly, but due to his/her behaviors of hallucinations and smoking in his/her room, the room was difficult to sustain. On 07/23/2026 at 3:35 PM, Surveyor conducted an exit conference and shared findings with Director A. Director A stated the facility provided housekeeping services to tenants, but acknowledged Tenant 1's and Tenant 4's record did not identify this as a service. Director A reported Tenant 4's room was an ongoing challenge because Tenant 4 often gets verbally aggressive with staff when they enter his/her apartment. Director A reported Tenant 1 did have a 30-day notice issued due to smoking in his/her room. Surveyor asked why Tenant 1 was not assessed after repeated incidents and no plan in place. Director A did not provide an answer.	U 164		

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U 200	89.28(2)(a)1. RISK AGREEMENT (2) CONTENT. A risk agreement shall identify and state all of the following: (a) Risk to tenants. 1. Any situation or condition which is or should be known to the facility which involves a course of action taken or desired to be taken by the tenant contrary to the practice or advise of the facility and which could put the tenant at risk of harm or injury. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not enter into a signed, jointly negotiated risk agreement with Tenant 1. Tenant 1 had repeated incidents of smoking in his/her apartment and purchasing/consuming Benadryl for unapproved use. Findings include: On 07/23/2026 at 10:26 AM, Surveyor toured Tenant 1's apartment. Surveyor observed the apartment to be unkept, strong odor of cigarette smoke, and burnt cigarettes in an ashtray next to Tenant 1's recliner. On 07/23/2026, Surveyor reviewed tenant records and identified the following: Tenant 1 was admitted to the provider on 12/10/2025 with diagnoses including	U 200		

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U 200	Continued From page 9 hypertension, Bipolar disorder, and alcohol abuse. Tenant 1 was his/her own decision maker. Tenant 1's comprehensive assessment dated 12/5/2025 documented Tenant 1 did not have any behaviors. Tenant 1's record included the following documents: - Dated 6/24/2026 written by Director A: "RE: Smoking in Rooms. We have a no smoking Room policy it has come to my attention that this is a persistent pattern. This is my first warning, After the 3rd warning we will issue a 30 day notice [sic]." -Written by [Director A] "RE: [Tenant 1] sent to care team 7/23/26 4 AM: Update on [Tenant 1's] condition. [S/he] has been in an altered state all day on the 7/22 and this morning [s/he] has continued. This morning [his/her] door is open. [S/he] is talking to [him/herself] seemingly and place furniture in the hall outside [his/her] apartment. Some of the residents are concerned about [him/her] as [s/he] was seen wandering the facility aimlessly and when asked a question, [his/her] responses reveals [s/he's] hallucinating. I believe [his/her] risk level to the community has increased. I'm requesting [his/her] care team to provide assistance in placing [him/her] in an appropriate environment." -Written by [Director A] unknown date: "Good morning, today the paramedics were called to take a look at [Tenant 1]. [S/he] was found sitting in the hallway waiting for [his/her] father to come through the back door room and wouldn't allow them in [his/her] room for the first 5 minutes. Eventually they entered [his/her] room and noticed two empty Benadryl boxes in the garbage emptied[his/her] second time displaying intoxication as a result of using an over the	U 200		

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U 200	Continued From page 10 counter substance." Tenant 1's record did not contain a risk agreement regarding smoking in his/her apartment and taking Benadryl for unapproved use. On 07/23/2026 at 9:30 AM, Surveyor interviewed Caregiver B. Caregiver B reported ongoing challenges with Tenant 1 smoking in his/her room. Caregiver B reported s/he had been educated on the risk but continued to show this behavior. Caregiver B reported Tenant 1 will go to the local store, purchase Benadryl and take many of the pills. Caregiver B stated staff will ask Tenant 1 to check his/her bags when coming back from the store, but we do not always see him/her upon returning. Caregiver B stated s/he was not aware of any safety/risk agreements in place regarding the above behaviors. On 07/23/2026 at 3:35 PM, Surveyor conducted an exit conference and shared findings with Director A. Director A acknowledged Tenant 1's record did not contain a risk agreement related to the above concerns. Director A reported Tenant 1 was issued a 30-day notice on 07/21 and the tenant had been educated on the risks and warned if the behaviors continued, discharge would follow. Director A stated s/he would complete risk agreements going forward.	U 200			
U 239	89.29(3)(c)1.b. ADMISSION & RETENTION OF TENANTS (3) TERMINATION OF CONTRACT. (c) Procedures for termination.	U 239			

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U 239	Continued From page 11 1.b. Notice of termination shall include the grounds for termination and information about how to file a grievance consistent with the termination and grievance policies and procedures contained in the service agreement. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 tenants (Tenant 1's and Tenant 5's) 30-day notices included how to file a grievance consistent with the facility policy. Findings include: On 07/09/2026, the Department received a complaint alleging a tenant had received a 30-day notice without cause. On 07/23/2026, Surveyor conducted a complaint investigation. The following was found: Example 1: Tenant 1 Tenant 1 was admitted to the facility on 12/10/2025. Tenant 1 was his/her own person. Tenant 1's 30-day notice documented: "07/21/2026 Please find this 30-Day Notice to Vacate [provider's name and address]. This notice is given to [Tenant 1] tenant at [provider name]. The reason for this notice extends into the following circumstances: -Smoking in your apartment room ...-multiple warnings has been issued -Abusing Over the Counter Medication resulting in Police and Paramedics being called (Several Occasion in the past 30 days) -Damaging [provider name] furniture -Causing a Resident to fear for their safety:	U 239		

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U 239	Continued From page 12 Following a Resident into their apartment and sitting on the floor outside [his/her] door With a heavy heart we deliver this notice to vacate the premise. Signed by [Director A]." The notice did not include information on how to file a grievance consistent with the termination. Example 2: Tenant 5 Tenant 5 was admitted to the facility on 03/02/2026. Tenant 5 was his/her own person. Tenant 5's 30-day notice documented: "06/12/2026 Please find this 30-Day notice to Vacate [provider's name and address]. Reasons of Notice: Multiple violations of "Exhibit D Admission/Retention Criteria Item 3 Facility will not retain residents who have exhibited aggressive or combative behaviors towards other residents or staff, or inappropriate actions or who fail to comply with Facility Rules, policies or procedures or the Residency and Services Agreement. Signed by [Director A]." The notice had a copy of DHS Chapter 88 attached to it. The notice did not include information on how to file a grievance consistent with the termination. Tenant 5's record did not include documented incidents of aggressive, combative, or inappropriate actions that would warrant a 30-day notice. On 07/23/2026 at 9:45 AM, Surveyor interviewed Director A. Director A stated Tenant 5 had 1 incident in June where s/he was cussing in the dining room. Director A stated s/he met with Tenant 5 and his/her case manager and we discussed if incidents continued a 30-day notice	U 239		

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U 239	Continued From page 13 would be issued. Director A reported Tenant 5 did not feel comfortable meeting with me [Director A] alone, and at times I [Director A] assist tenants with call lights, and if s/he did not feel comfortable, it becomes a safety risk. Surveyor asked for evidence of Tenant 5's incident reports or any documentation since admission related to aggressive or combative behaviors. On 07/23/2026 at 10:40 AM, Surveyor interviewed Tenant 5. Tenant 5 reported the date on his/her 30-day notice is 6/12 but it was not issued to him/her until 6/23. Tenant 5 reported in June 2026, the facility set up a meal as a buffet style and tenants were expected to serve themselves and carry their plates to their tables. Tenant 5 reported s/he stated "this is bull [expletive], cow [expletive], and beer farts," other residents laughed but Director A accused me [Tenant 5] of being aggressive. Tenant 5 stated s/he met with Director A and his/her case manager on 6/8 to discuss the incident and s/he apologized for his/her words but was given a 30-day notice on 6/23. Tenant 5 stated s/he does not think 1 comment should warrant a 30-day notice and this whole situation had given him/her a lot of anxiety. On 07/23/2026 at 3:35 PM, Surveyor conducted an exit conference and shared findings with Director A. Director A acknowledged the concern and stated s/he did not know that information was required on the 30-day notice. Surveyor requested evidence of Tenant 5's incident reports or any documentation related to aggressive or combative behaviors throughout the day, but was never provided. Director A stated s/he may have some emails informing his/her case manager of the incident, but did not have anything documented in Tenant 5's record. Surveyor	U 239			

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0013806	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/24/2026
NAME OF PROVIDER OR SUPPLIER GREENBRIAR APARTMENTS LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1350 JEFFERSON STREET BARABOO, WI 53913		
(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
U 239	Continued From page 14 reviewed regulatory requirements regarding termination and noted lack of documented incidents within Tenant 5's record of alleged behaviors, his/her 30-day notice was illicit. Director A stated s/he planned to rescind Tenant 5's 30-day notice and hold a care conference with his/her case manager in the near future.	U 239		
U 268	89.34(17) TENANT RIGHTS Rights of tenants. A tenant of a residential care apartment complex shall have all the rights listed in this section. These rights in no way limit or restrict any other rights of the individual under the U.S. Constitution, civil rights legislation or any other applicable statute, rule or regulation. Tenant rights are all of the following: (17) SAFE ENVIRONMENT. To a safe environment in which to live. This Rule is not met as evidenced by: Based on observation and interview the provider did not ensure a safe environment in which to live. This is a repeat deficiency. See Statement of Deficiency (SOD) JGBW13, dated 10/30/2023 and SOD JGBW14, dated 05/29/2024. Findings include: On 07/23/2026 at 9:25 AM, Surveyor toured the facility and observed the following: 1) Two of 2 dryer vents were not connected to the	U 268		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0013806	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 07/24/2026
NAME OF PROVIDER OR SUPPLIER GREENBRIAR APARTMENTS LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 1350 JEFFERSON STREET BARABOO, WI 53913		
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U 268	Continued From page 15 back of the dryers causing lint to blow and accumulate on the walls, dryers, and ceiling. 2) The dryer vent connections at the back of both dryers had duct tape exposed creating a fire hazard. 3) Behind both washers, Surveyor observed thick dust and lint accumulating on the wires. One of 2 washers was plugged into a power strip that was hanging from the plumbing fixtures and was covered in dust and lint, creating a fire hazard. 4) Tenant 1's room had a very strong odor of cigarette smoke and burnt cigarettes on a side table next to Tenant 1's recliner. 5) Tenant 1's, Tenant 2's, Tenant 3's, Tenant 4's, and Tenant 5's rooms all had a black mold-like substance inside the horizontal air louvers of the window air conditioning (ac) units. The black mold-like substance had formed in every air louver, and the substance had several fuzzy circular spots. 6) Surveyor observed a full garbage bag tied outside of Tenant 6's room that was not moved at 10:35 AM and 11:44 AM. 7) Three exits were blocked. The first blocked exit was in the hallway down from Tenant 1's room, the exit was blocked by used carpets folded up and a computer desk chair. The second blocked exit was next to Room 7 (vacant), the exit was blocked by 2 book cases and boxes. The third blocked exit was near the food pantry, the exit was blocked by a housekeeping cart. 8) Room 7's door was missing trim down the whole right side.	U 268			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0013806	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 07/24/2026
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U 268	Continued From page 16 9) The hallways containing tenant rooms, were missing many ceiling tiles exposing wires. 10) Tenant 4's room had a pungent stale and musty odor that was so overwhelming, the Surveyor only could stay in the room for approximately 30 seconds. The room lacked airflow and the air felt thick, making it heavy to breathe. On 07/23/2026 at 3:35 PM, Surveyor conducted an exit conference and shared findings with Director A. Director A stated Tenant 1 had been issued a 30-day notice due to repeated incidents of smoking in his/her room. Director A stated s/he was unaware of any black mold-like substance in tenant ac units and after Surveyor shared photos of the current conditions, Director A shared s/he would check all ac units and provide cleaning. Director A reported staff had trouble maintaining cleanliness in Tenant 4's room. Director A reported Tenant 4 would often exhibit verbal aggression towards staff and would not allow staff to clean his/her room. Director A acknowledged an understanding of the concerns and stated s/he would address the issues.	U 268			