STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020768	A. BUILDING: _____ B. WING _____	C 10/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE ON HAMPTON ASSISTED LIVING F/	4615 W HAMPTON AVE MILWAUKEE, WI 53218

(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 On 10/28/2025, Surveyors conducted 2 complaint investigations at Heritage on Hampton Assisted Living. As a result, 1 deficiency was identified. One complaint was unsubstantiated, and 1 complaint was substantiated. Census: 31	N 000		
N 388	83.35(3)(c) Implement, follow the individual service plan Implementation. The CBRF shall implement and follow the individual service plan as written. This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not ensure each resident's Individual Service Plan (ISP) was implemented for 1 of 1 resident. Resident 1 had a history of chronic pain and was prescribed pain medication. Resident 1 did not receive medications as outlined in her/his ISP. On 10/28/2025, the Department received a complaint alleging a resident was not receiving her/his medications as prescribed. Findings include: Observations On 10/28/2025, at 11:53 AM, Surveyors observed Resident 1 in the main hallway of the first floor. On 10/28/2025, at 1:43 PM, Surveyors observed Resident 1 receive her/his scheduled noon medications. Surveyors noted Resident 1 remained in the main	N 388		

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

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N 388	Continued From page 1 hallway until s/he received her/his medications. Record Review On 10/28/2025 1:30 PM, Surveyors reviewed Resident 1's record. Resident 1 was admitted on 04/09/2025 with diagnoses including chronic pain. Resident 1's ISP dated 10/23/2025 indicated: "... Recurrent Illness - Current Status - Pain exacerbation Resident [sic] experiences severe generalized pain periodically often requesting [Emergency Room] (ER). - Frequency of Service and Service Provided - Give all scheduled pain medications on time. Offer [as needed] (PRN) pain medications for complaints of pain between scheduled doses. Notify [Registered Nurse] (RN) when pain meds [sic] are 5 or less to prevent running out of medication. Provide non-pharmacological interventions in between pain meds [sic] (massages, heating pads, cold, compress, rest, distraction, meditation) prayer. - Goal/Outcome - "Will have managed pain at 3 or less at all times"" Surveyors reviewed Resident 1's medication administration record (MAR) for the month of October 2025 which included the following medications: - Oxycodone 10 milligram (mg) tablet (tab): Take 1 tablet by mouth 4 times a day (08:00 AM, 12:00 PM, 05:00 PM, 09:00 PM) - Acetaminophen 500mg tab: Take 2 tablets	N 388		

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N 388	Continued From page 2 (1000mg) by mouth every six hours as needed for mild to moderate pain. Interview On 10/28/2025, at 1:15 PM, Resident 1 reported to Surveyors, s/he had not receiver her/his scheduled noon medications. Resident 1 indicated s/he receives her/his medications late regularly. On 10/28/2025, at 1:50 PM, Surveyors interviewed Resident 1. Resident 1 reported her/his pain level was at a 9 out of 10. On 10/28/2025, at 2:30 PM, Surveyors interviewed Licensee A and Registered Nurse (RN) Consultant C regarding resident 1's prescribed pain medications. RN Consultant C confirmed Resident 1's medications should be given on time because of her/his chronic pain. RN Consultant C reported s/he would retrain staff regarding Resident 1's medication times.	N 388		