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N 000	Initial Comments On 08/20/2026, Surveyors completed 1 complaint investigation at Priority Place LLC. As a result, 5 deficiencies were identified. The complaint is substantiated. Census: 20	N 000		
N 191	83.13(3)(d) Posting activity schedule. The CBRF shall post all of the following: Activity schedule as required under s. DHS 83.38(1)(c). This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure an activity schedule was posted in the facility. This had the potential to affect 20 of 20 residents residing in the facility. Findings include: On 08/20/2026, at 9:30 AM, Surveyors reviewed the information bulletin board located in hallway of the facility. The activity schedule was not posted. On 08/20/2026, at approximately 12:37 PM, Surveyors interviewed Supervisor A and Licensee B. Supervisor A reported s/he was responsible for ensuring the activity schedule was posted. Supervisor A and Licensee B reported they were unaware of the code to post the activity schedule. Supervisor A reported s/he normally wrote the activities on a white board daily. Surveyors did not observe an activity written on the white board at the time of the visit. No activities were posted.	N 191		

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

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N 359	Continued From page 1	N 359		
N 359	83.33(1)(a) Grievance procedure: information required A resident or any individual on behalf of the resident may file a grievance with the CBRF, the department, the resident ' s case manager, if any, the board on aging and long term care, Disability Rights Wisconsin, Inc., or any other organization providing advocacy assistance. The resident and the resident ' s legal representative shall have the right to advocate throughout the grievance procedure. The written grievance procedure shall include the name, address and phone number of organizations providing advocacy for the client groups served, and the name, address and phone number of the department ' s regional office that licenses the CBRF. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the grievance procedure included the name, address and phone number of the Department's regional office that licenses the Community-Based Residential Facility (CBRF) and the Long-Term Care Ombudsman Program that provided advocacy for the client groups served in the CBRF. This had the potential to affect 20 of 20 residents residing in the facility. Findings include: The provider is licensed to serve up to 24 residents within the client groups: advanced aged, physically disabled, alcohol/drug dependent, emotionally disturbed/mental illness,	N 359		

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N 359	Continued From page 2 developmentally disabled, public funding, traumatic brain injury, irreversible dementia/Alzheimer's, terminally ill, and correctional clients. On 08/10/2026, at approximately 11:15 AM, Surveyors reviewed the CBRF's grievance procedure. The procedure did not include the name, address and phone number of the Department's Southern Regional Office which licensed the CBRF or the Long Term Care Ombudsman Program that provided advocacy for the client groups served in the CBRF. The procedure did not meet the Departments code and did not provide instructions on how to file a grievance. The procedure included the resident rights. On 08/20/2026, at approximately 12:37 PM, Surveyors interviewed Licensee B. Licensee B reported s/he was not aware of the department code regarding the grievance procedure requirements. Surveyor read the department code to Licensee B. Licensee B reported s/he would ensure his/her grievance procedure meets the department code.	N 359		
N 415	83.37(2)(d) Documentation of medication administration. Documentation of medication administration. As required under s. DHS 83.42(1)(o), at the time of medication administration, the person administering the medication or treatment shall document in the resident record the name, dosage, date and time of medication taken or treatments performed and initial the medication administration record. Any side effects observed by the employee or symptoms reported by the	N 415		

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resident shall be documented. The need for any PRN medication and the resident ' s response shall be documented.

This Rule is not met as evidenced by:
Based on record review, interview, and observation, the provider did not have documentation of the time of medication administration, the person administering the medication or treatment and the name, dosage, date and time of medication taken or treatments performed and initialed in the medication administration record (MAR) for 2 of 2 residents reviewed (Resident 1 and Resident 2).

The provider did not accurately document when Resident 1 and Resident 2 was administered and/or refused their medications.

Findings include:

On 06/26/2026, the department received a complaint alleging staff administered medications without proper training.

On 08/20/2026 at approximately 9:30 AM, Surveyor reviewed resident's records. The following was identified:
Resident 1 was admitted on 03/13/2023 with diagnoses including bipolar disorder, generalized anxiety disorder, insomnia, and asthma.
Resident 1's individual service plan (ISP), with a signature date of 03/11/2026, indicated staff assisted Resident 1 with medication management and administration. Resident 1 had a physician order for the following medication:

Aripiprazole - 10 milligram (MG) tablet, take 1

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tablet at 8 AM
Bupropion - 150 MG, take 1 tablet at 8 AM
Fluoxetine - 20 MG, take 1 capsule at 8 AM
Topiramate - 50 MG, take 1 tablet at 8 AM
Trazadone - 50 MG, take 1 tablet at 8 PM

Resident 1's May 2026 medication administration record (MAR) indicated Resident 1 did not receive his/her prescribed medications on the following dates as there were no initials observed on the MAR. In addition, no other documentation was observed on the MAR that provided a reason as to why no initials were observed on the MAR.

Between 05/16/2026 and 05/18/2026, aripiprazole, bupropion, fluoxetine, and topiramate were not documented as administered and/or refused.

Between 05/12/2026 - 05/19/2026, trazadone was not documented as administered and/or refused.

On 08/20/2026 at approximately 10:34 AM, Surveyor interviewed Resident 1. Resident 1 confirmed receiving his/her medications every day, at the prescribed time.

Surveyor reviewed Resident 2's record. Resident 2 was admitted on 12/30/2022 with diagnoses including type 2 diabetes mellitus, major depressive disorder, and hypertension. Resident 7's ISP, with a revision date of 05/27/2026, indicated staff assisted Resident 2 with medication management and administration. Resident 2 had a physician order for the following medications:

Capsaicin 0.025% Cream - Apply to affected area three times a day (8 AM, 12 PM, and 8 PM) for neuropathy

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Famotidine - 20 milligrams (MG), take 1 tablet by mouth daily at 8 PM
Gabapentin - 100 MG, take 1 capsule by mouth every 12 hours (8 AM and 8 PM)
Metoprolol tartrate - 25 MG, take 1 tablet by mouth two times a day (8 AM and 8 PM)
Pravastatin sodium - 80 MG, take 1 tablet by mouth daily at 8 PM

Resident 2's August 2026 medication administration record (MAR) indicated Resident 2 was not provided with their prescribed medications on the following dates as there were no initials observed on the MAR. In addition, no other documentation was observed on the MAR that provided a reason as to why no initials were observed on the MAR.

Between 08/01/2026 - 08/10/2026 and 8 PM dose on 08/15/2026, capsaicin 0.025% cream and gabapentin were not documented as administered and/or refused.

On 08/01/2026, 08/07/2026, and 08/15/2026, famotidine, metoprolol tartrate, and pravastatin sodium were not documented as administered and/or refused.

On 08/20/2026 at approximately 10:40 AM, Surveyor interviewed Resident 2. Resident 2 disclosed he/she does not always receive their prescribed medication for an unknown reason. Resident 2 could not specify which oral medication she did not receive or when he/she did not receive his/her prescribed medication.

On 08/20/2026 at approximately 11:30 AM, Surveyor observed the facility's medication cart. The facility had two medication carts. One medication cart contained morning medications,

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as needed medications, and narcotics. The second cart contained all nighttime medications. Surveyor toured both medication cart. Surveyor found that all of Resident 2's medications were administered as prescribed as there was no additional medication found within Resident 2's bubble packs.

On 08/20/2026 at approximately 12:37 PM, Surveyors interviewed Supervisor A and Licensee B. Supervisor A reported he/she completes monthly audits on all resident MARs. Supervisor A reported Licensee B is looking to hire Lead Medication Passers who would be responsible to complete daily audits of MARs to ensure each medication is being signed out appropriately. Supervisor A disclosed Resident 2's memory has recently declined but would investigate Resident 2's report of not being given his/her prescribed medications. Supervisor A stated Resident 2 often refuses his/her capsaicin cream, but confirmed staff should document that on Resident 2's MAR.

Based on record review, interview, and observation, the provider did not have documentation of the time of medication administration, the person administering the medication or treatment and the name, dosage, date and time of medication taken or treatments performed and initialed in the medication administration record (MAR) for 2 (Resident 1 and Resident 2) of 2 residents reviewed.

The provider did not accurately document when Resident 1 and Resident 2 was administered and/or refused their medications.

Findings include:

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N 415	Continued From page 7 On 06/26/2026, the department received a complaint alleging staff administered medications without proper training. On 08/20/2026 at approximately 9:30 AM, Surveyor reviewed resident's records. The following was identified: Resident 1 was admitted on 03/13/2023 with diagnoses including bipolar disorder, generalized anxiety disorder, insomnia, and asthma. Resident 1's individual service plan (ISP), with a signature date of 03/11/2026, indicated staff assisted Resident 1 with medication management and administration. Resident 1 had a physician order for the following medication: Aripiprazole - 10 milligram (MG) tablet, take 1 tablet at 8 AM Bupropion - 150 MG, take 1 tablet at 8 AM Fluoxetine - 20 MG, take 1 capsule at 8 AM Topiramate - 50 MG, take 1 tablet at 8 AM Trazadone - 50 MG, take 1 tablet at 8 PM Resident 1's May 2026 medication administration record (MAR) indicated Resident 1 did not receive his/her prescribed medications on the following dates as there were no initials observed on the MAR. In addition, no other documentation was observed on the MAR that provided a reason as to why no initials were observed on the MAR. Between 05/16/2026 and 05/18/2026, aripiprazole, bupropion, fluoxetine, and topiramate were not documented as administered and/or refused. Between 05/12/2026 - 05/19/2026, trazadone was not documented as administered and/or refused.	N 415		

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N 415	Continued From page 8 On 08/20/2026 at approximately 10:34 AM, Surveyor interviewed Resident 1. Resident 1 confirmed receiving his/her medications every day, at the prescribed time. Surveyor reviewed Resident 2's record. Resident 2 was admitted on 12/30/2022 with diagnoses including type 2 diabetes mellitus, major depressive disorder, and hypertension. Resident 2's ISP, with a revision date of 05/27/2026, indicated staff assisted Resident 2 with medication management and administration. Resident 2 had a physician order for the following medications: Capsaicin 0.025% Cream - Apply to affected area three times a day (8 AM, 12 PM, and 8 PM) for neuropathy Famotidine - 20 milligrams (MG), take 1 tablet by mouth daily at 8 PM Gabapentin - 100 MG, take 1 capsule by mouth every 12 hours (8 AM and 8 PM) Metoprolol tartrate - 25 MG, take 1 tablet by mouth two times a day (8 AM and 8 PM) Pravastatin sodium - 80 MG, take 1 tablet by mouth daily at 8 PM Resident 2's August 2026 medication administration record (MAR) indicated Resident 2 was not provided with their prescribed medications on the following dates as there were no initials observed on the MAR. In addition, no other documentation was observed on the MAR that provided a reason as to why no initials were observed on the MAR. Between 08/01/2026 - 08/10/2026 and 8 PM dose on 08/15/2026, capsaicin 0.025% cream and gabapentin were not documented as	N 415		

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administered and/or refused.

On 08/01/2026, 08/07/2026, and 08/15/2026, famotidine, metoprolol tartrate, and pravastatin sodium were not documented as administered and/or refused.

On 08/20/2026 at approximately 10:40 AM, Surveyor interviewed Resident 2. Resident 2 disclosed he/she does not always receive their prescribed medication for an unknown reason. Resident 2 could not specify which oral medication she did not receive or when he/she did not receive his/her prescribed medication.

On 08/20/2026 at approximately 11:30 AM, Surveyor observed the facility's medication cart. The facility had two medication carts. One medication cart contained morning medications, as needed medications, and narcotics. The second cart contained all nighttime medications. Surveyor observed both medication carts. Surveyor found that all of Resident 2's medications were administered as prescribed as there was no additional medication found within Resident 2's bubble packs.

On 08/20/2026 at approximately 12:36 PM, Surveyors interviewed Supervisor A and Licensee B. Supervisor A reported he/she completes monthly audits on all resident MARs. Supervisor A reported Licensee B is looking to hire Lead Medication Passers who would be responsible to complete daily audits of MARs to ensure each medication is being signed out appropriately. Supervisor A disclosed Resident 2's memory has recently declined but would investigate Resident 2's report of not being given his/her prescribed medications. Supervisor A stated Resident 2 often refuses his/her capsaicin cream, but

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N 415	Continued From page 10 confirmed staff should document that on Resident 2's MAR.	N 415		
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 record review, observation, and interview, the provider did not make menus available to 20 of 20 residents. Findings include: On 08/20/2026, at 9:30 AM, Surveyors reviewed bulletin board located in the hallway of the facility. The menu was not posted. On 08/20/2026, at 12:37 AM, Surveyors interviewed Supervisor A and Licensee B. Supervisor A reported s/he was responsible for the menus. Supervisor A reported s/he wrote the menu daily on a white board. Surveyors did not observe the menu on the white board during the visit. Licensee B and Supervisor A reported they were not aware of the Department code to provide and post menus for the residents. Supervisor A reported s/he would ensure the menu was posted and provided to residents.	N 450		
N 631	83.59(1)(a) Class AS, ANA, CS, CNA 2 grade level exits	N 631		

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N 631	Continued From page 11 All habitable floors shall have at least 2 exits providing unobstructed travel to the outside. Small class AA CBRFs licensed on or before the effective date of this section with no more than 2 habitable floors may have one exit from the second floor. Class AS, class ANA, class CS and class CNA CBRFs shall have at least 2 grade level or ramped exits to grade. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure proper functioning of 6 of 6 exit doors. Six of 6 exit doors contained mag locks which required a code to exit the building. Six of 6 doors obstructed travel to the outside. Findings include: The facility is a Class CNA (non-ambulatory) Community Based Residential Facility (CBRF) and may serve up to 24 residents within the client groups: advanced aged, physically disabled, alcohol/drug dependent, emotionally disturbed/mental illness, developmentally disabled, public funding, traumatic brain injury, irreversible dementia/Alzheimer's, terminally ill, and correctional clients. On 08/20/2026, at approximately 12:15 PM, Surveyor toured the licensed facility with Supervisor A and Licensee B and found facility doors to not release by applying pressure to the release latch on the door. Surveyor made an attempt to release the latch on the doors by applying pressure to the release latch for 15 seconds. Surveyor used his/her watch to time	N 631		

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N 631	Continued From page 12 how long pressure was applied to the release latch. The latch did not release on all six doors tested. On 08/20/2026, at approximately 12:37 PM, Surveyors interviewed Licensee B and Supervisor A. Licensee B reported s/he had all of the facility doors replaced approximately 1 week ago to magnetic lock doors that required a code to be entered before the doors would open. Licensee B reported s/he did this to assist with ensuring residents did not leave the facility. Surveyor read the Department code requirement to Supervisor A and Licensee B. Licensee B reported s/he was not aware of the Department code. Surveyor informed Licensee B to obtain a waiver from the Department before having the delayed egress doors installed.	N 631		