| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| {N 000} | Initial Comments<br><br>On 04/15/2026, Surveyor conducted a standard licensure survey, complaint investigation, self-report review, and verification visit at Lake Tomah Center. Data was collected through 04/23/2026.<br><br>The complaint was substantiated.<br><br>Five deficiencies were identified.<br><br>Two of the 5 deficiencies were repeat deficiencies. See Statement of Deficiency (SOD) 5MN311, dated 12/10/2024, and SOD 5MN312, dated 05/28/2025.<br><br>Census: 38<br><br>Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. | {N 000} | | |
| N 169 | 83.12(5)(a) Notification: incident, injury, changes.<br><br>The CBRF shall immediately notify the resident's legal representative and the resident's physician when there is an incident or injury to the resident or a significant change in the resident's physical or mental condition.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not immediately notify Resident 2's and Resident 3's physician when they had an | N 169 | | |

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

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| N 169 | Continued From page 1<br>incident or change in condition.<br><br>Resident 2 had a change in condition of his/her skin; the provider did not notify Resident 2's physician of his/her change in condition.<br><br>Resident 3 reported to staff 3 unwitnessed falls; the provider did not notify Resident 3's physician of these incidents.<br><br>Findings include:<br><br>On 04/20/2026 and 04/21/2026, Surveyor reviewed Resident 2 and Resident 3's records.<br><br>RESIDENT 2<br>Resident 2 was admitted to the facility on 01/15/2024. S/he did not have a legal representative.<br><br>Staff documented the following incident reports related to skin concerns for Resident 2:<br><br>01/02/2026 - "During the 3 pm change, Staff noticed a blister about the size of a quarter on [Resident 2's] lower right leg. The blister appeared to be red. Staff applied Clobetasol 0.05% Ointment to the area and applied a band aid over the spot as requested by [Resident 2]. Staff reported to MOC (manager on charge)."<br><br>01/03/2026 - "While staff was showering [Resident 2], staff noticed a wound with what appeared to be puss where [s/he] recently had stitches. Staff cleaned the area and notified MOC. Staff covered the wound with a bandage. [Resident 2] stated 'I'm not going to the doctor.' Staff stated, 'we'll keep an eye on the spot' and reminded [Resident 2] the importance of professional medical help when it comes to | N 169 | | |

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| N 169 | Continued From page 2<br>wounds."<br><br>01/27/2026 - "Staff went in to change [Resident 2] and noticed that across [his/her] lower back, there appeared to be small open wound spots and red splotchy area around the spots. Staff had the manager on duty come in and look. Staff applied an absorbent pad to cushion [his/her] lower back and [Resident 2] made an appt (appointment) for this coming Friday to have the small open wounds looked at."<br><br>01/31/2026 - "During [Resident 2] change, staff noticed a spot on [Resident 2] tailbone area that had multiple little blisters. Staff informed [Resident 2] of them and [Resident 2] stated, 'I guess that must be why it hurts there today.' Staff offered to place a bandage there to protect the area from rubbing on the brief and [Resident 2] agreed."<br><br>02/05/2026 - "During [Resident 2] change this morning, staff noticed a blister on the left outer side of the [Resident 2's] left leg. Staff informed [Resident 2] and [Resident 2] said 'okay.' Staff asked [Resident 2] if [s/he] wanted to be seen for it and [Resident 2] refused to go in or have an appointment made."<br><br>02/07/2026 - "Staff noticed that [Resident 2] has an area filled with green puss, the size of a penny on right side a little under [his/her] shoulder. Staff put a band aid on it."<br><br>02/08/2026 - "[Resident 2] has several little green puss areas on the right shoulder on the back of [his/her] shoulder. [S/he] stated [s/he] has a dermatologist appointment Wednesday and that they do not hurt." | N 169 | | |

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| N 169 | Continued From page 3<br><br>02/10/2026 - "Staff was showering [Resident 2] and taking Band-Aids off and noticed all across [his/her] back, from [his/her] shoulder to [his/her] lower back were random pea sized puss filled pockets. As staff was showering [Resident 2], they took off a band-aid off [his/her] big toe on the left side and it spilled out with bloody puss. As staff was washing [Resident 2's] right big toe, it oozed out with green puss. Staff informed [Resident 2] and asked if [she'd] like to go in to be seen about all the puss pockets and [his/her] toes, [Resident 2] replied that [s/he] has an appt (appointment) set up for both problems ..."<br><br>02/14/2026 - "While staff was changing [Resident 2], the staff noticed what appeared to be a bed sore starting on [Resident 2's] left side glute. Staff informed [Resident 2] of the concern. Staff had another staff member look at the area as well."<br><br>03/18/2026 - "During [Resident 2's] morning change, staff applied one of [his/her] PRN (as needed) ointments to [his/her] back and noticed a bump about the size of a golf ball on the middle left side. When asked if it hurt, [Resident 2] said, 'No, but other people have told me it's there.' The area wasn't red or open. Staff offered to take [him/her] to the ER (emergency room) or make an appointment, but [s/he] declined to be seen."<br><br>There was no documentation to indicate staff were notifying Resident 2's physician related to skin concerns identified.<br><br>On 04/21/2026, Surveyor emailed Administrator A and Licensee B. Surveyor asked if Resident 2's physician was notified of changes in Resident 2's skin.<br><br>On 04/22/2026, Administrator A replied via email, | N 169 | | |

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which read, in part: "We file an incident report and send it to IDT (interdisciplinary team), but [Resident 2] does not allow us to speak to [his/her] doctor about skin issues. We offer guidance to [him/her] and suggest that [s/he] calls or allows us to call and report to doctor. [S/he] typically does not call and tells staff [s/he] will tell the doctor at [his/her] next appointment."

Resident 2's individual service plan (ISP) did not indicate Resident 2's desire to not have the provider communicate changes in his/her skin to the doctor.

The Centers for Disease Control and Preventions states: "See a healthcare professional if you have symptoms of cellulitis or abscess. Although most cases resolve quickly with treatment, some can spread to the lymph nodes and bloodstream and can become life-threatening." (Retrieved on 06/04/2026 from : https://www.cdc.gov/antibiotic-use/media/pdfs/Skin-Infection-FS-508.pdf).

RESIDENT 3
Resident 3 was admitted to the facility on 01/02/2026. S/he did not have a legal representative.

Staff documented the following incident reports related to falls for Resident 3:

01/23/2026 - "Resident came out of room this morning to head down to breakfast, and asked, 'Do you need to know if I fall?' Staff responded with 'yes.' Resident stated [s/he] doesn't remember what time but [s/he] was in [his/her] room and said [s/he] just tripped and fell sideways, and was able to slide to [his/her] chair and get up on the chair. Staff asked if [s/he] was

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| N 169 | Continued From page 5<br>hurt or felt any pain currently. Resident stated 'no, just sore possibly because its to [sic] cold out.' Resident does appear to be ok and is walking normally without any difficulty."<br><br>02/23/2026 - "Resident stated [s/he] fell off the edge of the bed and into the fan. [S/he] said [s/he] bumped [his/her] head and right side of [his/her] body. [S/he] said [s/he] did not want to go to the hospital. [S/he] said [his/her] right ankle was sore. Staff will continue to monitor."<br><br>04/05/2026 - "During med (medication) pass resident told staff they [sic] fell during the night. When asked why they didn't help, resident stated they didn't want to. Staff asked if they had any pain and [s/he] said no."<br><br>On 04/21/2026, Surveyor emailed Administrator A and Licensee B. Surveyor asked if Resident 3's physician was notified of Resident 3's reported falls.<br><br>On 04/22/2026, Administrator A responded via email, which read, in part: "PCP (primary care provider) was not notified of the falls; IDT was."<br><br>The provider did not immediately notify Resident 2's and Resident 3's physician when they had an incident or change in condition. | N 169 | | |
| N 386 | 83.35(3)(a) Comprehensive Individualized Service Plan<br><br>Comprehensive individual service plan. Scope. Within 30 days after admission and based on the assessment under sub. (1), the CBRF shall develop a comprehensive individual service plan for each resident. The individual service plan | N 386 | | |

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| N 386 | Continued From page 6<br>shall include all of the following: 1. Identify the resident ' s needs and desired outcomes. 2. Identify the program services, frequency and approaches under s. HFS 83.38(1) the CBRF will provide. 3. Establish measurable goals with specific time limits for attainment. 4. Specify methods for delivering needed care and who is responsible for delivering the care.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not develop a comprehensive individual service plan (ISP) that identified services that would be provided to meet the needs, desired outcomes and goals for 3 of 3 (Resident 1, Resident 2, and Resident 3) residents reviewed.<br><br>Findings include:<br><br>RESIDENT 1<br>On 10/27/2025, the Department received a self-report from the provider for incidents that occurred with Resident 1 that involved police intervention. The self-report included the following 2 incident reports from 10/23/2025 and 10/24/2025.<br><br>On 10/23/2025 - "Resident left the facility with a transport staff to go to an appointment. Upon returning, the transporter immediately reported to the administrators office concerned. [S/he] shared that when [Resident 1] and [staff] were checking in for [his/her] appointment, the receptionist asked [him/her] how [his/her] days was, and [s/he] stated, 'No good, because a staff | N 386 | | |

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member at the group home threatened to kill [him/her].' When the occupational therapist came out to get [him/her] for [his/her] appointment, [s/he] immediately started telling [him/her] [name] that staff threatened to kill [him/her]. Upon coming out from the appointment, [s/he] told [name] transport staff that the therapist had told [him/her] to kill the staff member first before they could hurt [him/her]. Shortly after the transporter reported this, [Resident 1] finished in the bathroom ... and then told Administrator that a staff member threatened to kill [him/her], and that [s/he] has a gun and a switchblade and [s/he] will be using it. Administrator asked [him/her] if anyone else was around when this threat was made, [s/he] stated no ... Administrator immediately called the police and met [Resident 1] upstairs ... [Resident 1] stated the same thing to the police that [s/he] was going to kill this staff member before [s/he] killed [him/her]. The police asked for the gun and knife. Neither item was where [s/he] said it was, and then [s/he] stated the gun was not here, it is at [his/her] old home. The police did find 2 pairs of the facility's scissors in [his/her] room and confiscated those. [S/he] then stated it was different staff member who made the threat, who was terminated a couple weeks ago. [S/he] then went back to stating it was the staff [s/he] had said earlier, and that [s/he] needed to be fired and leave immediately ... the threat that [Resident 1] claimed staff made, was found to not be credible."

On 10/24/2025 - "[Resident 1] approach [sic] lower-level staff to inform them that [s/he] still has [his/her] knife. [S/he] stated that it is hidden, that staff and police will never find it. [Resident 1] stated that [s/he] threatened to kill staff yesterday, police came to search and they failed. [Resident 1] stated that it's a paring knife and that no one

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will find it. Staff contacted manager right away who contacted [Staff C]."

On 04/15/2026 at approximately 11:00 a.m., Surveyor interviewed Administrator A and asked about Resident 1. Administrator A told Surveyor Resident 1 was discharged in March 2026. S/he said Resident 1 was given an involuntary 30-day discharge notice as his/her behavior escalated while s/he resided at the facility.

On 04/15/2026, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 10/30/2024. S/he did not have a legal representative. Resident 1 did not have any mental illness diagnoses or psychotropic medications.

On 04/15/2026 at approximately 2:30 p.m., Surveyor interviewed Administrator A. Administrator A said Resident 1 would refuse to go to the doctor to receive a diagnosis and treatment to assist him/her with behaviors. Administrator A said Resident 1 would "play the system" and move around to different facilities to avoid going to the doctor or having a doctor evaluate him/her for incapacity. Surveyor requested additional information to be emailed for review.

On 04/20/2026 and 04/21/2026, Surveyor reviewed staff notes and incident reports from Resident 1's record from 10/01/2025 to discharge of 03/04/2026.

In October 2025, there were 11 incident reports of Resident 1 being verbally aggressive to staff and other residents.

In November 2025, there were 4 incident reports

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related to Resident 1's verbal aggression. There was 1 report of Resident 1 having feces and urine on the floor.

In December 2025, there was 1 incident report of Resident 1's verbal aggression. There were 4 reports of Resident 1 urinating on the floor.

In January 2026, there was 1 report of Resident 1's verbal aggression.

On 03/02/2026, a housekeeper documented, in part: "[s/he] was using the restroom facing the door. Stood facing the door and peed all over the floor and said im [sic] sorry I hope you are not the one that's cleaning this it is not for you ..."

Resident 1's ISP, dated 10/23/205, read, in part:
"Resident's Needs/Preferences:
Resident gets along with other residents for the most part. There has been concerns since being at Lake Tomah Center with interactions with a few other residents where staff have had to intervene and separate the residents.
Resident's Desired Goals & Outcomes
To have pleasant and positive interactions with others.
Service Provider Responsibilities:"
There were no service provider responsibilities listed.

"Resident's Needs/Preferences:
Resident can be verbally aggressive towards staff and other residents. [S/he] has made threats to staff at the facility and does use vulgar language to staff at times.
Resident's Desired Goals & Outcomes:
To have interventions in place that help alleviate behaviors.
Service Provider Responsibilities:"

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| N 386 | Continued From page 10<br>There were no service provider responsibilities listed.<br><br>On 04/21/2026, Surveyor emailed Administrator A and Licensee B and asked what interventions were in place for Resident 1's behaviors.<br><br>On 04/22/2026, Administrator A responded to Surveyor, via email, which read, in part: "When [Resident 1] showed aggressive verbal behaviors, staff managed them using a combination of interventions: de-escalation (calm tone, active listening, offering choices), environmental adjustments (removing triggers, ensuring personal space), communication techniques (redirection, distraction, positive reinforcement), and safety measures (maintaining a safe distance, calling for additional staff support, removing other residents from the area)."<br><br>These interventions were not listed on Resident 1's ISP.<br><br>RESIDENT 2<br>On 04/15/2026 at 1:15 p.m., Surveyor interviewed Resident 2 in his/her room. Resident 2 was in bed. Surveyor asked if s/he stayed in bed all of the time. Resident 2 replied that s/he did. S/he said, "I can't get out." Resident 2 told Surveyor s/he did get out of bed daily for a shower. Resident 2 said it took 2 staff to assist with repositioning him/her and changing him/her in bed. S/he said 2 staff used a mechanical lift to transfer him/her when s/he did get out of bed for a shower.<br><br>On 04/15/2026 at 1:38 p.m., Surveyor interviewed Caregiver D and asked about Resident 2. Caregiver D told Surveyor Resident 2 was "bed bound" with left sided weakness. Surveyor asked | N 386 | | |

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if Resident 2 chose not to get out of bed. Caregiver D replied, "100%." Caregiver D said Resident 2 will get out of bed for showers and appointments. S/he said Resident 2's ISP indicated Resident 2 was supposed to get up for 30 minutes day, but Resident 2 refuses. Caregiver D said Resident 2 had sores on his/her skin due to staph. S/he said they were showering Resident 2 once daily.

On 04/20/2026 and 04/21/2026, Surveyor reviewed Resident 2's record.

Resident 2 was admitted to the facility on 01/15/2024. S/he did not have a legal representative. S/he had multiple diagnoses including: neoplasm (abnormal growth of tissue) of uncertain behavior of the skin, hemiplegia (paralysis affecting one side of the body) following cerebral infarction (stroke) affecting left side, follicular cysts of the skin and subcutaneous tissue, history of other malignant neoplasm of skin, edema, unspecified dementia without behavioral disturbance, major depressive disorder, other somatoform disorders, and chronic pain syndrome.

From 01/01/2026 to 04/15/2026, staff documented 10 incident reports related to skin concerns as follows:
01/02/2026 - " ... noticed a blister about the size of a quarter on [Resident 2's] lower right leg. The blister appeared to be red. .."

01/03/2026 - " ... noticed a wound with what appeared to be puss where [s/he] recently had stitches..."

01/27/2026 - " ... noticed that across [his/her] lower back, there appeared to be small open

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| N 386 | Continued From page 12<br>wound spots and red splotchy area around the spots ..."<br><br>01/31/2026 - " ... staff noticed a spot on [Resident 2] tailbone area that had multiple little blisters ..."<br><br>02/05/2026 - " ... staff noticed a blister on the left outer side of the [Resident 2's] left leg ..."<br><br>02/07/2026 - " ... area filled with green puss, the size of a penny on right side a little under [his/her] shoulder ..."<br><br>02/08/2026 - "[Resident 2] has several little green puss areas on the right shoulder on the back of [his/her] shoulder ..."<br><br>02/10/2026 - " ... noticed all across [his/her] back, from [his/her] shoulder to [his/her] lower back were random pea sized puss filled pockets ... took off a band-aid off [his/her] big toe on the left side and it spilled out with bloody puss ... [Resident 2's] right big toe, it oozed out with green puss..."<br><br>02/14/2026 - " ... noticed what appeared to be a bed sore starting on [Resident 2's] left side glute ..."<br><br>03/18/2026 - " ... noticed a bump about the size of a golf ball on the middle left side ..."<br><br>Resident 2's physician order sheet with active orders as of 04/15/2026 included the following topical orders:<br>Ammonium lactate 12% lotion - apply to xerotic (dry, scaly, itchy skin) areas of the body chin on down when still wet after bath/shower then pat dry, as needed. Last updated 02/11/2026. | N 386 | | |

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| N 386 | Continued From page 13<br>Benadryl itch stopping cream - apply 1 application topically 4 times a day as needed for itching. Apply to affected area. Last updated 10/17/2025.<br><br>Betamethasone valerate 0.1% ointment, apply topically 2 times a day as needed (rash) - Apply to rash on trunk, arms, and legs - Not for use on face. Last updated 02/10/2026.<br><br>Chlorhexidine 4% liquid, wash body from neck down every other day during bath/shower. Last updated 04/06/2026.<br><br>Desitin 13% cream, apply topically to genital area as needed to treat or prevent rash. Last updated 03/13/2026.<br><br>Ketoconazole 2% cream, apply to rash on back 2 times a day for 3 weeks then as needed. Last updated 05/21/2025.<br><br>Mupirocin 2% ointment, apply topically to infected areas on back area 3 times a day for 7 days. Last updated 04/03/2026.<br><br>Mupirocin 2% ointment, apply intranasally once daily for 7 days, then apply on weekends for control. Last updated 04/03/2026.<br><br>Nystatin 100,00 unit/gram cream, apply 1 application topically 2 times a day as needed for groin rash (yeast rash in groin or skin folds). Last updated 03/05/2026.<br><br>Triamcinolone 0.1% cream, apply to rash on back 2 times a day for 3 weeks then as needed. Last updated 06/20/2025.<br><br>Vanicream, apply to all skin, neck down, daily. Last updated 02/05/2026. | N 386 | | |

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| N 386 | Continued From page 14<br><br>On 04/21/2026, Surveyor emailed Administrator A and Licensee B and asked for additional information related to Resident 2's care. Surveyor's email read, in part: "I did not locate anything on [his/her] ISP related to [his/her] skin ... How are staff to know what cream/ointment to use and when they are supposed to be using it?"<br><br>On 04/22/2026, Administrator A replied, via email, which read, in part: "All prescribed creams and ointments are listed on [Resident 2's] MAR (medication administration record) which tells staff the type of cream/ointment, where it goes, and how often."<br><br>Resident 2's MAR instructions were the same as the above orders.<br><br>Resident 2's ISP, dated 01/13/2026, under physical health "no" was marked for having any chronic illness, short-term illness, and any recurring illness. Resident 2's ISP did not identify his/her skin issues and with multiple skin care treatments, neither the ISP nor the MAR directed caregivers on what treatment to use and when they should use it. Resident 2's ISP did not indicate Resident 2 refused to get out of bed other than for showers and appointments. The ISP did not include a risk for skin breakdown due to refusing to get out of bed, and his/her diagnosis of hemiplegia. For each of Resident 2's needs/preferences listed on the ISP there were no service provider responsibilities listed.<br><br>RESIDENT 3<br><br>On 04/20/2026 and 04/21/2026, Surveyor reviewed Resident 3's record. | N 386 | | |

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| N 386 | Continued From page 15<br><br>Resident 3's pre-admission assessment, dated 12/12/2025, indicated Resident 3 had epilepsy and did have seizures.<br><br>Resident 3 was admitted to the facility on 01/02/2026. S/he did not have a legal representative. S/he had multiple diagnoses including: mild cognitive impairment, epilepsy, other abnormalities of gait and mobility, repeated falls, weakness, syncope and collapse, and fracture of unspecified part of neck of right femur.<br><br>Staff documented the following incident reports related to falls for Resident 3:<br><br>01/23/2026 - " ... Resident stated [s/he] doesn't remember what time but [s/he] was in [his/her] room and said [s/he] just tripped and fell sideways, and was able to slide to [his/her] chair and get up on the chair ..."<br><br>02/23/2026 - "Resident stated [s/he] fell off the edge of the bed and into the fan. [S/he] said [s/he] bumped [his/her] head and right side of [his/her] body ..."<br><br>04/05/2026 - "During med (medication) pass resident told staff they [sic] fell during the night ..."<br><br>Resident 3's ISP, dated 02/02/2026, read, in part:<br>"Resident's Needs/Preferences:<br>Resident has been identified as a fall risk.<br>Resident's desired Goals & Outcomes:<br>To be free of falls<br>Service Provider Responsibilities:"<br>There were no service provider responsibilities listed.<br><br>The ISP, under physical health, "no" was marked for having any chronic illness, short-term illness, | N 386 | | |

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| N 386 | Continued From page 16<br>and any recurring illness. The ISP did not indicate Resident 3's diagnosis of epilepsy and what staff were to do if Resident 3 had a seizure. For each of Resident 3's needs/preferences listed on the ISP there were no service provider responsibilities listed, except under housekeeping. Some of the sections did not include anything under resident's desired goals and outcomes.<br><br>The provider did not develop comprehensive ISPs that identified services that would be provided to meet the needs, desired outcomes and goals for Resident 1, Resident 2, and Resident 3. | N 386 | | |
| N 392 | 83.35(4) Resident satisfaction evaluation.<br><br>Satisfaction evaluation. At least annually, the CBRF shall provide the resident and the resident ' s legal representative the opportunity to complete an evaluation of the resident ' s level of satisfaction with the CBRF ' s services. The evaluation shall be completed on either a department form or a form developed by the CBRF and approved by the department.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not provide an opportunity to complete an evaluation, at least annually, of the resident's level of satisfaction with the provider's services, for 1 (Resident 2) of 1 resident reviewed that resided at the facility for greater than a year.<br><br>Findings include:<br><br>On 04/20/2026 and 04/21/2026, Surveyor reviewed Resident 2's record. | N 392 | | |

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| N 392 | Continued From page 17<br><br>Resident 2 was admitted to the facility on 01/15/2024. S/he did not have a legal representative.<br><br>Surveyor did not locate a satisfaction evaluation survey in Resident 2's record.<br><br>On 04/21/2026, Surveyor emailed Administrator A and Licensee B. Surveyor asked if Resident 2 was offered to complete a satisfaction survey. Surveyor requested documentation to show other residents have completed satisfaction surveys in the past.<br><br>On 04/22/2026, Administrator A replied, via email, which read, in part: "During internal review, the facility was unable to locate documentation of completed annual resident satisfaction surveys. While satisfaction feedback has been gathered informally through review of MCP (managed care plan), the surveys were not documented or retained. To correct this, the facility will implement a formal satisfaction survey process using a DHS (Department of Health Services) - approved tool. All residents and their legal representatives will be offered the survey, and completed forms will be placed in each resident's record. The formal process will be fully implemented and compliant within 30 days." | N 392 | | |
| N 404 | 83.37(1)(e) Medication regimen, administration review.<br><br>Medication Regimen Review. 1. If residents ' medications are administered by a CBRF employee, the CBRF shall arrange for a pharmacist or a physician to review each resident ' s medication regimen. This review shall occur | N 404 | | |

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| N 404 | Continued From page 18 | N 404 | | |

within 30 days before or 30 days after the resident ' s admission, whenever there is a significant change in medication, and at least every 12 months. 2. At least annually, the CBRF shall have a physician, pharmacist, or registered nurse conduct an on-site review of the CBRF ' s medication administration and medication storage systems. 3. The CBRF shall obtain a written report of findings under subds. 1. and 2., and address any irregularities for appropriate action. When the review is done by someone other than the prescribing practitioner, the prescribing practitioner shall receive a copy of the report when there are irregularities identified with the resident's medication regimen, which may need physician involvement to address.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not arrange for a physician or pharmacist to review Resident 3's medication regimen within 30 days before or 30 days after his/her admission.

This is a repeat deficiency. See Statement of Deficiency 5MN311, dated 12/10/2024.

Findings include:

On 04/20/2026 and 04/21/2026, Surveyor reviewed Resident 3's record.

Resident 3 was admitted to the facility on 01/02/2026.

Resident 3's pre-admission assessment was completed at a different community based residential facility. The assessment indicated

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| N 404 | Continued From page 19<br>Resident 3 had a history of seizures and was on medications for them.<br><br>Resident 3's individual service plan, dated 02/02/2026, indicated staff manage and administer medications for Resident 3.<br><br>Resident 3's medication administration records indicated Resident 3 received the following scheduled medications:<br>Atorvastatin 40 milligrams (mg), by mouth, daily, for prevention of stroke/heart attack.<br>Calcium - Vitamin D3 600mg/5 micrograms (mcg), by mouth, 2 times a day, for osteoporosis.<br>Lisinopril 10mg, by mouth, daily, for high blood pressure.<br>Stool softener tablet, by mouth, 2 times a day, for constipation.<br>Topiramate 200 mg, by mouth, 2 times a day.<br>Vitamin C 500 mg, by mouth, daily, for inadequate vitamin C.<br>Carbamazepine 200 mg tablet, 2 tablets in the morning and 3 tablets at bedtime.<br>Polyethylene glycol 3350 powder, mix 1 capful (17 grams) in 8 ounces liquid and drink daily.<br><br>On 04/21/2026, Surveyor emailed Administrator A and Licensee B. Surveyor requested documentation of a medication regimen review from 30 days before or 30 days after Resident 3 was admitted.<br><br>On 04/22/2026, Administrator A emailed Surveyor Resident 3's medication regimen review by the pharmacist, which was dated 04/22/2026. The review indicated that Resident 3's medications, carbamazepine and topiramate needed diagnoses.<br><br>On 04/23/2026 from approximately 11:00 a.m. to | N 404 | | |

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| N 404 | Continued From page 20<br><br>11:30 a.m., Surveyor interviewed Administrator A on the phone. Surveyor explained the requirement to have a physician or pharmacist review a resident's medication regimen 30 days before or 30 days after a resident is admitted, if staff are administering the resident's medications. Administrator A told Surveyor the pharmacist was supposed to be doing that upon admission but did notice the review was dated 04/22/2026. | N 404 | | |
| {N 432} | 83.38(1)(h) Medication administration.<br><br>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: Medication administration. The CBRF shall provide medication administration appropriate to the resident ' s needs.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not provide medication administration appropriate to the resident's needs for 1 of 3 (Resident 2) residents reviewed.<br><br>This deficiency is being cited for the third time. See Statement of Deficiency (SOD) 5MN311, dated 12/10/2024, and SOD 5MN312, dated 05/28/2025.<br><br>Findings include: | {N 432} | | |

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| {N 432} | Continued From page 21<br><br>On 01/10/2026, the Department received a complaint alleging staff were not administering topical medications for a chronic skin condition.<br><br>On 04/15/2026 from approximately 1:15 p.m. to 1:35 p.m., Surveyor interviewed Resident 2 in his/her room. Resident 2 told Surveyor s/he went without his/her zolpidem for 3 nights a couple weeks ago. S/he said s/he was without his/her nystatin for his/her groin for a while, and s/he just got that back yesterday. S/he said it was ongoing for a while about running out of his/her creams/ointments. Resident 2 told Surveyor sometimes staff cannot find the medication passer to get the creams/lotions from the medication cart. Resident 2 said s/he did not receive nystatin as of yet that day.<br><br>On 04/20/2026 and 04/21/2026, Surveyor reviewed Resident 2's record.<br><br>Resident 2 was admitted to the facility on 01/15/2024. S/he had multiple diagnoses related to his/her skin including: neoplasm (abnormal growth of tissue) of uncertain behavior of the skin, follicular cysts of the skin and subcutaneous tissue, history of other malignant neoplasm of skin, and edema.<br><br>Surveyor reviewed the medication administration records for March and April 2026. Staff documented the following:<br><br>On 03/03/2026 at 9:36 p.m., staff documented nystatin cream was not passed with notation: "none on hand."<br><br>On 03/05/2026 at 9:20 p.m., staff documented nystatin cream was not passed with notation: "none on hand." | {N 432} | | |

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| {N 432} | Continued From page 22<br><br>On 03/20/2026, 03/21/2026, and 03/22/2026, staff documented Resident 2 was out of Zolpidem 5 milligrams (mg), which was scheduled at bedtime for sleep.<br><br>On 03/23/2026 at 3:48 p.m., staff documented mupirocin ointment was not passed with notation: "none available."<br><br>On 03/28/2026 at 9:59 a.m., staff documented mupirocin ointment was not passed with notation: "none in cart."<br><br>On 03/28/2026 at 10:13 p.m., staff documented mupirocin ointment was not passed with notation: "none on hand."<br><br>On 03/29/2026 at 9:51 p.m., staff documented mupirocin ointment was not passed with notation: "none on hand."<br><br>On 04/11/2026 at 9:26 p.m., staff documented nystatin cream was not passed with notation: "none on hand."<br><br>On 04/12/2026 at 10:22 p.m., staff documented nystatin cream was not passed with notation: "none on hand."<br><br>On 04/23/2026 at approximately 11:00 a.m., Surveyor interviewed Administrator A on the phone. Surveyor asked about Resident 2's medications not being available. Administrator A told Surveyor Resident 2 would instruct staff to use more and more of the creams and ointments and would run out of them before they could be refilled. Administrator A said staff sometimes forgot to refill them as well. Administrator A told Surveyor Resident 2's zolpidem was recently | {N 432} | | |

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| {N 432} | Continued From page 23<br>changed to scheduled at bedtime instead of as-needed. S/he said the zolpidem was not included with cycle refills of medications, and this was why Resident 2 ran out. Administrator A said the zolpidem would now come with the monthly refill cycle.<br><br>The provider did not ensure Resident 2 received medication administration appropriate to meet his/her needs. | {N 432} | | |