STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020820	A. BUILDING: _____ B. WING _____	R 09/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VICTORY HOUSE	481 S CONCORD AVE WATERTOWN, WI 53094

(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 09/04/2026, with information obtained through 09/08/2026, the Bureau of Assisted Living, Southern Regional Office, conducted a verification visit at Victory House, a community-based residential facility (CBRF) located in Watertown, WI. As a result of the survey, 4 deficiencies were identified. Under statutory provisions of Wis. Stat. Chapter 50, a $200 revisit fee is being assessed. Census: 8	{N 000}		
N 302	83.28(4)(a) Resident health screening and documentation 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 that 2 of 2 residents	N 302		

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

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N 302	Continued From page 1	N 302		

reviewed were screened for clinically apparent communicable disease, including tuberculosis, by a physician, physician assistant, clinical nurse practitioner, or licensed registered nurse, within 90 days before or 7 days after admission.

Findings include:

Example 1 - Resident 1

On 09/04/2026, at approximately 12:10 p.m., Surveyor reviewed Resident 1's electronic record with Provider Representative D. Resident 1 was admitted to the provider on 08/17/2026. Surveyor requested Provider Representative D to show him/her where Resident 1's communicable disease screen was within his/her record. After looking for several minutes, Provider Representative D reported s/he wasn't able to find what Surveyor was requesting and advised that Surveyor contact Administrator B.

Example 2 - Resident 2

On 09/04/2026, at approximately 12:25 p.m., Surveyor reviewed Resident 2's electronic record with Provider Representative D. Resident 2 was admitted to the provider on 08/19/2026. Surveyor requested Provider Representative D to show him/her where Resident 2's communicable disease screen was within his/her record. After looking for several minutes, Provider Representative D reported s/he wasn't able to find what Surveyor was requesting and advised that Surveyor contact Administrator B.

ADDITIONAL INTERVIEW:

At approximately 2:35 p.m., Surveyor interviewed Administrator B. Administrator B reported s/he

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N 302	Continued From page 2 would look for evidence of communicable disease screens completed for Resident 1 and Resident 2 and get back to Surveyor by the end of the day. At approximately 3:31 p.m., Surveyor received an e-mail from Administrator B in which s/he reported, "There are no [tuberculosis] test [sic] or Communicable [sic] screenings available."	N 302		
N 393	83.35(5)(a) Initial evaluation of evacuation limitations. Initial evaluation. The CBRF shall evaluate each resident within 3 days of the resident ' s admission to determine whether the resident is able to evacuate the CBRF within 2 minutes in an unsprinklered CBRF and 4 minutes in a sprinklered CBRF without any help or verbal or physical prompting, and what type of limitations that resident may have that prevent the resident from evacuating the CBRF within the applicable period of time. A form provided by the department shall be used for the evaluation. The resident ' s evaluation shall be retained in the resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that 2 of 2 residents reviewed were evaluated using the Department's form within 3 days of their admission to determine their evacuation limitations. Findings include: Example 1 - Resident 1 On 09/04/2026, at approximately 12:10 p.m.,	N 393		

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N 393	Continued From page 3 Surveyor reviewed Resident 1's electronic record with Provider Representative D. Resident 1 was admitted to the provider on 08/17/2026. Surveyor requested Provider Representative D to show him/her where Resident 1's evacuation evaluation was within his/her record. Provider Representative D reported that that was something that would be part of Resident 1's physical record located at the home. Operations Coordinator C, who was present during the interaction, was observed to begin looking through his/her resident files in the office. Operations Coordinator C reported s/he wasn't sure what Surveyor was looking for. When Surveyor explained the Department's evacuation evaluation form, Operations Coordinator C replied that s/he wasn't familiar with it and didn't think s/he had anything like that. Example 2 - Resident 2 On 09/04/2026, at approximately 12:25 p.m., Surveyor reviewed Resident 2's electronic record with Provider Representative D. Resident 2 was admitted to the provider on 08/19/2026. Provider Representative D confirmed with Surveyor that similar as with Resident 1, it was expected for Resident 2's evacuation evaluation to be within his/her physical record located at the home. After having looked through his/her files for several minutes between Surveyor's review of Resident 1's record and Resident 2's record, Operations Coordinator C reported s/he was unable to find any such evaluation for either Resident 1 or Resident 2 and would have to ask Administrator B about it. ADDITIONAL INTERVIEW: On 09/04/2026, at approximately 2:35 p.m.,	N 393		

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N 393	Continued From page 4 Surveyor interviewed Administrator B about residents' evacuation evaluations. Administrator B reported that Operations Coordinator C should have been doing them but maybe needed more training about the requirements surrounding them.	N 393		
N 412	83.37(2)(a) Self-administered by resident. Self-administered by resident. 1. The resident shall self-administer prescribed and over-the-counter medications and dietary supplements, unless the resident has been found incompetent under ch. 54, Stats., or does not have the physical or mental capacity to self-administer as determined by the resident ' s physician, or the resident requests in writing that CBRF employees manage and administer medication. 2. Except as specified under sub. (4), when a resident self-administers medications, prescribed and over-the-counter medications and dietary supplements shall remain under the control of the resident. The CBRF shall provide a secure place for the storage of medications in the resident ' s room. 3. A resident with the mental and physical capacity to develop increased independence in medication administration shall receive self-administration instruction. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that 7 of 7 residents who took medications did not self-administer their prescribed and over-the-counter medications. Findings include: On 09/04/2026, at approximately 12:50 p.m.,	N 412		

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N 412	Continued From page 5 Surveyor reviewed the medication storage closet with Operations Coordinator C. Operations Coordinator C reported that 7 of the home's 8 residents - Resident 2, Resident 3, Resident 4, Resident 5, Resident 6, Resident 7, and Resident 8 - had medications prescribed to them. Operations Coordinator C reported that staff conducted the administration of all residents' medications. Surveyor observed the medication closet in which each of the above identified residents had separate bins where their medications were contained. Operations Coordinator C confirmed that only staff had access to the medication closet. Operations Coordinator C demonstrated a simulated medication pass for Surveyor and explained his/her steps throughout. Operations Coordinator C reported that s/he would pull up a resident's medication record on the computer. Operations Coordinator C reported that s/he would pull the resident's medication bin out of the closet and bring it to the table where s/he would then take out each resident's applicable bottle or card and put the individual prescribed tablet or capsule within a small plastic medication cup. Operations Coordinator C reported that s/he would then hand the cup for the resident to take his/her medications. While Operations Coordinator C explained this process, Surveyor observed him/her to demonstrate simulated motions consistent with the steps s/he explained. Surveyor asked Operations Coordinator C to confirm if staff took the tablets or capsules out of their respective packages or if they handed the medication packages to the residents to retrieve their own tablets/capsules. Operations Coordinator C confirmed that staff did that. While observing the prescribed medications for each of the above 7 residents, Surveyor observed	N 412		

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N 412	Continued From page 6 that none of Resident 7's five prescribed medications were packaged in unit dose - each medication was packaged in separate medication bottles with pharmacy labels. Surveyor observed that none of Resident 5's three prescribed scheduled medications were packaged in unit dose - each medication was packaged in separate medication bottles with pharmacy labels. Surveyor observed that none of Resident 6's four prescribed medications were packaged in unit dose - each medication was packaged in separate medication bottles with pharmacy labels. The medications for Resident 2, Resident 3, Resident 4, and Resident 8 were all packaged in unit dose consisting of bubble-packed cards. At approximately 2:35 p.m., Surveyor interviewed Administrator B. In discussing the initial concerns Surveyor had about the non-unit dose medication packaging, Administrator B reported that the home's residents should all be self-administering their medications. Surveyor discussed the information s/he had obtained from interview with Operations Coordinator C earlier which identified that staff were administering all medications for the residents. Administrator B reported that there would be follow up discussions and training with staff regarding the medication administration process.	N 412		
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	N 415		

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treatments performed and initial the medication administration record. Any side effects observed by the employee or symptoms reported by the 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 and interview, the provider did not ensure that for 1 of 2 residents reviewed, Resident 2, staff who administered his/her medications initialed the medication administration record (MAR) and documented the response to as needed (PRN) medication that was administered.

Resident 2's MARs from 08/20/2026 - 09/03/2026 contained 10 blank administration entries. For 7 times staff administered PRN trazodone to Resident 2, his/her response was not documented.

Findings include:

On 09/04/2026, Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider on 08/19/2026. While reviewing Resident 2's record, at approximately 12:25 p.m., Operations Coordinator C confirmed that staff administered his/her medications throughout his/her admission. Surveyor reviewed Resident 2's MARs throughout his/her admission (08/20/2026 through 09/03/2026) and observed the following 10 blank entries for the following prescribed medications:

- 08/20/2026: 8:00 p.m. topiramate 50 mg tablet
- 08/26/2026 12:00 p.m. vancomycin 125 mg capsule

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N 415	Continued From page 8	N 415		

- 08/28/2026 4:00 p.m. vancomycin 125 mg capsule and 8:00 p.m. vancomycin 125 mg capsule
- 08/29/2026 12:00 p.m. vancomycin 125 mg capsule and 4:00 p.m. vancomycin 125 mg capsule
- 08/30/2026 8:00 p.m. topiramate 50 mg tablet and 4:00 p.m. vancomycin 125 mg capsule
- 09/03/2026 8:00 a.m. losartan potassium 100 mg tablet and topiramate 50 mg tablet

Surveyor reviewed the above entries with Operations Coordinator C. Operations Coordinator C reported s/he believed staff administered the prescribed medications for the above entries but just forgot to document it.

Surveyor reviewed the PRN administration record with Operations Coordinator C of Resident 2's only PRN medication - trazodone 50 mg tablets. The prescription instructions were to, "Take 1 to 2 tablets by mouth every night at bedtime as needed for insomnia." Surveyor observed the following 7 administrations of Resident 2's PRN trazodone in which staff did not document his/her response to its administration:

- 08/21/2026: 8:15 p.m.
- 08/23/2026: 8:00 p.m.
- 08/24/2026: 8:14 p.m.
- 08/28/2026: 8:14 p.m.
- 08/29/2026: 8:17 p.m.
- 08/30/2026: 7:37 p.m.
- 09/03/2026: 8:22 p.m.

While reviewing the above entries, Operations Coordinator C confirmed s/he could not find where staff documented Resident 2's response to his/her PRN trazodone administration.