STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019484	A. BUILDING: _____ B. WING _____	11/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW FLOWER HOMES	1951 1ST AVE GRAFTON, WI 53024

(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 11/10/2025, Surveyor conducted a standard survey at New Flower Homes. As a result of the survey, eight (8) deficiencies were identified. Census: 0	N 000		
N 504	83.46(1)(c) Heating system maintenance. Heating. The CBRF shall maintain the heating system in a safe and properly functioning condition. The CBRF shall ensure that a heating contractor or local utility company completes all of the following maintenance and makes available to the facility documentation of the maintenance performed: 1. An oil furnace shall be serviced at least once each year. 2. A gas furnace shall be serviced at least once every 3 years. 3. The CBRF shall have a chimney inspected at intervals corresponding with the heating system service under subd. 1. or 2. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not have evidence to show the heating system had been maintained in a safe and properly functioning condition for 1 of 1 furnace. The provider could not find evidence the gas furnace had been serviced at least once in the past 3 years. Findings include: On 11/10/2025, Surveyor requested most recent documentation of the furnace being inspected. No furnace inspection was provided. Administrator (ADM) A stated s/he had reports at	N 504		

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

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N 504	Continued From page 1 his/her office. Surveyor requested ADM A to send information no later than 11/10/2025 at 4:00 PM. On 11/10/2025, Surveyor toured the facility. Surveyor did not observe any documentation on the furnace for the last inspection. On 11/10/2025 at 3:08 PM, Surveyor received email from ADM A. ADM A stated, "At this time, I do not have specific documents you requested on hand." No furnace inspection was provided. On 11/10/2025 at 3:14 PM, ADM A acknowledged s/he had not had any inspections done since 2024, prior to the change of ownership. The provider did not have evidence to show the heating system had been maintained in a safe and properly functioning condition.	N 504		
N 530	83.47(3) Fire inspection. Fire inspection. The CBRF shall arrange for an annual inspection by the local fire authority or certified fire inspector and shall retain fire inspection reports for 2 years. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the facility received an annual fire inspection by the local fire authority or certified fire inspector. Findings include: On 11/10/2025, Surveyor requested the facility's annual fire inspection for 2025. Administrator	N 530		

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N 530	Continued From page 2 (ADM) A stated s/he had reports at his/her office. Surveyor requested ADM A to send information no later than 11/10/2025 at 4:00 PM. On 11/10/2025 at 3:08 PM, Surveyor received email from ADM A. ADM A stated, "At this time, I do not have specific documents you requested on hand." On 11/10/2025 at 3:14 PM, ADM A acknowledged s/he had not had any inspections done since 2024, prior to the change of ownership. ADM A stated s/he believed all prior inspections had been done around the same time as the fire extinguishers which was April 2024. The provider did not ensure the facility received an annual fire inspection by the local fire authority or certified fire inspector.	N 530		
N 531	83.47(4)(a) Fire extinguishers: type and inspection. At least one portable dry chemical fire extinguisher with a minimum 2A, 10-B-C rating shall be provided on each floor of the CBRF. All fire extinguishers shall be maintained in readily usable condition. Inspections of the fire extinguisher shall be done by a qualified professional one year after initial purchase and annually thereafter. Each fire extinguisher shall be provided with a tag documenting the date of inspection. This Rule is not met as evidenced by: Based on observation and interview, the provider's fire extinguishers were not inspected annually by a qualified professional.	N 531		

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N 531	Continued From page 3 Findings include: The provider is licensed to care for up to 8 residents in the client groups of advanced age, physically disabled, irreversible dementia/Alzheimer's. On 11/10/2025, Surveyor toured the facility. Surveyor observed the provider's fire extinguishers were last inspected in April 2024. On 11/10/2025, Surveyor requested the provider's annual fire extinguisher inspection report from Administrator (ADM) A. ADM A stated s/he had reports at his/her office. Surveyor requested ADM A to send information no later than 11/10/2025 at 4:00 PM. On 11/10/2025 at 3:08 PM, Surveyor received email from ADM A. ADM A stated, "At this time, I do not have specific documents you requested on hand." On 11/10/2025 at 3:14 PM, ADM A acknowledged s/he had not had any inspections done since 2024, prior to the change of ownership. The provider's fire extinguishers were not inspected annually by a qualified professional.	N 531		
N 535	83.48(1)(b) Smoke and heat detectors per NFPA 72. Smoke and heat detectors shall be installed and maintained in accordance with NFPA 72 National Fire Alarm Code and the manufacturer ' s recommendation. Smoke detectors powered by the CBRF ' s electrical system shall be tested by CBRF personnel according to manufacturer ' s	N 535		

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N 535	Continued From page 4	N 535		

recommendation, but not less than once every other month. CBRFs shall maintain documentation of tests and maintenance of the detection system.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not conduct smoke detector tests every other month in 2025.

Findings:

The provider is licensed to care for up to 8 residents in the client groups of advanced age, physically disabled, irreversible dementia/Alzheimer's.

On 11/10/2025 at approximately 10:40 AM, Surveyor requested the providers records for smoke detector tests. Administrator (ADM) A stated s/he had reports at his/her office, and confirmed s/he did not have documentation of conducting smoke detector test every other month at the facility. Surveyor requested ADM A to send information no later than 11/10/2025 at 4:00 PM.

On 11/10/2025 at 3:08 PM, Surveyor received email from ADM A. ADM A stated, "At this time, I do not have specific documents you requested on hand."

On 11/10/2025 at 3:14 PM, ADM A acknowledged s/he had not had any inspections done since licensing the facility on 03/10/2025. ADM A stated s/he believed all prior inspections had been done around the same time as the fire extinguishers which was April 2024.

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N 538	Continued From page 5	N 538		
N 538	83.48(3)(a) Fire detection systems inspected annually. After the first year following installation, fire detection systems shall be inspected, cleaned and tested annually by certified or trained and qualified personnel in accordance with the specifications in NFPA 72 and the manufacturer ' s specifications and procedures. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the fire detection system (smoke and heat detectors) was tested annually by certified and qualified personnel in accordance with the specifications in NFPA 72 and the manufacture's specifications and procedures. Findings include: The provider is licensed to care for up to 8 residents in the client groups of advanced age, physically disabled, irreversible dementia/Alzheimer's. On 11/10/2025, Surveyor requested the provider's annual smoke and heat detection inspection report from Administrator (ADM) A. ADM A stated s/he had reports at his/her office. Surveyor requested ADM A to send information no later than 11/10/2025 at 4:00 PM. On 11/10/2025 at 3:08 PM, Surveyor received email from ADM A. ADM A stated, "At this time, I do not have specific documents you requested on hand." On 11/10/2025 at 3:14 PM, ADM A acknowledged s/he had not had any inspections done since	N 538		

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N 538	Continued From page 6 2024, prior to the change of ownership. ADM A stated s/he believed all prior inspections had been done around the same time as the fire extinguishers which was April 2024. The provider did not ensure the fire detection system (smoke and heat detectors) was tested annually by certified and qualified personnel in accordance with the specifications in NFPA 72 and the manufacture's specifications and procedures.	N 538		
N 547	83.48(4)(g) Smoke detector where lintels exceed 8 inches Pursuant to s. 50.035(2)(b), Stats., all facilities shall have at least one smoke detector located at each of the following locations: Additional smoke detectors shall be located where wall projections from the ceiling or lintels exceed 8 inches. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure smoke detection was installed in 3 compartments on the ceiling where lintels exceeded 8 inches. Findings include: On 11/10/2025 at 10:45 AM, Surveyor toured the facility with Administrator (ADM) A. Surveyor observed 2 hallways with lintels exceeding 8 inches, without a smoke detector on each side of the lintel. Surveyor observed an area in between the living room and an activity room without a smoke detector. ADM A stated s/he was unaware the area needed the smoke detectors, and that Office of Plan Review (OPRI) had been there prior to licensing.	N 547		

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N 547	Continued From page 7 Surveyor reviewed the facility folder and did not observe any waivers for the missing smoke detectors. The provider did not ensure smoke detection was installed in 3 compartments on the ceiling where lintels exceeded 8 inches.	N 547		
N 558	83.48(8)(b) Sprinkler system installation and maintenance Installation and maintenance. 1. All sprinkler systems shall be installed by a state licensed sprinkler contractor. All sprinkler systems shall be maintained, inspected and tested at least annually or at intervals determined by the requirements in NFPA 25. 2. In facilities with sprinklers, sprinkler heads shall be placed at the top of each linen or trash chute and in the rooms where the chutes terminates. 3. The sprinkler system flow alarm shall be connected to the CBRF ' s fire alarm system. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the sprinkler system was inspected annually and maintained. Findings include: The provider is licensed to care for up to 8 residents in the client groups of advanced age, physically disabled, irreversible dementia/Alzheimer's. On 11/10/2025, Surveyor requested sprinkler inspection for 2025. Administrator (ADM) A stated s/he had reports at his/her office.	N 558		

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N 558	Continued From page 8 Surveyor requested ADM A to send information no later than 11/10/2025 at 4:00 PM. On 11/10/2025 at 3:08 PM, Surveyor received email from ADM A. ADM A stated, "At this time, I do not have specific documents you requested on hand." On 11/10/2025 at 3:14 PM, ADM A acknowledged s/he had not had any inspections done since 2024, prior to the change of ownership. ADM A stated s/he believed all prior inspections had been done around the same time as the fire extinguishers which was April 2024. The provider did not ensure the sprinkler system was inspected annually and maintained.	N 558		
N 669	83.60(2) Insect-proof screens on openable windows Screens. All required openable windows shall have insect-proof screens. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all required openable windows had insect proof screens. Findings include: On 11/10/2025 at 10:45 AM, Surveyor toured the facility and observed screens torn or with holes in the following areas: " Room 7 - approximately ½" x 1" & 1" x 2" " Room 6 - approximately ½" x 1" & ½" x ½" " Living room - approximately ½" x 1" & 1" x 2" On 11/10/2025 at approximately 11:30 AM,	N 669		

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N 669	Continued From page 9 Surveyor interviewed Administrator (ADM) A. ADM A stated s/he will check all screens and replace any screens that have holes/tears in them. The provider did not ensure all required openable windows had insect proof screens in good repair.	N 669		