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 _____	R 02/11/2026

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 02/11/2026, Surveyor conducted a verification visit at New Flower Homes. As a result of the survey seven deficiencies were identified. Seven of seven deficiencies are repeat violations from the previous survey. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. 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 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. This is a repeat deficiency. See statement of	{N 504}		

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

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{N 504}	Continued From page 1 deficiency (SOD) 6GHQ11, dated 11/10/2025. Findings include: On 02/11/2026 at 10:10 AM, Surveyor requested most recent documentation of the furnace being inspected. No furnace inspection was provided. On 02/11/2026 at 10:20 AM, Licensee B stated s/he would reach out to the heating company and get a copy of the furnace inspection. Surveyor requested Licensee B to send information no later than 02/11/2026 at 4:00 PM. As of 10:30 AM on 02/12/2026, no further documentation was provided. 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. This is a repeat deficiency. See statement of deficiency (SOD) 6GHQ11, dated 11/10/2025. Findings include:	{N 530}		

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{N 530}	Continued From page 2 On 02/11/2026 at 10:10 AM, Surveyor requested the facility's annual fire inspection for 2025 from Administrator A. On 02/11/2026 at 10:20 AM, Licensee B stated the Grafton Fire Department does not do the annual inspection. Surveyor shared the code and the requirement that a certified fire inspector can complete the annual fire inspection. 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. This is a repeat deficiency. See statement of deficiency (SOD) 6GHQ11, dated 11/10/2025. Findings include:	{N 531}		

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{N 531}	Continued From page 3 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 02/11/2026, Surveyor conducted a tour of the home. Surveyor observed the fire extinguishers had inspection tags dated April 2024. At 10:10 AM, Surveyor requested documentation to show the fire extinguishers had been inspected annually. Licensee B noted the observation and stated they would have a company come out this week to inspect the fire extinguishers. 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 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 and 2026. This is a repeat deficiency. See statement of deficiency (SOD) 6GHQ11, dated 11/10/2025.	{N 535}		

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{N 535}	Continued From page 4 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 02/11/2026 at approximately 10:10 AM, Surveyor requested the provider's records for every other month smoke detector tests. Administrator (ADM) A was unable to provide a log that smoke detectors had been tested every other month. ADM A acknowledged s/he did not know how to conduct every other month smoke detector testing so the tests had not been done. The provider did not conduct smoke detector tests every other month in 2025 and 2026.	{N 535}		
{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. This is a repeat deficiency. See statement of	{N 538}		

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{N 538}	Continued From page 5 deficiency (SOD) 6GHQ11, dated 11/10/2025. 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 02/11/2026 at 10:10 AM, Surveyor requested the provider's annual smoke and heat detection inspection report from Administrator (ADM) A. ADM A stated s/he had a work order to have the inspection completed. Licensee B confirmed they were working on having the vendor come out to conduct the annual inspection. Licensee B was unable to provide a date and time the inspection was scheduled for or when it would be completed. 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	{N 547}		

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{N 547}	Continued From page 6 detection was installed in 2 compartments on the ceiling where wall projections exceeded 8 inches. This is a repeat deficiency. See statement of deficiency (SOD) 6GHQ11, dated 11/10/2025. Findings include: On 02/11/2026 at 10:15 AM, Surveyor toured the facility with Administrator (ADM) A. Surveyor observed 2 hallways with ceiling wall projections exceeding 8 inches, without a smoke detector on each side of the projections. ADM A acknowledged s/he did not have smoke detectors installed in the required areas and stated s/he did not write it down during the last survey. ADM A and Licensee B both acknowledged receipt of the prior statement of deficiency. The provider did not ensure smoke detection was installed in 2 compartments on the ceiling where ceiling projections 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:	{N 558}		

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{N 558}	Continued From page 7 Based on record review and interview, the provider did not ensure the sprinkler system was inspected annually and maintained. This is a repeat deficiency. See statement of deficiency (SOD) 6GHQ11, dated 11/10/2025. 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 02/11/2026, Surveyor requested a sprinkler inspection for 2025. Administrator (ADM) A provided a sprinkler inspection dated 02/05/2026. The report reflected the check valve failed, with 2 deficiencies identified. ADM A and Licensee B acknowledged they were aware of the deficiencies but confirmed they had not scheduled to have these deficiencies corrected and sprinkler system maintained. The provider did not ensure the sprinkler system was maintained when issues were identified.	{N 558}		