STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018656	A. BUILDING: _____ B. WING _____	R-C 06/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MIDLAND TERRACE	5128 WEST MIDLAND DRIVE GREENFIELD, WI 53220

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{N 000}	Initial Comments On 06/25/2026, Surveyor completed a standard survey, verification visit and complaint investigation at Midland Terrace. As a result, the previous deficiency was corrected, and 7 new deficiencies were identified. The complaint was substantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 8	{N 000}		
N 165	83.12(4)(c) Reporting incidents with serious injury A CBRF shall send a written report to the department within 3 working days after any of the following occurs: Any incident or accident resulting in serious injury requiring hospital admission or emergency room treatment of a resident. This Rule is not met as evidenced by: Based on record review and interview, the provider did not report an incident to the Department within 3 working days of a serious injury for 1 of 1 resident (Resident 11). Resident 11 sustained rib fractures. Findings include: On 06/18/2026, at 12:45 PM, Surveyor reviewed Resident 11's record. Resident 11 was admitted on 09/09/2025 with diagnoses including dementia. Resident 11's individualized service plan (ISP), dated 09/09/2026, indicated Resident 11 was a fall risk. Resident 11's record indicated s/he was admitted to a rehabilitation facility	N 165		

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

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N 165	Continued From page 1 (rehab) from 10/20/2025 - 11/02/2025. On 06/18/2026, at 1:30 PM, Surveyor interviewed Administrator C and Nurse Administrator T. Administrator C reported Resident 11 had a fall on 10/10/2025. Administrator C reported Resident 11 was admitted to the hospital on 10/13/2025 with fractured ribs. Administrator C reported Resident 11 went to rehab prior to returning to the facility. Administrator C reported s/he did not think s/he reported the incident to the Department. Administrator C acknowledged the code requirement.	N 165		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident's (Resident 10) individual service plan (ISP) was updated annually or on changes. Resident 10's ISP was due to be reviewed in January 2025 and	N 389		

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N 389	Continued From page 2 was reviewed 8 months later on 09/01/2025. Findings include: On 06/18/2026, at 11:00 AM, Surveyor reviewed Resident 10's record. Resident 10 was admitted on 03/02/2023 with diagnoses including schizophrenia. Resident 10's record indicated her/his ISP was reviewed 01/22/2024 and 09/01/2025. Resident 10's ISP was due to be reviewed in 01/2025. On 06/18/2026 at 1:30 PM, Surveyor interviewed Administrator C and Nurse Administrator T. Administrator C and Nurse Administrator T reported they had moved the ISP reviews of all residents to the summer months due to better staffing. Administrator C and Nurse Administrator T reported they thought they had the whole calendar year to ensure the ISPs were completed.	N 389		
N 394	83.35(5)(b) Annual evaluation of evacuation limits Evaluation update. The CBRF shall evaluate each resident ' s mental or physical capability to respond to a fire alarm at least annually or when there is a change in the resident ' s mental or physical capability to respond to a fire alarm. This Rule is not met as evidenced by: Based on record review and interview, the provider did not evaluate each resident's mental or physical capability to respond to a fire alarm at least annually for 1 of 1 resident (Resident 10). Resident 10 was due to be evaluated for evacuation in January 2025 but was evaluated 8 months later in September 2025.	N 394		

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N 394	Continued From page 3 Findings include: On 06/18/2026, at 11:00 AM, Surveyor reviewed Resident 10's record. Resident 10 was admitted on 03/02/2023 with diagnoses including schizophrenia. Resident 10's record indicated s/he was evaluated for evacuation limits 01/20/2024 and 09/01/2025. Resident 10 was due to be evaluated on 01/2025. On 06/18/2026 at 1:30 PM, Surveyor interviewed Administrator C and Nurse Administrator T. Administrator C and Nurse Administrator T reported they had moved the annual evaluations of all residents to the summer months due to better staffing. Administrator C and Nurse Administrator T reported they thought they had the whole calendar year to ensure the assessments were completed.	N 394		
N 454	83.42(1) Resident record maintained. The CBRF shall maintain a record for each resident at the CBRF. Each record shall include all of the following: (a) Resident ' s full name, sex, date of birth, admission date and last known address; (b) Name, address and telephone number of designated contact person, and legal representative, if any; (c) Medical, social, and, if any, psychiatric history; (d) Current personal physician, if any; (e) Results of the initial health screening under s. DHS 83.28(4) and subsequent health examinations under s. DHS 83.38(1)(g); (f)Admission agreement; (g) Documentation of significant incidents and illnesses, including the dates, times and circumstances; (h) Assessments completed as required under s. DHS 83.35(1); (i) Individual service plan and	N 454		

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N 454	Continued From page 4	N 454		

resident satisfaction evaluation; (j) Documentation to accurately describe the resident's condition, significant changes in condition, changes in treatment and response to treatment; (k) Results of the annual resident evacuation evaluation; (l) Documentation of sensory impairment of the resident as required under s. DHS 83.48(7)(b); (m) Summary of discharge information as required under s.DHS 83.31(7); (n) Any department-approved resident-specific waiver, variance or approval; (o) Physician ' s orders or other authorized practitioner ' s written orders for nursing care, medications, rehabilitation services and therapeutic diets; (p) Current list of the type and dosage of medications or supplements; (q) Results of the quarterly psychotropic medication assessments as required in s. DHS 83.37(1)(h)1; (r) Documentation of administration of all medications, supplements, the person administering the medications or supplements, any side effects observed by the employee or symptoms reported by the resident, the need for PRN medications and the resident ' s response, refusal to take medication, omissions of medications, errors in the administration of medications and drug reactions; (s) Photocopy of any court order or other document authorizing another person to speak or act on behalf of the resident, or other legal documents as required which affect the care and treatment of a resident; (t) Documentation of all other services including rehabilitation services, treatments and therapeutic diets; (u) Completed notice of pre-admission assessment requirement under s. DHS 83.30; (v) Nursing care procedures and the amount of time spent each week by a registered nurse or licensed practical nurse in performing the nursing care procedures. Only time actually

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N 454	Continued From page 5	N 454		

spent by the nurse with the resident may be included in the calculation of nursing care time; (w) Plans of care for terminally ill residents; (x) Date, time and circumstances of the resident's death, including the name of the person to whom the body is released.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 1 of 1 resident's records were maintained. Resident 11's record did not contain a record of all medical visits.

Findings include:

On 12/30/2025, the Department received a complaint with concerns follow up regarding resident incidents.

On 06/18/2026, at 12:45 PM, Surveyor reviewed Resident 11's record. Resident 11 was admitted on 09/09/2025 with diagnoses including dementia. Resident 11's individualized service plan (ISP), dated 09/09/2026, indicated Resident 11 was at risk of falls and needed assistance with medication administration. Resident 11's record contained the following:

- Fall report which indicated on 10/10/2025, Resident 11 sustained a fall at 7:00 AM while ambulating to the bathroom. The fall report indicated "Resident went to [medical doctor] (MD) same day."

Discharge summary from a rehabilitation facility where Resident 11 was admitted to from 10/20/2025 - 11/02/2025

Progress notes which indicated on 12/20/2025 at

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N 454	Continued From page 6 10:00 PM resident was administered the wrong medications at 8:00 PM medication pass. Resident was sent to the emergency room (ER) for evaluation and to monitor. Surveyor was unable to locate the following after-visit summary (AVS) for Resident 11 in Resident 11's record: - AVS from 10/11/2025 when Resident 11 was seen by her/his physician following a fall - AVS from 10/13/2025 when Resident 11 was admitted to the hospital with rib fractures - AVS from 12/20/2025 when Resident 11 was seen in the ER for observation from incorrect medication administration On 06/18/2026, at 1:30 PM, Surveyor interviewed Administrator C and Nurse Administrator T. Administrator C and Nurse Administrator T reported Resident 11's family member would often not give the staff the AVSs from the appointments. Administrator C acknowledged Surveyor's concerns and reported they would need to ensure they received the summaries from appointments.	N 454		
N 507	83.46(1)(f) Combustibles. Combustible materials shall not be placed within 3 feet of any furnace, boiler, water heater, fireplace or other similar equipment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure combustible materials were not placed within 3 feet from the water heater. A desk and paint can was next to the water heater.	N 507		

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N 507	Continued From page 7 Findings include: On 06/18/2025, at 10:58 AM, Surveyor toured the basement with Lead Caregiver U. Surveyor observed a wooden desk with a shelving unit on top to be 2 inches from the water heater. A can of paint was on top of the desk. The paint can was 4.5 inches from the water heater. On 06/18/2026 at 1:30 PM, Surveyor interviewed Administrator C and Nurse Administrator T. Administrator C and Nurse Administrator acknowledged Surveyor's concerns. Nurse Administrator T went to the basement with Lead Caregiver U and reported they were unable to move the desk and would need to contact maintenance.	N 507		
N 525	83.47(2)(d) Fire drills. Fire drills. 1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of the drill and the CBRF ' s total evacuation time. The CBRF shall record residents having an evacuation time greater than the time allowed under s. HFS 83.35(5) and the type of assistance needed for evacuation. Fire evacuation drills may be announced in advance. 2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleeping hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the employees scheduled to work during the residents ' normal sleeping hours.	N 525		

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This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure quarterly fire drills were conducted for 2 of 2 years (2024 and 2025). Three drills conducted in 2024 and 2 drills conducted in 2025 did not contain all the required documentation. A nighttime drill was not documented.

Findings include:

On 06/18/2026, at 10:30 AM, Surveyor reviewed facility safety code documentation and identified the following:

2024
Quarter 1 02/05/2024 at unknown time, evacuation time 2 minutes, 30 seconds
Quarter 2 06/13/2024 at unknown time, evacuation time 2 minutes, 1 second
Quarter 3 08/12/2024 at unknown time, evacuation time 1 minute, 54 seconds
Quarter 4 11/26/2024 at 6:00 PM, evacuation time 2 minutes, 34 seconds

2025
Quarter 1 03/19/2025 at 2:14 PM, evacuation time 1 minute, 33 seconds
Quarter 2 No drill documented
Quarter 3 07/20/2025 at 1:45 PM, evacuation time 57 seconds
Quarter 4, 11/18/2025 at 2:15 PM, no evacuation time documented

Surveyor was unable to establish compliance with a drill which simulates the conditions of usual sleeping hours for drills conducted in 2024 and 2025.

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N 525	Continued From page 9 On 06/18/2026 at 1:30 PM, Surveyor interviewed Administrator C and Nurse Administrator T. Administrator C, and Nurse Administrator T confirmed the code requirement. Administrator C and Nurse Administrator T reported maintenance was responsible for conducting the fire drills. Nurse Administrator T reported s/he created a different form to ensure all code requirements were met.	N 525		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure tornado, flooding, or other emergency or disaster drills were conducted semi-annually for 2 of 2 years. There were no other evacuation drills conducted in 2024 and 2025. Findings include: On 06/18/2026, at 10:30 AM, Surveyor reviewed facility safety code documentation Surveyor was unable to locate evidence of other evacuation drills for 2024 and 2025. On 06/18/2026 at 1:30 PM, Surveyor interviewed Administrator C. Administrator C confirmed the code requirement. Administrator C reported maintenance was responsible for the drills. Administrator C reported if the drills were not in the books, they were most likely not completed.	N 526		

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