

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0018396	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 07/15/2026
NAME OF PROVIDER OR SUPPLIER AMEIRA ORCHIDS ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 10401 WEST BRADLEY ROAD MILWAUKEE, WI 53224		
(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 07/15/2026, Surveyor conducted a verification visit and 2 complaint investigations at Ameira Orchids Assisted Living. Two deficiencies were identified. Two deficiencies were repeat deficiencies. One complaint was substantiated. One complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a \$200 revisit fee is being assessed. Census: 45	{N 000}		
{N 352}	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on record review, and interview, the provider did not ensure resident received all prescribed medications in the dosage and at intervals prescribed by a practitioner for 1 of 1 resident reviewed (Resident 4). This requirement is being cited for a third time. See Statement of Deficiency (SOD) 7DFW11, dated 05/05/2025, and SOD 7DFW12 dated 02/09/2026. Findings include:	{N 352}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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{N 352}	Continued From page 1 The Department received a complaint on 03/30/2026 alleging a resident did not receive medications as prescribed by a physician. On 07/15/2026, at 11:40 AM, Surveyor reviewed resident records and identified the following: Resident 4 was admitted on 01/30/2026 with diagnoses of high blood pressure, dementia, and depression. Surveyor reviewed Resident 4's medication administration record (MAR), dated February 2026, which indicated Resident 4 was prescribed medications which included carvedilol 6.25 milligrams (mg) (take 1 tablet by mouth in the morning), dapagliflozin 10 mg (take 1 tablet by mouth in the morning), Rexulti 0.5 mg (take 1 tablet by mouth in the morning), Sertraline hydrochloride (HCL) 25 mg (take 1 tablet by mouth in the morning), Slow-Mag 71.5 mg (take 1 tablet by mouth 2 times a day), and Vitamin B-1 100 mg (take 1 tablet by mouth in the morning). Resident 2's February MAR indicated the following: Carvedilol 6.25 mg, 8:00 AM dose - 02/25/2026 - "N/A" (Medication not available) Dapagliflozin 10 mg, 8:00 AM dose - 02/25/2026 - "N/A" (Medication not available) Rexulti 0.5 mg, 8:00 AM dose - 02/25/2026 - "N/A" (Medication not available) Sertraline HCL 25 mg, 8:00 AM dose - 02/25/2026 - "N/A" (Medication not available) Slow-Mag 71.5 mg, 8:00 AM dose - 02/25/2026 - "N/A" (Medication not available) Vitamin B-1 100 mg, 8:00 AM dose - 02/25/2026 - "N/A" (Medication not available) On 07/15/2026, at approximately 12:30 PM, Surveyor interviewed Med Passer (MP) D who confirmed the medications were not available on	{N 352}		

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{N 352}	Continued From page 2 the morning of 02/25/2026. MP D reported it was the med passer's responsibility to phone the pharmacy in the event of a missing medication, and they were unsure why the medications had not been charted as "reorder" if the medication was out. On 07/16/2026, at approximately 1:45 PM, Surveyor interviewed Life Enrichment Director (LED) E, Administrator F, and Human Resources Director (HRD) G. Surveyor asked who was responsible for medication administration oversight. HRD G reported that the facility retained the services of a nurse consultant through an outside agency, and they also relied on a nurse practitioner who attends to many of their residents. Administrator F confirmed they were not employed as the administrator at the time of the incident and indicated they would ensure staff was retrained.	{N 352}			
{N 433}	83.38(1)(i) Behavior management. 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: Behavior management. The CBRF shall provide services to manage resident ' s behaviors that may be harmful to themselves or others. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not provide services to manage behaviors that may be harmful to	{N 433}			

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{N 433}	Continued From page 3 themselves for 1 of 1 resident reviewed. The provider did not provide or arrange for services to manage Resident 1's hoarding behavior. This requirement is a repeat deficiency. See Statement of Deficiency (SOD) 7DFW12, dated 02/09/2026. Findings include: The provider is licensed to serve 50 residents who are terminally ill, irreversible dementia/Alzheimer's, physically disabled, advanced aged and/or publicly funded. On 07/15/2026, at approximately 10:30 AM, Surveyor toured Resident 1's room and observed the following: -Floor space was 70% occupied by personal items including dirty and clean laundry, dirty linens, empty water bottles, empty cans, various pieces of paper trash, opened and unopened grocery items, and 7 boxes of unopened incontinence products. -Bedside table had 100% usable space occupied with empty water bottles, aluminum cans, dirty dishes, a personal safe and a shoe box full of correspondence. -Refrigerator was filled to capacity with both old and new bags of lettuce, sandwich meats, mayonnaise and cheese spreads. The bottom of refrigerator was stained with various unidentified spills. -The floor surrounding the refrigerator and HVAC unit had various piles which included cans of soda, cases of bottled water, bottles of food supplement drinks, incontinent products, loaves of bread, opened boxes of crackers and boxes of cheerios. Swarms of what appeared to be fruit	{N 433}		

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{N 433}	Continued From page 4 flies and fungus gnats flew into the air when Surveyor opened the refrigerator. -Bedside drawer contained a can of Raid aerosol spray. -Toilet riser was stained with what appeared to be fecal matter. Record Review On 07/15/2026, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 11/15/2024 with diagnoses of diabetes type II, history of cerebral vascular accident (CVA, stroke), and neuromuscular or peripheral nerve disorders. Resident 1's member care plan (MCP), dated 09/01/2025, listed the following under "Obstacles or Risks-[Resident 1] has excessive clutter in [their] home and needs assistance with cleaning. [Resident 1] has history of CVA and requires assistance with ADLs (activities of daily living). [Resident 1] has daily urinary incontinence and needs assistance with decision making ..." Resident 1's individual service plan (ISP), dated 09/10/2025, listed the following under frequency of service and service provided: Housekeeping - Staff Assistance Schedule: Housekeeping-Weekly (Sun) 12:00 PM Resident's Needs: Resident requires staff to complete housekeeping services. Desired Outcomes: To have a clean and tidy room/apartment. Laundry - Staff Assistance Schedule: Daily As Needed Resident's Needs: Resident requires staff to complete laundry services. Resident's Desired Outcomes: To have clean clothing/linens.	{N 433}			

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{N 433}	Continued From page 5 Resident 1's ISP did not identify interventions or methods to reduce Resident 1's behaviors which included refusing cares and refusing housekeeping/laundry assistance. Surveyor did not observe a Behavioral Support Plan in Resident 1's record. Interviews On 07/15/2026, at approximately 11:30 AM, Surveyor interviewed Resident 1 about the condition of their room. Resident 1 confirmed they did not like to let caregivers into their room to clean. Surveyor asked Resident 1 if they were comfortable with the amount of clutter throughout the room. Resident 1 stated, "I would like them to get rid of the gnats." On 07/16/2026, at approximately 1:45 PM, Surveyor interviewed Life Enrichment Director (LED) E, Administrator F, and Human Resources Director (HRD) G. Administrator F and HRD G confirmed they were not aware of a Behavioral Support Plan (BSP) being created and confirmed they did not have interventions in place to address Resident 1's refusals. Administrator F reported they would reach out to the Managed Care Organization to establish a Behavioral Support Plan.	{N 433}			