STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019425	A. BUILDING: _____ B. WING _____	C 06/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEAVER DAM AL OPERATIONS LLC	129 EVERGREEN CIR BEAVER DAM, WI 53916

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N 000	Initial Comments From 05/26/2026 to 06/05/2026, Surveyor conducted 2 complaint investigations at Beaver Dam AL Operations LLC, a CBRF in Beaver Dam. Three deficiencies were identified. One of 2 complaints were substantiated. Census: 38	N 000		
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 4 individual service plans (ISP) reviewed was updated with changes. Resident 6's ISP was not updated when his/her feeding needs changed. Findings include:	N 389		

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

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N 389	Continued From page 1 On 05/26/2026 at 12:10 p.m., Surveyor interviewed Resident 6's family member (Person G). Person G expressed frustration that Resident 6 was not prepared food appropriate to him/her. Person G stated Resident 6 needed finger foods or food cut up. On 05/26/2026 at approximately 12:30 p.m., Surveyor reviewed Resident 6's record. Resident 6 was admitted to the provider's facility on 01/18/2025 with diagnoses including Alzheimer's disease. Resident 6's ISP, last revised 05/18/2026, documented "Eating: consistent carb diet (diabetes), no problems eating. Resident does best when using a lipped plate and built up, grip silverware." On 06/04/2026 at approximately 7:30 a.m., Surveyor reviewed Resident 6's hospice records, obtained by Surveyor. Records documented the following: - 02/24/2026 RN Comprehensive Assessment: Needs meals set up and food cut up, but able to feed him/herself. - 04/13/2026 Hospice Eligibility Form: Needs some assistance as food on fork/spoon. - 04/20/2026 RN Comprehensive Assessment: Has needed help eating and has been pouring liquids on his/her food. S/he will be moved to "feeder table" in dining room to have more supervision and assistance. Now requires meal set up, assistance with food placement on spoon/fork and occasionally needs to be fed by staff. - 05/15/2026 Note: Spouse reports Resident 6 was put on food watch as s/he is not consistently feeding him/herself but does eat when fed by staff.	N 389		

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N 389	Continued From page 2 - 05/26/2026 RN Comprehensive Assessment: Needs food cut up and/or finger food. On 06/05/2026 at 2:00 p.m., Surveyor interviewed Administrator A. Administrator A stated staff had been assisting Resident 6 depending on what food was being served. Administrator A stated Resident 6 was able to feed him/herself finger food , but did need assistance with putting fork in hand. Administrator A stated moving Resident 6 to the "feeder table" was discussed on 05/26/2026, but declined by Person G; however, Administrator A had observed staff sitting with and feeding Resident 6 during the past few days. Resident 6 stated s/he would update the ISP.	N 389		
N 425	83.38(1)(a) Personal care. 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: Personal care. Personal care services shall be designed and provided to allow a resident to increase or maintain independence. This Rule is not met as evidenced by: Based on observation, interview and record	N 425		

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N 425	Continued From page 3	N 425		

review, the provider did not ensure personal care services provided by staff were adequate to meet resident needs.

Resident 5 did not receive catheter cares appropriate to his/her needs.
Resident 7 did not receive personal cares appropriate to his/her needs.

Findings include:

From 05/26/2026 to 06/05/2026, Surveyor conducted 2 complaint investigations alleging care concerns at the facility. Surveyor identified the following personal care concerns:

Example 1 - Resident 5's Catheter:

On 05/26/2026 at 9:10 a.m., Surveyor interviewed Resident 5. While interviewing Resident 5, Surveyor observed Resident 5's catheter bag resting on the ground beneath Resident 5's wheelchair. Surveyor observed an empty bag, which appeared to be intended for Resident 5's catheter bag, attached to the wheelchair. Resident 5 reported staff managed his/her catheter cares.

On 05/26/2026 at 10:50 a.m., Surveyor observed Resident 5 in the provider's activity area engaged with activities. Resident 5's catheter bag remained resting on the ground.

On 05/26/2026 at approximately 11:00 a.m., Surveyor reviewed Resident 5's record. Resident 5 was admitted to the provider's facility on 07/30/2024. Resident 5's individual service plan (ISP), dated 02/11/2026, indicated the provider's staff was responsible for Resident 5's catheter care.

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N 425	Continued From page 4 On 05/26/2026 at 1:30 p.m., Surveyor interviewed Administrator A, Regional Director of Wellness D, Regional Director of Operations E and Resident Care Coordinator F. Surveyor discussed concern with Resident 5's catheter bag resting on the ground. Regional Director of Wellness D confirmed Resident 5's bag should not have been resting on the ground and that the empty bag on Resident 5's wheelchair should have been used to hold Resident 5's catheter bag. Example 2 - Resident 7 On 05/28/2026 at 12:20 p.m., Surveyor interviewed Resident 7's family member (Person H). Person H expressed frustration with Resident 7 not receiving cares as care planned, including Resident 7's wheelchair not being cleaned, fall precautions not taken when in bed (low bed, floor mat by bed and wedge pillow), Resident 7 not being cleaned up after eating and Resident 7 not receiving routine toileting assistance. Person H stated s/he frequently expressed frustration to management and had submitted 2 recent grievances in the past few months, 1 of which was submitted twice in March and s/he had yet to receive a response for. On 05/28/2026 at 12:56 p.m., Surveyor requested documentation from Administrator A of any grievances filed by Resident 7's family this calendar year, including any follow up on the grievance. On 05/29/2026 at 12:09 p.m., Surveyor received 1 grievance, dated 02/16/2026, from Administrator A that documented the following: - Concern: Resident 7 was found in the same clothes 02/11/2026 to 02/12/2026 and 02/14/2026	N 425		

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N 425	Continued From page 5	N 425		

to 02/15/2026. Resident 7 was not checked/changed from 1:10 p.m. to 4:00 p.m. on 02/07/2026, from 1:10 p.m. to 4:10 p.m. on 02/08/2026, from 1:15 p.m. to 4:45 p.m. when Person H left on 02/13/2026, from 1:15 p.m. to 5:00 p.m. on 02/15/2026 when s/he was found to be wet).
- Investigation/Response: Emergency staff meeting held regarding care expectations, reviewed toileting schedule, times for medication pass and residents attending all meals.

On 06/03/2026 at 10:10 a.m., Surveyor reviewed documentation of a grievance form, dated 02/25/2026, provided by Person H. Person H stated s/he put the grievance form in the designated box on 03/02/2026 at 1:50 p.m. Person H stated s/he was informed the form was lost during a meeting on 03/31/2026, so the form was resubmitted on 03/31/2026 at 2:45 p.m. The form documented the following:
- Concern: Person H arrived at 11:06 a.m. and was informed Resident 7 received his/her shower at 10:30 a.m. As of 2:15 p.m., Resident 7 had not been assisted with toileting. Person H reached out to resident care coordinator, who assisted Resident 7 at 2:20 p.m. Resident 7 was very wet and had slightly wet through his/her pants. Resident 7's physician order, dated 11/17/2025, to change/check every 2 hours had not been followed at least 5 times in the last 2 ½ weeks.
- Investigation/Response: None

On 06/03/2026 at 11:00 a.m., Surveyor reviewed Resident 7s' ISP, last revised 03/25/2026, which stated check/change resident upon rising, before and after meals, before bed and approximately every 2 hours at night.

On 06/05/2026 at 2:20 p.m., Surveyor discussed

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N 425	Continued From page 6 concern with Administrator A that Resident 7 had not received services to meet his/her personal care needs. Administrator A acknowledged that Person H had brought care concerns to his/her attention, and s/he had attempted to resolve the concerns with staff education and review of the toileting schedule. Administrator A stated s/he recalled the 2nd grievance submitted in March, but was unable to locate the form. Administrator A stated at times it took staff longer to work their way down the hallway to provide assistance to Resident 7 due to other care needs. Administrator A also acknowledged discrepancy between Resident 7's ISP stating check/change resident upon rising, before and after meals, before bed and approximately every 2 hours at night versus Person H's understanding and an alleged physician order that toileting should occur every 2 hours. Administrator A stated the provider was attempting to schedule a ISP review with Person H and family and would confirm toileting needs at that time.	N 425		
N 668	83.60(1) Total/openable window area Minimum size. Every habitable room shall have at least one outside window with a total window area of at least 8% of the floor area in the room. The window shall be openable from the inside without the use of tools or keys. The openable area of the window shall be not less than 4% of the floor area of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider	N 668		

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N 668	Continued From page 7 did not ensure each habitable room had at least 1 window openable from the inside without the use of tools or keys. Occupied resident rooms were observed with windows that had the window crank removed, leaving the window unable to open. Findings include: On 05/26/2026 at approximately 8:00 a.m., Surveyor toured the provider's facility. Surveyor observed Resident 1, Resident 2, Resident 3 and Resident 4's bedroom windows did not have window cranks, leaving the windows unopenable. On 05/26/2026 at approximately 8:15 a.m., Surveyor interviewed Maintenance B. Maintenance B confirmed several resident rooms throughout the facility did not have window cranks on the windows. Maintenance B stated s/he was instructed to leave the window cranks off so residents did not push the screens out. On 05/26/2026 at approximately 10:15 a.m., Surveyor interviewed Caregiver C. Caregiver C confirmed several resident rooms throughout the facility did not have window cranks on the windows. Caregiver C stated window cranks were kept in the provider's medication carts and residents were supposed to ask for the cranks to open their windows.	N 668		