STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018940	A. BUILDING: _____ B. WING _____	R-C 03/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLARITY CARE FERN	3013 MANN STREET MARSHFIELD, WI 54449

(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 03/25/2026, Surveyor conducted a verification visit and complaint investigation at Clarity Care Fern. Data collection continued through 03/30/2026. The deficiency identified in Statement of Deficiency (SOD) 9P7O11, dated 12/17/2025, was not corrected. The complaint was substantiated. Three deficiencies were identified. One of 3 deficiencies was a repeat violation, cited for the 2nd time, see SOD 9P7O11, dated 12/17/2025. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 5	{N 000}		
N 169	83.12(5)(a) Notification: incident, injury, changes. The CBRF shall immediately notify the resident's legal representative and the resident's physician when there is an incident or injury to the resident or a significant change in the resident's physical or mental condition. This Rule is not met as evidenced by: Based on record review and interview, the	N 169		

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

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N 169	Continued From page 1	N 169		

provider did not immediately notify Resident 2's legal representative and physician when there was a significant change in Resident 2's physical condition.

Findings include:

The provider is licensed to care for up to 8 residents in the following client groups: advanced aged, traumatic brain injury, physically disabled, irreversible dementia/Alzheimer's disease, emotionally disturbed/mental illness, developmentally disabled.

On 01/20/2026, the Department received a complaint alleging care concerns and health monitoring concerns (including notifications).

On 03/25/2026, Surveyor reviewed Resident 2's record. Resident 2 was admitted on 05/01/2024. Resident 2 was discharged on 01/21/2026. Resident 2 was protectively placed at the facility and had a guardian (Guardian E). Resident 2's diagnoses included: type 2 diabetes mellitus, morbid obesity, depression, adjustment disorder with mixed anxiety and depressed mood, profound intellectual disabilities. According to an annual skin evaluation, dated 11/03/2025, Resident 2 had lymphedema and excessively dry or flaky skin. A physician's order, dated 12/04/2025, noted, in part, "[Resident 2] is seen today in the internal medicine clinic for new onset redness of [his/her] right leg associated with pain since 3 days. Patient is prescribed antibiotic course of cephalexin 5 mg 4 times daily for total of 7 days. Patient needs to be [sic] have Ace wraps daily to be applied in the morning and be removed before bedtime. This will help prevent further recurrences of skin infection given [his/her] chronic lymphedema." According to an

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observation note, dated 12/08/2025 (1:45 PM), "Staff washed clients [sic] leg with warm water and antibacterial soap. right [sic] leg has to [sic] scabs that are bleeding. An observation note, dated 01/05/2026 (7:45 PM), indicated, "left leg red." An observation note, dated 01/14/2026 (8:30 PM), read in part, "Resident called [facility] earlier today and stated [his/her] guardian does not want [him/her] to come back to [facility] because we failed to get resident medical treatment for [his/her] leg and now it is infected. Staff told [him/her] that all future calls need to be directed to the DA (Division Administrator). [S/He] had been on an antibiotic not too long ago for [his/her] leg." On 12/05/2025 (12:45 PM), the provider documented calling Guardian E; the provider noted, "Reached out to discuss appointments and [Resident 2] is requesting visits, message left due to no answer. Follow up with e-mail to send observations/history."

On 03/26/2026 at approximately 1:45 PM, Surveyor e-mailed DA A and asked the following questions regarding Resident 2's cares and notifications: Between 12/08/2025 and 01/14/2026, what did the facility do to provide care for Resident 2's legs? Between 12/08/25 and 01/14/2026, did the facility notify the guardian about Resident 2's legs? Was the doctor updated regarding Resident 2's legs?

On 03/26/2026 at approximately 2:20 PM, Surveyor interviewed Guardian E via telephone. Surveyor asked about Resident 2's cares and communication with the facility. Guardian E reported that Guardian E did not receive notifications about Resident 2's health changes and/or concerns with Resident 2's legs. Guardian E stated, "I was not being notified and that was a big issue and that is why [s/he] (Resident 2) is not

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N 169	Continued From page 3	N 169		

there any longer." Guardian E reported that Guardian E saw Resident 2 in court on 01/14/2026 for a yearly protective placement hearing. Guardian E indicated that Resident 2's left leg was extremely swollen. Guardian E stated that Resident 2 had told Guardian E that that s/he was having problems with his/her legs and staff had told Resident 2 to set up an appointment. Guardian E reported that Guardian E was not notified about Resident 2's leg problems and was not contacted by the facility between 12/08/2025 and 01/14/2026. Guardian E stated, "I used to have contact with [Former House Manager (FHM) D]. After [FHM D] left - communication with the facility diminished." Guardian E stated that Guardian E was not aware of Resident 2's medical appointment on 12/04/2025. Guardian E indicated that Guardian E did not receive a phone call or e-mail from the provider on or about 12/05/2025 to report problems with Resident 2's legs.

On 3/26/2026 at approximately 4:05 PM, DA A responded to Surveyor questions regarding Resident 2's cares and notifications. DA A noted via e-mail, "The 14th was the day [s/he] was put into a wheelchair by APS (Adult Protective Services) which caused [his/her] legs to hurt as we do not have medical orders for a wheelchair, [s/he] should have not been using one, which Clarity Care staff did not use with [him/her]. The team will have the access to those as [Resident 2] made [his/her] appointments per [his/her] wishes. Staff followed the orders given on 12/4/25 as this is a result of chronic lymphedema."

On 03/30/2026 at approximately 9:47 AM, Surveyor interviewed DA A via telephone. DA A confirmed Resident 2 was protectively placed and had a Guardian. DA A verified the following:

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N 169	Continued From page 4 Resident 2 had court on 01/14/2026 (protective placement hearing) and was hospitalized on 01/14/2026 and did not return to the facility. On 03/30/2026 at approximately 12:30 PM, Surveyor interviewed DA A via telephone. Surveyor asked about notifications for Resident 2. DA A verified that there was no record of the facility contacting Resident 2's doctor or guardian between 12/08/2025 and 01/14/2026 to address issues with Resident 2's legs. DA A indicated that DA A could not verify sending an e-mail to Guardian E on 12/05/2025. DA A confirmed that there were no additional records to provide the Surveyor. The provider did not immediately notify Resident 2's legal representative and physician when there was a significant change in Resident 2's physical condition.	N 169		
{N 396}	83.36(1)(a) Adequate staff to meet resident needs. The CBRF shall provide employees in sufficient numbers on a 24-hour basis to meet the needs of the residents. This Rule is not met as evidenced by: Based on record review, observation and interview, the provider did not ensure employees in sufficient numbers on a 24-hour basis to meet the needs of Resident 1. This is a repeat deficiency, cited for the 2nd time, see Statement of Deficiency 9P7O11, dated 12/17/2025. Findings include:	{N 396}		

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{N 396}	Continued From page 5 The provider is licensed to care for up to 8 residents in the following client groups: advanced aged, traumatic brain injury, physically disabled, irreversible dementia/Alzheimer's disease, emotionally disturbed/mental illness, developmentally disabled. On 03/25/2026, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 04/28/2025. Resident 1's diagnosis included: major depressive disorder, spastic hemiplegia affecting unspecified side, quadriplegia, acute and chronic respiratory failure with hypoxia, scoliosis, traumatic brain injury, full incontinence of feces, functional urinary incontinence. Resident 1's individual service plan (ISP) noted the following, in part: * Capacity for Self Care - Needs total assistance. * Bathing - [Resident 1] requires full assistance from 2 staff as of 10/21/25 to complete bathing tasks 3 x week. 2 staff are required to use the hoyer [sic] to get [Resident 1] in and out of [his/her] bed/chair. * Dressing - [Resident 1] requires full assistance from 2 staff as of 10/21/2025 to complete dressing tasks but will pick out what [s/he] wants to wear for the day. * Mobility and Transferring - 10/21/25 [Resident 1] requires full 2 person assistance with all positioning. [Resident 1] requires a mechanical lift for transfers to be completed with 2 staff as of 10/21/25. * Toileting - [Resident 1] requires full assistance from staff to complete toileting tasks. As of	{N 396}		

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{N 396}	Continued From page 6 10/21/25 this now requires 2 staff. Condom cath(eter), Depends (incontienence brief). * Meal Preparation - [Resident 1] requires Full [sic] assistance to prepare and serve [his/her] meals and snacks as needed. On 10/21/25 an order for 2 person assist; 1 assist, 1 monitor was established. * Physical Disabilities - [Resident 1] is a quadriplegic that requires a 2 person hoyer [sic] transfer, full assist as of 10/21/25. [Resident 1] utilizes a powered wheelchair that [s/he] is able to control [himself/herself]. *Compliance Requirement - [Resident 1] is a [POR] (point of rescue) in bed, needs (2) [sic] staff assistance to evacuate. If [Resident 1] is not in bed [sic] [s/he] is able to control [his/her] wheelchair to evacuate as needed. On 03/25/2026, Surveyor reviewed the March 2026 schedule. Between 03/22/2026 and 03/31/2026, the schedule noted that one caregiver was scheduled to work the NOC (overnight) shift. On 03/25/2026 at approximately 1:30 PM, Surveyor interviewed Resident 1. Surveyor observed Resident 1 lying in bed. There was a motorized wheelchair next to Resident 1's bed. Surveyor asked about cares. Resident 1 reported that his/her cares "are much better." Resident 1 stated, "I don't get up a lot on weekends because there is not a lot of help on weekends." On 03/26/2026 at approximately 12:43 PM, Surveyor interviewed Division Administrator (DA) A via telephone. Surveyor asked about the March 2026 schedule and Resident 1's cares. DA A	{N 396}		

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{N 396}	Continued From page 7	{N 396}		

indicated that the provider was working on implementing and hiring a NOC/Sleep shift position (which would allow for a second staff person to sleep during the NOC shift but be available to provide care as a second staff person when needed). DA A verified that the March 2026 schedule noted that one caregiver was scheduled to work the NOC shifts. DA A confirmed that until the NOC/Sleep shift position is filled, one caregiver would be working the NOC shift for the foreseeable future.

On 03/26/2026 at approximately 4:18 PM, Surveyor interviewed Caregiver B via telephone. Surveyor asked about the schedule and Resident 1's cares. Caregiver B indicated that Caregiver B worked all of his/her NOC shifts (10:00 PM - 7:00 AM) alone. Caregiver B indicated that s/he worked 5 days per week and worked every other weekend. Caregiver B stated that the provider was trying to implement a NOC/Sleep shift position, but at this time, Caregiver B had worked alone during the NOC shift this week. Caregiver B commented, "[Resident 1] is a 2 person assist; I try to assist [him/her] by myself. I will call next door (to the Provider's other Community Based Residential Facility (CBRF)) at times during the overnight shift to see if a second staff is available to help (and) if not available, I do my best to help [Resident 1]." Caregiver B stated that residents sleep at night and "mostly there are no issues." Caregiver B indicated that s/he would be working the NOC shift alone for the foreseeable future.

On 03/30/2026 at approximately 9:32 AM, Surveyor interviewed Caregiver C via telephone. Surveyor asked about the schedule and Resident 1's cares. Caregiver C indicated that Caregiver C worked all of his/her NOC shifts alone. Caregiver C indicated that s/he worked on average 5 days

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{N 396}	Continued From page 8 per week. Caregiver C reported that the provider was trying to implement a NOC/Sleep shift position, but the position has not been implemented yet. Caregiver C reported that Resident 1 required a "Depends change" sometimes and Caregiver C would have to change Resident 1 by himself/herself. Caregiver C stated, "There are times I have to change [Resident 1's] Depends by myself and it causes [him/her] pain; [S/he] can't use half [his/her] body." Caregiver C commented that when assisting Resident 1 with a Depends change, Caregiver C would try to roll/prop Resident 1 up with one hand and try to change the Depend with the other hand. Caregiver C indicated that Resident 1 required 2 staff to assist with cares. Caregiver C indicated that s/he would be working the NOC shift alone for the foreseeable future. On 03/30/2026 at approximately 9:47 AM, Surveyor interviewed DA A via telephone. Surveyor asked about the March 2026 schedule and Resident 1's cares. DA A verified the following: One caregiver was scheduled and worked all the NOC shifts in March 2026. Surveyor reviewed Resident 1's ISP with DA A. DA A confirmed that Resident 1's ISP noted the following: "[Resident 1] required full assistance from staff to complete toileting tasks and as of 10/21/25, Resident 1 required 2 staff to assist with cares (including condom catheter care and changing Depends)." DA A reported that the provider was working on implementing a NOC/Sleep shift position in the future. The provider did not ensure employees in sufficient numbers on a 24-hour basis to meet the needs of Resident 1.	{N 396}		

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N 431	Continued From page 9	N 431		
N 431	83.38(1)(g) Health monitoring. 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: Health monitoring. 1. The CBRF shall monitor the health of residents and make arrangements for physical health, oral health or mental health services unless otherwise arranged for by the resident. Each resident shall have an annual physical health examination completed by a physician or an advanced practice nurse as defined in s. N 8.02(1), unless seen by a physician or an advanced practice nurse as defined in s. N 8.02(1) more frequently. 2. When indicated, a CBRF shall observe residents ' food and fluid intake and acceptance of diet. The CBRF shall report significant deviations from normal food and fluid intake patterns to the resident ' s physician or dietician. 3. The CBRF shall document communication with the resident ' s physician and other health care providers, and shall record any changes in the resident ' s health or mental health status in the resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure health monitoring services adequate to meet the needs of Resident 2. Findings include: The provider is licensed to care for up to 8	N 431		

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residents in the following client groups: advanced aged, traumatic brain injury, physically disabled, irreversible dementia/Alzheimer's disease, emotionally disturbed/mental illness, developmentally disabled.

On 01/20/2026, the Department received a complaint alleging care concerns and health monitoring concerns.

On 03/25/2026, Surveyor reviewed Resident 2's record. Resident 2 was admitted on 05/01/2024. Resident 2 was discharged on 01/21/2026. Resident 2 was protectively placed and had a guardian (Guardian E). Resident 2's diagnoses included: type 2 diabetes mellitus, morbid obesity, depression, adjustment disorder with mixed anxiety and depressed mood, profound intellectual disabilities. Resident 2's individual service plan (ISP), dated 10/10/2025, noted that Resident 2 was "capable of self supervision" and "[Resident 2] has chronic illness(es) that require proper treatment and management" and "[Resident 2] requires staff to make and attend appointments with [him/her]." An annual skin evaluation, dated 11/03/2025, noted that Resident 2 had lymphedema and excessively dry or flaky skin. A physician's order, dated 12/04/2025, read in part, "[Resident 2] is seen today in the internal medicine clinic for new onset redness of [his/her] right leg associated with pain since 3 days. Patient is prescribed antibiotic course of cephalexin 5 mg 4 times daily for total of 7 days. Patient needs to be [sic] have Ace wraps daily to be applied in the morning and be removed before bedtime. This will help prevent further recurrences of skin infection given [his/her] chronic lymphedema." According to an observation note, dated 12/08/2025 (1:45 PM), "Staff washed clients [sic] leg with warm water

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N 431	Continued From page 11	N 431		

and antibacterial soap. right [sic] leg has to [sic] scabs that are bleeding. An observation note, dated 01/05/2026 (7:45 PM), indicated, "left leg red." An observation note, dated 01/14/2026 (8:30 PM), read in part, "Resident called [facility] earlier today and stated [his/her] guardian does not want [him/her] to come back to [facility] because we failed to get resident medical treatment for [his/her] leg and now it is infected. Staff told [him/her] that all future calls need to be directed to the DA (Division Administrator). [S/He] had been on an antibiotic not too long ago for [his/her] leg."

On 03/26/2026 at approximately 12:43 PM, Surveyor interviewed Division Administrator (DA) A via telephone. Surveyor asked about Resident 2's cares and medical appointments. DA A stated, "Family brought [him/her] to an appointment for [his/her] legs on 12/04/2025. We did not know [s/he] went to the doctor on 12/04/2025. [S/he] made [his/her] own appointments." DA A commented, "We still need to know what is going on." DA A verified that per Resident 2's ISP, "[Resident 2] requires staff to make and attend appointments with [him/her]."

On 03/26/2026 at approximately 1:45 PM, Surveyor e-mailed Division Administrator (DA) A and asked the following questions regarding Resident 2's cares: Between 12/08/2025 and 01/14/2026, what did the facility do to provide care for Resident 2's legs? Between 12/08/2025 and 01/14/2026, did the facility notify the guardian about Resident 2's legs? Was the doctor updated regarding Resident 2's legs? How many medical appointments did Resident 2 attend in December 2025 and January 2026? Did staff attend the appointments with Resident 2? Is there documentation of staff attending the

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CLARITY CARE FERN	3013 MANN STREET MARSHFIELD, WI 54449

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N 431	Continued From page 12 appointments? On 03/26/2026 at approximately 2:20 PM, Surveyor interviewed Guardian E via telephone. Surveyor asked about Resident 2's cares and medical appointments. Guardian E stated, "[Resident 2] should not have been making [his/her] own appointments." Guardian E stated that Guardian E was unaware of Resident 2's medical appointment on 12/04/2025. Guardian E reported that Guardian E attended an annual protective placement hearing with Resident 2 on 01/14/2026. Guardian E stated, "At court, [Resident 2's] left leg was extremely swollen. [Resident 2] told me when [s/he] (Resident 2) told the staff about [his/her] legs - staff said you need to set up an appointment." Guardian E indicated that Guardian E was unaware of Resident 2's leg issues until seeing Resident 2 in court on 01/14/2026. Guardian E reported that Resident 2 was hospitalized after court on 01/14/2026. On 3/26/2026 at approximately 4:05 PM, DA A responded to Surveyor's questions regarding Resident 2's cares. DA A noted via e-mail, "The 14th was the day [s/he] was put into a wheelchair by APS (Adult Protective Services) which caused [his/her] legs to hurt as we do not have medical orders for a wheelchair, [s/he] should have not been using one, which Clarity Care staff did not use with [him/her]. The team will have the access to those as [Resident 2] made [his/her] appointments per [his/her] wishes. Staff followed the orders given on 12/4/25 as this is a result of chronic lymphedema; [Resident 2] only had an appointment scheduled 12/4/25 for [his/her] legs, and a court hearing that was then rescheduled in January. With [Resident 2] making and attending these, it would be in [his/her] online portal through the clinic which only [his/her] case team has	N 431		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018940	A. BUILDING: _____ B. WING _____	R-C 03/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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N 431	Continued From page 13 access to." On 03/26/2026 at approximately 4:31 PM, Surveyor interviewed Case Worker F via telephone. Surveyor asked about Resident 2's cares and medical appointments. Case Worker F stated that there was a lack of facility oversight with Resident 2's care and "communication was not the best" with the facility. Case Worker F reported that Resident 2 had court on 01/14/2026. Case Worker F stated, "[Resident 2's] legs were weeping, and [s/he] was taken to the emergency room after court." Case Worker F indicated that staff thought Resident 2 had the right to make his/her own appointments and staff said Resident 2 was independent. Case Worker F indicated that Resident 2 needed care and medical oversight. Case Worker F confirmed Resident 2 had a guardian and was protectively placed at the facility. Case Worker F stated that Case Worker F and Guardian E were not made aware of Resident 2's leg issues On 03/30/2026 at approximately 9:47 AM, Surveyor interviewed DA A via telephone. DA A confirmed Resident 2 was protectively placed and had a Guardian. DA A verified the following: Resident 2 had court on 01/14/2026 (protective placement hearing) and was hospitalized on 01/14/2026 and did not return to the facility. On 03/30/2026 at approximately 12:30 PM,Surveyor interviewed DA A via telephone. DA A verified that there was no record of the facility contacting Resident 2's doctor or guardian between 12/08/2025 and 01/14/2026 to address issues with Resident 2's legs. DA A verified that there was no record of Resident 2 receiving medical treatment for his/her legs between 12/08/2026 and 01/14/2026. Surveyor asked DA	N 431		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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N 431	Continued From page 14 A if there were any additional records pertaining to Resident 2's cares and medical appointments. DA A indicated that there were no additional records to provide Surveyor. The provider did not ensure health monitoring services adequate to meet the needs of Resident 2.	N 431		