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	0019609	A. BUILDING: _____ B. WING _____	C 06/02/2026

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ALICE & LOUISES III LLC	800 SOUTH DRAKE AVENUE MARSHFIELD, WI 54449

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N 000	Initial Comments On 06/01/2026 with information gathered through 06/02/2026, Surveyor conducted a complaint investigation and standard survey at Alice & Louises III LLC, a Community-Based Residential Facility (CBRF) in Marshfield, WI. Ten deficiencies identified. One of 10 is a repeat deficiency. Complaint substantiated. Census: 6	N 000		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating 1 of 1 employee reviewed had been screened for clinically apparent communicable	N 220		

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

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N 220	Continued From page 1 disease including tuberculosis (TB). Caregiver B did not have a communicable disease screening or TB test within 90 days before the start of employment. Findings include: On 06/01/2026, Surveyor reviewed Caregiver B's record and identified the following: -Caregiver B was hired on 05/23/2023. Caregiver B's record did not contain a communicable disease screening or TB test. On 06/01/2026 at approximately 12:30 PM, Surveyor interviewed Owner C. Owner C stated Caregiver B worked at the other home and s/he would have to go get their record and see if it was in the file at their other home. Surveyor told Owner C to email the information no later than 4:00 PM on 06/01/2026. As of 06/02/2026 at 12:00 PM, Surveyor did not receive any additional information regarding Caregiver B's communicable disease screening and TB skin test.	N 220		
N 230	83.19 Orientation Before an employee performs any job duties, the CBRF shall provide each employee with orientation training which shall include all of the following: (1) Job responsibilities; (2) Prevention and reporting of resident abuse, neglect and misappropriation of resident property; (3) Information regarding assessed needs and individual services for each resident for whom the employee is responsible; (4) Emergency and disaster plan and evacuation procedures under s. HFS 83.47(2); (5) CBRF policies and procedures;	N 230		

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N 230	Continued From page 2 (6) Recognizing and responding to resident changes of condition. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 (Caregiver B) caregiver reviewed had orientation training including job responsibilities, prevention and reporting of resident abuse, neglect and misappropriation of resident property, emergency and disaster plan and evacuation procedures, Community Based Residential Facility policies and procedures and recognizing and responding to resident changes of condition before performing any job duties. Findings include: On 06/01/2026, Surveyor reviewed Caregiver B's record. Caregiver B was hired on 05/23/2023. Surveyor could not locate orientation training for Caregiver B. On 06/01/2026 at approximately 12:30 PM, Surveyor interviewed Owner C. Owner C stated Caregiver B worked at the other home and s/he would have to go get their record and see if it was in the file at their other home. Surveyor told Owner C to email the information no later than 4:00 PM on 06/01/2026. As of 06/02/2026 at 12:00 PM, Surveyor did not receive any additional information regarding Caregiver B's orientation training.	N 230		
N 243	83.21(1)-(3) All employee training.	N 243		

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N 243	Continued From page 3 The CBRF shall provide, obtain or otherwise ensure adequate training for all employees in all of the following: Resident rights. Training shall include general rights of residents including rights as specified under s. DHS 83.32(3). Training shall be provided as applicable under ss. 50.09 and 51.61 and chs. 54, 55, and 304, Stats., and ch. DHS 94, depending on the legal status of the resident or service the resident is receiving. Specific training topics shall include house rules, coercion, retaliation, confidentiality, restraints, self-determination, and the CBRF ' s complaint and grievance procedures. Residents ' rights training shall be completed within 90 days after starting employment. Client Group. Training shall be specific to the client group served and shall include the physical, social and mental health needs of the client group. Specific training topics shall include, as applicable: characteristics of the client group served, activities, safety risks, environmental considerations, disease processes, communication skills, nutritional needs, and vocational abilities. Client group specific training shall be completed within 90 days after starting employment. Client Group. In a CBRF serving more than one client group, employees shall receive training for each client group. Recognizing, preventing, managing, and responding to challenging behaviors. Specific training topics shall include, as applicable: elopement, aggressive behaviors, destruction of property, suicide prevention, self-injurious behavior, resident supervision, and changes in condition. Challenging behaviors training shall be completed within 90 days after starting employment.	N 243		

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N 243	Continued From page 4	N 243		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 1 of 1 employees reviewed (Caregiver B) obtained all training as required within 90 days after starting employment.

Caregiver B did not have training in recognizing, preventing, managing and responding to challenging behaviors within 90 days after starting employment.

Findings include:

The facility was licensed on 11/01/2024, to serve clients with developmentally disabled, alcohol/drug dependent, traumatic brain injury, emotionally disturbed/mental illness, irreversible dementia/Alzheimer's, terminally ill, physically disabled, advanced aged and public funding.

On 06/01/2026, at approximately 12:15 PM, Surveyor conducted a review of employee records to verify compliance with all employee training requirements. Surveyor identified the following:

-Caregiver B was hired on 05/23/2023. The record for Caregiver B, hired on 05/23/2023, did not contain evidence of training or evidence of meeting an exemption for challenging behaviors training.

On 06/01/2026 at approximately 12:30 PM, Surveyor interviewed Owner C. Owner C stated

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N 243	Continued From page 5 Caregiver B worked at the other home and s/he would have to go get their record and see if it was in the file at their other home. Surveyor told Owner C to email the information no later than 4:00 PM on 06/01/2026. As of 06/02/2026 at 12:00 PM, Surveyor did not receive any additional information regarding Caregiver B's training in recognizing, preventing, managing and responding to challenging behaviors within 90 days after starting employment.	N 243		
N 247	83.22(1)-(4) Task specific training. The CBRF shall provide, obtain or otherwise ensure adequate training for employees performing job duties in all of the following: Assessment of residents. All employees responsible for resident assessment shall successfully complete training in the assessment of residents prior to assuming these job duties. Specific training topics shall include: assessment methodology, assessment of changes in condition, sources of assessment information, and documentation of the assessment. Individual service plan development. All employees responsible for service plan development shall successfully complete training in individual service plan development prior to assuming these job duties. Specific training topics shall include: identification of the resident ' s needs and desired outcomes, development of goals and interventions, service plan evaluation and review of progress. Provision of personal care. All employees responsible for providing assistance with activities of daily living shall successfully complete training prior to assuming these job duties. Specific training topics shall include, as appropriate: bathing, eating, dressing, oral hygiene, nail and	N 247		

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N 247	Continued From page 6 foot care, toileting and incontinence care, positioning and body alignment, and mobility and transferring. Dietary training. All employees performing dietary duties shall complete dietary training within 90 days after assuming these job duties. Specific training topics shall include: determining nutritional needs, menu planning, food preparation and food sanitation. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Caregiver B's employee record reviewed obtained all task specific training prior to assuming the duties. Caregivers B, who had responsibilities for providing assistance with activities of daily living, did not have training in the provision of personal care prior to assuming these duties. Findings include: On 06/01/2026, Surveyor reviewed employee records to verify compliance with task specific training requirements. Surveyor requested training records from House Manager A for Caregiver B. Surveyor identified the following: -Caregiver B was hired on 05/23/2023. -The records for Caregivers B did not contain evidence of training or evidence of meeting an exemption for personal care training. On 06/01/2026 at approximately 12:30 PM, Surveyor interviewed Owner C. Owner C stated Caregiver B worked at the other home and s/he	N 247		

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N 247	Continued From page 7 would have to go get their record and see if it was in the file at their other home. Surveyor told Owner C to email the information no later than 4:00 PM on 06/01/2026. As of 06/02/2026 at 12:00 PM, Surveyor did not receive any additional information regarding Caregiver B completed or met an exemption for provision of personal care training prior to assuming these job duties.	N 247		
N 277	83.25 Continuing education The administrator and resident care staff shall receive at least 15 hours per calendar year of continuing education beginning with the first full calendar year of employment. Continuing education shall be relevant to the job responsibilities and shall include, at a minimum, all of the following: (1) Standard precautions; (2) Client group related training; (3) Medications; (4) Resident rights; (5) Prevention and reporting of abuse, neglect and misappropriation; (6) Fire safety and emergency procedures, including first aid. This Rule is not met as evidenced by: Based on record review and staff interview, the provider did not ensure 1 of 1 caregiver reviewed (Caregiver D) received 15 hours per calendar year of continuing education beginning with the first calendar year of employment including standard precautions, client group related training, medications, resident rights, prevention and reporting of abuse, neglect and misappropriation and fire safety and emergency procedures, including first aid.	N 277		

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N 277	Continued From page 8 Findings include: On 06/01/2026, Surveyor requested to review Caregiver D's employee record and identified the following: -Caregiver D was hired on 03/01/2023. Caregiver D's continuing education for calendar year 2025 had 15 hours but did not have training in medications and fire safety. On 06/01/2026 at approximately 1:30 PM, Surveyor interviewed House Manager A. House Manager A stated s/he did not know that specific topics needed to be trained on annually, so Caregiver D did not get all the topics.	N 277		
N 381	83.35(1)(a) Pre-admission and ongoing assessments. Scope. The CBRF shall assess each resident ' s needs, abilities, and physical and mental condition before admitting the person to the CBRF, when there is a change in needs, abilities or condition, and at least annually. The assessment shall include all areas listed under par. (c). This requirement includes individuals receiving respite care in the CBRF. For emergency admissions the CBRF shall conduct the assessment within 5 days after admission. This Rule is not met as evidenced by: Based on record review and interview, the provider did not assess resident's needs, abilities, and physical and mental condition for 1 of 1 resident (Resident 3) reviewed when there was a	N 381		

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N 381	Continued From page 9	N 381		

change in needs, abilities or condition. Resident 3 had a total of 9 falls from 02/15/2026-05/31/2026 and had no assessments.

Findings include:

On 06/01/2026, Surveyor reviewed Resident 3's record and identified the following:

Resident 3
-Resident 3 was admitted to the provider's facility on 04/07/2025.
-Resident 3 had a total of 9 falls with no assessment regarding his/her falls. Resident's only assessment was his/her pre-admission assessment completed on 03/27/2025 and identified him/her as a fall risk.
-Resident 3's most recent ISP dated 04/03/2025 did not indicate any fall risk or interventions for his/her falls
-Resident 3's progress notes identified Resident 3 had falls on the following dates: 02/15/26 at 3:20 PM, 02/25/2026 at 10:15 PM, 03/06/2026 at 4:08 AM, 03/08/2026 at 9:45 PM, 03/23/2026 at 12:02 AM, 03/29/2026 at 12:59 PM, 04/27/2026 at 2:20 PM, 05/30/2026 at 8:15 PM and 05/31/2026 at 8:05 PM

On 06/01/2026 at approximately 1:00 PM, Surveyor interviewed House Manager A. House Manager A stated Resident 3 had been falling quite often and staff are to try and walk with Resident 3 more often. House Manager A stated Resident 3 did get assessed by hospice and was admitted onto services around November 2025. House Manager A stated s/he was not aware an assessment needed to be completed when Resident 3 had falls but moving forward will complete these.

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N 387	Continued From page 10	N 387		
N 387	83.35(3)(b) Service plan development: parties involved Development. The CBRF shall involve the resident and the resident ' s legal representative, as appropriate, in developing the individual service plan and the resident or the resident ' s legal representative shall sign the plan acknowledging their involvement in, understanding of and agreement with the plan. If a resident has a medical prognosis of terminal illness, a hospice program or home health care agency, as identified in s. HFS 83.38(2) shall, in cooperation with the CBRF, coordinate the development of the individual service plan and its approval under s. HFS 83.38 (2) (b). The resident ' s case manager, if any, and any health care providers, shall be invited to participate in the development of the service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the resident and/or the resident's legal representative, as appropriate, were involved in developing the individual service plan (ISP) and signed the plan acknowledging their involvement in, understanding of, and agreement with the plan for 1 of 1 resident records reviewed (Resident 3). Findings include: On 06/01/2026 at approximately 1:00 PM, Surveyor reviewed Resident 3's record and identified the following: -Resident 3 was admitted on 04/07/2025.	N 387		

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N 387	Continued From page 11 -Resident 3 has a Health Care Power of Attorney (POA). -Resident 3's current ISP, dated 04/03/2025, was not signed or dated by Resident 3's POA. On 06/01/2026 at approximately 1:15 PM, Surveyor interviewed House Manager A. House Manager A stated s/he was not sure if Resident 3 was his/her own person because when s/he admitted, s/he had a POA but then it was taken again and then put back into place. Surveyor asked if on 04/03/2025 when Resident 3's ISP was completed if s/he had a POA. House Manager A stated yes s/he did. House Manager A acknowledged Resident 3's POA should have signed off on his/her ISP.	N 387		
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 staff interview, the provider did not update Resident 3's individual	N 389		

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N 389	Continued From page 12 service plan (ISP) on an annual basis. Findings include: On 06/01/2026, Surveyor requested to review Resident 3's record and identified the following: -Resident 3 was admitted on 04/07/2025. -Resident 3's most recent ISP was dated for 04/03/2025. On 06/01/2026, at approximately 1:00 PM, Surveyor interviewed House Manager A. House Manager A stated s/he was not aware ISP's needed to be updated annually. House Manager A stated Resident 3 did not have any changes so s/he did not know it needed to be updated.	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 staff interview, the provider did not evaluate 1 of 1 resident reviewed, at least annually for his/her mental or physical capability to respond to a fire alarm. Resident 3 was not assessed annually for 1 of 1 calendar years reviewed (2026). Findings include: On 06/01/2026, Surveyor reviewed Resident 3's record. Resident 3 was admitted to the facility on 04/07/2025. Surveyor could not find evidence of Resident 3's annual evacuation assessment for	N 394		

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 394	Continued From page 13 calendar year 2026 (Resident 3 would be due on 04/08/2026) in Resident 3's record. On 06/01/2026 at approximately 1:30 PM, Surveyor interviewed House Manager A. House Manager A stated s/he only completed Resident 3's initial evacuation when s/he was admitted to the facility but s/he did not know s/he had to complete it on an annual basis. House Manager A stated s/he would update Resident 3's as soon as possible since it had been over a year since s/he was assessed.	N 394		
N 416	83.37(2)(e) Other administration given or delegated by RN Other administration. Injectables, nebulizers, stomal and enteral medications, and medications, treatments or preparations delivered vaginally or rectally shall be administered by a registered nurse or by a licensed practical nurse within the scope of their license. Medication administration described under sub. (2)(e) may be delegated to non-licensed employees pursuant to s. N 6.03(3). This Rule is not met as evidenced by: Based on record review and interview, the provider did not administer nebulizers by a registered nurse or a licensed practical nurse within the scope of the license and medication administration was not delegated to non-licensed employees pursuant to s.N6.03(3) for 2 of 2 employees reviewed (Caregiver B and Caregiver D). This is a repeat deficiency. See Statement of Deficiency (SOD) O3LU11, dated 06/18/2024. Findings include:	N 416		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALICE & LOUISES III LLC	800 SOUTH DRAKE AVENUE 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 416	Continued From page 14 On 06/01/2026, Surveyor reviewed Caregiver B and Caregiver D's record. Caregiver B was hired on 05/23/2023. Caregiver D was hired on 03/01/2023. Surveyor reviewed Caregiver B's and Caregiver C's RN delegation records. Caregiver B and Caregiver C did not have records of delegation. On 06/01/2026, Surveyor interviewed House Manager A and Owner C about nurse delegation for the facility. House Manager A stated s/he could not locate nurse delegation for Caregiver B and Caregiver D. House Manager A stated Caregiver B and Caregiver D were medication passers and would have administered nebulizers to Resident 1 and Resident 2 in the home as they both have an as needed (PRN) order. House Manager A stated s/he did not think the staff needed to be delegated to as long as the resident signed off stating they could self-administer their nebulizers. House Manager A stated they did not have a facility RN or RN consultant to delegate to staff. House Manager A stated no staff were delegated to do nebulizers and s/he did not have any documentation that identified Resident 1 and Resident 2 could self-administer their nebulizers.	N 416		