STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020067	A. BUILDING: _____ B. WING _____	C 01/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MT CARE COMPANY HOG ISLAND ROAD	701 HOG ISLAND ROAD NEW LISBON, WI 53950

(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 01/16/2026, Surveyor conducted a probationary licensure survey at MT Care Company - Hog Island Road. Data collection continued through 01/30/2026. Eighteen deficiencies were identified. Census: 2	N 000		
N 196	83.14(2)(a) Licensee ensures facility complies with laws The licensee shall ensure the CBRF and its operation comply with all laws governing the CBRF. This Rule is not met as evidenced by: Based on observation, record review, and interview, the licensee did not ensure the provider, and its operation complied with all laws governing the facility. Findings include: The provider is licensed to care for 5 residents in the client groups alcohol/drug dependent, emotionally disturbed/mental illness, traumatic brain injury, and correctional clients. The provider was issued a probationary license on 05/01/2025. The current survey conducted on 01/16/2026 was prompted by a probationary licensure survey. Eighteen deficiencies were identified with the following concerns throughout the course of the survey:	N 196		

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

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N 196	Continued From page 1 - Employees were not screened for communicable diseases, including tuberculosis. - Employees did not receive orientation training. - Employees did not receive all employee training timely. - Employees were not trained in task specific duties. - Residents and legal representatives were not provided with an admission agreement. - Residents were not screened for communicable diseases, including tuberculosis. - Residents did not receive explanation of grievance procedure upon admission. - Residents did not have a temporary service plan to meet their immediate needs. - Residents were not assessed for evacuation capabilities at admission. - PRN psychotropic medications were not reviewed monthly. - Medications were not packed unit dose when a RN did not supervise medication administration. - Employees were not delegated by a nurse prior to administering injectables. - Medications were not stored in their original containers. - Medication administration was not provided appropriately to resident needs. - Toxic substances were not securely stored. - Smoke detectors were not checked every other month. - Facility water temperatures exceeded 115 degrees Fahrenheit. On 01/16/2026 at approximately 09:00 AM, Surveyor interviewed Licensee A. Licensee A stated some of the documents Surveyor requested were at his/her home and s/he would email them. Licensee A stated s/he was at the facility daily and helped to take residents to appointments among his/her other duties as the	N 196		

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N 196	Continued From page 2	N 196		

licensee/owner. Licensee A stated s/he would also fill in open shifts. Licensee A stated his/her plan was to provide employee training him/herself. Licensee A stated s/he did not have a nurse overseeing the facility yet but had someone in mind.

On 01/16/2026 at 11:30 AM, Surveyor interviewed Caregiver B. Caregiver B stated Licensee A was at the facility frequently and staff could reach him/her at any time by phone. Caregiver B stated s/he felt Licensee A provided enough support to staff.

On 01/30/2026 at 10:30 AM, Surveyor interviewed Licensee A. Licensee A stated s/he had already started making corrections to the deficiencies identified.

Cross Reference
N0220 DHS 83.17(2)(a) Employees Screened For Communicable Disease
N0230 DHS 83.19 Orientation
N0243 DHS 83.21(1)-(3) All Employee Training
N0247 DHS 83.22(1)-(4) Task Specific Training
N0301 DHS 83.28(3) Provide Admission Agreement As Required
N0302 DHS 83.28(4)(a) Resident Health Screening And Documentation
N0343 DHS 83.32(2)(a) Explanation Of Rights, Grievance Procedure
N0385 DHS 83.35(2) Temporary Service Plan
N0393 DHS 83.35(5)(a) Initial Evaluation Of Evacuation Limitations
N0408 DHS 83.37(1)(i) Prn Psychotropic Medication
N0414 DHS 83.37(2)(c) Medication Administration Not Supervised
N0416 DHS 83.37(2)(e) Other Administration Given Or Delegated By Rn

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N 196	Continued From page 3 N0417 DHS 83.37(3)(a) Medication Storage: Original Containers N0432 DHS 83.38(1)(h) Medication Administration N0499 DHS 83.45(3) Toxic Substances N0534 DHS 83.48(1)(a) Smoke Detection System N0617 DHS 83.55(6)(b) Bath And Toilet Areas: Water Temperature	N 196		
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 ensure 2 of 2 employees reviewed had obtained documentation from a physician, physician assistant, clinical nurse practitioner, or a licensed registered nurse, indicating they had been screened within 90 days before the start of employment for clinically apparent communicable disease, including tuberculosis (TB).	N 220		

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N 220	Continued From page 4 Findings include: On 01/16/2026, Surveyor conducted a review of 2 employee records. Surveyor requested communicable disease screenings and TB tests from Licensee A and reviewed them. Caregiver B was hired on 10/01/2025. Caregiver B's record did not contain evidence from a physician, physician assistant, clinical nurse practitioner, or a licensed registered nurse, indicating s/he had been screened within 90 days before the start of employment for clinically apparent communicable disease. Caregiver C was hired on 10/01/2025. Caregiver C's record did not contain evidence from a physician, physician assistant, clinical nurse practitioner, or a licensed registered nurse, indicating s/he had been screened within 90 days before the start of employment for clinically apparent communicable disease. On 01/30/2026 at 10:30 AM, Surveyor interviewed Licensee A. Licensee A stated s/he would be implementing a communicable disease screening for staff prior to working directly with residents moving forward.	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)	N 230		

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N 230	Continued From page 5 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; (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 provide 2 of 2 caregivers (Caregiver B and Caregiver C) reviewed with orientation training, including: prevention and reporting of resident abuse, neglect and misappropriation of resident property, emergency and disaster plan and evacuation procedures, Community Based Residential Facility (CBRF) policies and procedures, and recognizing and responding to resident changes of condition. Findings include: The provider is licensed to care for 5 residents in the client groups alcohol/drug dependent, emotionally disturbed/mental illness, traumatic brain injury, and correctional clients. On 01/16/2026, Surveyor conducted a review of 2 employees to verify compliance with training requirements. Surveyor requested orientation records from Licensee A. Caregiver B was hired on 10/01/2025 and his/her record did not contain documentation to indicate s/he received training prior to performing job duties, in: -Prevention and reporting of resident abuse, neglect and misappropriation of resident property.	N 230		

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N 230	Continued From page 6 -Emergency and disaster plan and evacuation procedures. -CBRF policies and procedures. -Recognizing and responding to resident changes of condition. Caregiver C was hired on 10/01/2025 and his/her record did not contain documentation to indicate s/he received training prior to performing job duties, in: -Prevention and reporting of resident abuse, neglect and misappropriation of resident property. -Emergency and disaster plan and evacuation procedures. -CBRF policies and procedures. -Recognizing and responding to resident changes of condition. On 01/16/2026 at approximately 09:00 AM, Surveyor interviewed Licensee A. Licensee A stated s/he did not have orientation documented for staff. Licensee A stated s/he did not go over abuse and neglect with staff upon hire. On 01/16/2026 at 11:30 AM, Surveyor interviewed Caregiver B. Caregiver B stated s/he did not have any orientation training upon hire and started his/her duties right away. Caregiver B confirmed s/he had not been trained on abuse and neglect. Caregiver B stated the CBRF's policies and procedures were on the staff computer. On 01/30/2026 at 10:30 AM, Surveyor interviewed Licensee A. Licensee A stated s/he had created a handbook for staff to review upon hire to document the required training topics of orientation moving forward.	N 230		

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N 243	Continued From page 7	N 243		
N 243	83.21(1)-(3) All employee training. 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	N 243		

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N 243	Continued From page 8 completed within 90 days after starting employment. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 caregivers sampled obtained all training as required within 90 days after starting employment. Caregiver B and Caregiver C did not have training in recognizing, preventing, managing and responding to challenging behaviors within 90 days after starting employment. Caregiver B and Caregiver C did not have training in required client groups within 90 days after starting employment. Findings include: The provider is licensed to care for 5 residents in the client groups alcohol/drug dependent, emotionally disturbed/mental illness, traumatic brain injury, and correctional clients. On 01/16/2026 at approximately 09:00 AM, Surveyor interviewed Licensee A. Licensee A confirmed staff did not have training after hire related to challenging behaviors and the facility's client groups. On 01/16/2026, Surveyor conducted a review of 2 employees to verify compliance with all employee training requirements. Surveyor requested training records from Licensee A for Caregiver B	N 243		

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N 243	Continued From page 9 and Caregiver C. Recognizing, Preventing, Managing and Responding to Challenging Behaviors On 01/16/2026 at 11:30 AM, Surveyor interviewed Caregiver B. Caregiver B confirmed s/he had no training after hire related to challenging behaviors. The record for Caregiver B, hired 10/01/2025, did not contain evidence of training or evidence of meeting an exemption for challenging behaviors training. The record for Caregiver C, hired 10/01/2025, did not contain evidence of training or evidence of meeting an exemption for challenging behaviors training. Client Group The facility was licensed to provide care and services to residents within the client groups of alcohol/drug dependent, emotionally disturbed/mental illness, traumatic brain injury, and correctional clients. On 01/16/2026 at 11:30 AM, Surveyor interviewed Caregiver B. Caregiver B confirmed s/he had no training after hire related to the facility's client groups. The record for Caregiver B, hired 10/01/2025, did not contain evidence of training or evidence of meeting an exemption for client group training. The record for Caregiver C, hired 10/01/2025, did not contain evidence of training or evidence of meeting an exemption for client group training.	N 243		

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N 243	Continued From page 10 On 01/30/2026, at 10:30 AM, Surveyor interviewed Licensee A. Licensee A stated s/he did not have evidence Caregiver B and Caregiver C completed or met an exemption for challenging behaviors and client groups training. Licensee A stated s/he had created a checklist to document staff receiving all employee training after hire moving forward. The provider did not ensure staff completed all required training within 90 days of 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	N 247		

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N 247	Continued From page 11 prior to assuming these job duties. Specific training topics shall include, as appropriate: bathing, eating, dressing, oral hygiene, nail and 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 2 of 2 employees obtained all task specific training. Caregiver B and Caregiver C, 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. Caregiver B and Caregiver C, who perform dietary duties, did not have training in dietary services within 90 days after assuming these job duties. Findings include: The provider is licensed to care for 5 residents in the client groups alcohol/drug dependent, emotionally disturbed/mental illness, traumatic brain injury, and correctional clients.	N 247		

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N 247	Continued From page 12 On 01/16/2026 at approximately 09:00 AM, Surveyor interviewed Licensee A. Licensee A stated only 1 staff worked per shift and they were responsible for resident meals and providing resident cares. On 01/16/2026, Surveyor conducted a review of 2 employees to verify compliance with task specific training requirements. Surveyor requested training records from Licensee A for Caregiver B and Caregiver C. Provision of Personal Care On 01/16/2026 at 11:30 AM, Surveyor interviewed Caregiver B. Caregiver B stated s/he had no training related to providing assistance with activities of daily living to residents upon hire. Caregiver B stated in the past s/he was a certified nursing assistant (CNA) but had let his/her license go. Caregiver B stated Resident 2 required total care assistance with activities of daily living from staff due to his/her level of cognition. The record for Caregiver B, hired 10/01/2025, did not contain evidence of training or evidence of meeting an exemption for personal care training. The record for Caregiver C, hired 10/01/2025, did not contain evidence of training or evidence of meeting an exemption for personal care training. Dietary Training On 01/16/2026 at approximately 11:45 AM, Surveyor observed Caregiver B preparing lunch for Resident 1. The record for Caregiver B, hired 10/01/2025, did	N 247		

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N 247	Continued From page 13 not contain evidence of training or evidence of meeting an exemption for dietary training. On 01/16/2026, at 11:30 AM, Surveyor interviewed Caregiver B. Caregiver B stated staff were responsible for preparing resident meals. Caregiver B stated s/he did not have any training since hire related to food safety and dietary duties and relied on his/her past experience. Surveyor searched on the Wisconsin Registry for CNAs and did not find a record of Caregiver B's CNA certification history for his/her current name. On 01/30/2026 at 10:30 AM, Surveyor interviewed Licensee A. Licensee A confirmed Caregiver B and Caregiver C both had responsibilities for providing residents assistance with activities of daily living and for dietary tasks since hire on 10/01/2025. Licensee A confirmed s/he did not have evidence Caregiver B and Caregiver C completed or met an exemption for provision of cares training and dietary training within 90 days after assuming these job duties. Licensee A stated s/he had created a checklist to document staff receiving task specific training after hire moving forward.	N 247		
N 301	83.28(3) Provide admission agreement as required. Admission agreement. Before or at the time of admission, the CBRF shall provide the admission agreement as required under s. DHS 83.29(2). This Rule is not met as evidenced by: Based on record review and interview, the	N 301		

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N 301	Continued From page 14 provider did not provide Resident 2 with an admission agreement as required under s. DHS 83.29(2). Findings include: On 01/16/2026, Surveyor requested to review Resident 2's record. Resident 2 had an admission date of 12/22/2025. Resident 2's record did not have evidence of an admission agreement signed by Resident 2's representative and the facility representative. On 01/16/2026 at approximately 09:00 AM, Surveyor interviewed Licensee A. Licensee A confirmed s/he had not gone over the admission agreement yet with Resident 2's guardian. On 01/30/2026 at 10:30 AM, Surveyor interviewed Licensee A. Licensee A stated s/he had sent the admission agreement to Resident 2's guardian for their review on 01/22/2026.	N 301		
N 302	83.28(4)(a) Resident health screening and documentation Resident health screening. 1. Within 90 days before or 7 days after admission, a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse shall screen each person admitted to the CBRF for clinically apparent communicable disease, including tuberculosis, and document the results of the screening. 2. Screening for tuberculosis and all immunizations shall be conducted using centers for disease control and prevention standards. 3. The CBRF shall maintain the screening documentation in each resident ' s record.	N 302		

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N 302	Continued From page 15 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 residents admitted were screened for clinically apparent communicable disease, including tuberculosis (TB) within 90 days before or 7 days after admission. Findings include: The provider is licensed to care for 5 residents in the client groups alcohol/drug dependent, emotionally disturbed/mental illness, traumatic brain injury, and correctional clients. On 01/16/2026, Surveyor requested to review Resident 1's record. Resident 1 was admitted on 10/28/2025. The record did not have evidence Resident 1 was screened for clinically apparent communicable disease, including TB upon admission. On 01/16/2026 at approximately 09:00 AM, Surveyor interviewed Licensee A. Licensee A confirmed Resident 1 did not have a communicable disease screening or TB test completed prior to his/her admission.	N 302		
N 343	83.32(2)(a) Explanation of rights, grievance procedure. Explanation of resident rights, grievance procedure, and house rules. Before the admission agreement is signed by the resident or	N 343		

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N 343	Continued From page 16 the resident ' s legal representative or at the time of admission, the CBRF shall provide a copy of and explain resident rights, the grievance procedure under s. HFS 83.33 and the house rules to the person being admitted, the person ' s legal representative, and family members of the person. The resident or the resident ' s legal representative shall be asked to sign a statement to acknowledge the receipt of an explanation of resident rights. The CBRF shall document the date and to whom the information was provided. This Rule is not met as evidenced by: Based on record review and interview, the provider did not obtain a signed statement acknowledging the provider explained resident rights, grievance procedures, and house rules to residents, for 2 of 2 resident records reviewed. Findings include: On 01/16/2026, Surveyor reviewed Resident 1's and Resident 2's records. Surveyor identified the following: Resident 1 was admitted on 10/28/2025. Resident 1's record did not include documentation indicating grievance procedures were explained to or signed by Resident 1 upon admission. Resident 2 was admitted on 12/22/2025. Resident 2's record did not include documentation indicating grievance procedures were explained to or signed by Resident 2 upon admission. On 01/16/2026 at approximately 09:00 AM, Surveyor interviewed Licensee A. Licensee A	N 343		

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N 343	Continued From page 17 stated s/he had the grievance procedures posted in the facility but did not review it with the resident or their legal representative upon admission.	N 343		
N 385	83.35(2) Temporary Service Plan. Temporary service plan. Upon admission, the CBRF shall prepare and implement a written temporary service plan to meet the immediate needs of the resident, including persons admitted for respite care, until the individual service plan under sub. (3) is developed and implemented. This Rule is not met as evidenced by: Based on record review and interview, the provider did not prepare and implement a temporary service plan to meet the immediate needs of Resident 1 or Resident 2. Findings include: The provider is licensed to care for 5 residents in the client groups alcohol/drug dependent, emotionally disturbed/mental illness, traumatic brain injury, and correctional clients. On 01/16/2026, Surveyor reviewed the record of Resident 1 and Resident 2. Resident 1 was admitted on 10/28/2025. Resident 1 had an individual service plan (ISP) dated 11/13/2025. Resident 2 was admitted on 12/22/2025. Resident 1 and Resident 2 did not have evidence their record contained a temporary service plan prior to the development of the comprehensive ISP. On 01/16/2016 at approximately 09:00 AM, Surveyor interviewed Licensee A. Licensee A stated Resident 1 and Resident 2 did not have a	N 385		

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N 385	Continued From page 18 temporary ISP. Licensee A stated s/he had staff use the pre-admission assessment and documentation prior to admission, such as hospital notes and the managed care organization (MCO) plan. Licensee A stated Resident 2 did not have a comprehensive ISP completed yet. On 01/16/2026 at 11:30 AM, Surveyor interviewed Caregiver B and asked how s/he knew how to care for Resident 2. Caregiver B stated staff had a book to look at medical notes, they learned from working with Resident 2, and relied on information provided by Licensee A. Resident 1 and Resident 2 did not have a temporary ISP in their record prior to the development of the comprehensive ISP.	N 385		
N 393	83.35(5)(a) Initial evaluation of evacuation limitations. Initial evaluation. The CBRF shall evaluate each resident within 3 days of the resident ' s admission to determine whether the resident is able to evacuate the CBRF within 2 minutes in an unsprinklered CBRF and 4 minutes in a sprinklered CBRF without any help or verbal or physical prompting, and what type of limitations that resident may have that prevent the resident from evacuating the CBRF within the applicable period of time. A form provided by the department shall be used for the evaluation. The resident ' s evaluation shall be retained in the resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the	N 393		

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N 393	Continued From page 19 provider did not ensure 2 of 2 residents were evaluated within 3 days of the resident's admission for evacuation capabilities. Findings include: The provider is licensed to care for 5 residents in the client groups alcohol/drug dependent, emotionally disturbed/mental illness, traumatic brain injury, and correctional clients. On 01/16/2026, Surveyor reviewed the record of Resident 1 and Resident 2. Resident 1 was admitted on 10/28/2025. Resident 2 was admitted on 12/22/2025. Surveyor did not find evidence in either Resident 1's or Resident 2's records that they were assessed within 3 days of admission for evacuation capabilities. On 01/16/2026 at approximately 09:00 AM, Surveyor interviewed Licensee A. Licensee A confirmed s/he had not evaluated Resident 1 or Resident 2 within 3 days of admission for their evacuation capabilities.	N 393		
N 408	83.37(1)(i) PRN psychotropic medication. As needed (PRN) psychotropic medication. When a psychotropic medication is prescribed on an as needed basis for a resident, the CBRF shall do all of the following: 1. The resident ' s individual service plan shall include the rationale for use and a detailed description of the behaviors which indicate the need for administration of PRN psychotropic medication. 2. The administrator or qualified designee shall monitor at least monthly for the inappropriate use of PRN psychotropic medication, including but not limited to, use contrary to the individual service	N 408		

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N 408	Continued From page 20	N 408		

plan, presence of significant adverse side effects, use for discipline or staff convenience, or contrary to the intended use. 3. Documentation in the resident ' s record shall include the rationale for use, description of behaviors requiring the PRN psychotropic medication, the effectiveness of the medication, the presence of any side effects, and monitoring for inappropriate use for each PRN psychotropic medication given.

This Rule is not met as evidenced by:
Based on interview and record review, for as needed (PRN) psychotropic medications, the provider did not review the rationale for use, describe the behaviors that indicated a need for them, record possible negative side effects, monitor for inappropriate use, or document and conduct monthly reviews, for 1 of 1 resident reviewed that was prescribed a PRN psychotropic medication.

Findings include:

The provider is licensed to care for 5 residents in the client groups alcohol/drug dependent, emotionally disturbed/mental illness, traumatic brain injury, and correctional clients.

On 01/16/2026, Surveyor reviewed Resident 1's record.

Resident 1 was admitted on 10/28/2025. Resident 1's medication administration records (MARs) from October 2025 to January 2026, indicated Resident 1 was on the following PRN psychotropic medication:

-Clonazepam 0.5 mg - take half tablet (0.25 mg) twice daily as needed.

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N 408	Continued From page 21 The MARs indicated Resident 1 had been administered clonazepam PRN approximately 16 times from October 2025 to January 2026. Surveyor did not find evidence in Resident 1's record that PRN psychotropic reviews were done for November and December 2025. On 01/16/2026 at approximately 9:00 AM, Surveyor interviewed Licensee A. Licensee A stated s/he had not been doing PRN psychotropic medication reviews for Resident 1 and there were none documented in his/her record. The provider did not monitor at least monthly for the inappropriate use of PRN psychotropic medication.	N 408		
N 414	83.37(2)(c) Medication administration not supervised Medication administration not supervised by a registered nurse, practitioner or pharmacist. When medication administration is not supervised by a registered nurse, practitioner or pharmacist, the CBRF shall arrange for a pharmacist to package and label a resident ' s prescription medications in unit dose. Medications available over-the-counter may be excluded from unit dose packaging requirements, unless the physician specifies unit dose. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure medications were packaged in unit dose when the medication administration was not supervised by a registered nurse (RN), practitioner, or pharmacist.	N 414		

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N 414	Continued From page 22 Findings include: The provider is licensed to care for 5 residents in the client groups alcohol/drug dependent, emotionally disturbed/mental illness, traumatic brain injury, and correctional clients. On 01/16/2026 at approximately 09:00 AM, Surveyor interviewed Licensee A. Licensee A stated s/he supervised medication administration and did not have a RN to oversee this task yet. Surveyor requested the provider's medication packaging policy. Licensee A indicated s/he did not have one. On 01/16/2026 at approximately 11:15 AM, Surveyor observed the medication room with Licensee A. Surveyor observed a secured medication cabinet that Licensee A opened. Surveyor observed in the cabinet 3 pill bottles. Licensee A stated it was Resident 1's clonazepam and it came originally from the pharmacy in one pill bottle. Surveyor reviewed Resident 1's record. Resident 1 was admitted on 10/28/2025. Resident 1's medication administration record (MAR) for January 2026 indicated Resident 1 had the following clonazepam doses ordered: -0.5 mg - take 1 tablet at 2:00 PM -0.5 mg - take half a tablet (0.25 mg) at bedtime -0.5 mg - take half a tablet (0.25 mg) twice daily as needed. The provider did not have an RN directly supervising medication administration and medications were not packaged in unit dose.	N 414		

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N 416	Continued From page 23	N 416		
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 record review, observation, and staff interview, the provider did not ensure 2 of 2 employees responsible for the administration of injectables were delegated by a registered nurse or a licensed practical nurse within the scope of the license. Medication administration described under sub. (2)(e) was not delegated to non-licensed employees pursuant to s.N6.03(3). Findings include: On 01/16/2026 at approximately 9:00 AM, Surveyor interviewed Licensee A and asked if any residents received medications by injection. Licensee A stated Resident 2 had insulin injections administered by staff at night. Surveyor asked who the delegating nurse was. Licensee A stated they did not have a nurse overseeing the facility yet and none of his/her staff had been nurse delegated to administer Resident 2's insulin injections. On 01/16/2026 at 11:30 AM, Surveyor interviewed Caregiver B. Caregiver B stated s/he had administered Resident 2's insulin injections. Caregiver B stated s/he had knowledge of giving insulin injections from previous work experience	N 416		

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N 416	Continued From page 24 and from taking the medication class. Caregiver B confirmed s/he had not been nurse delegated to give insulin injections. On 01/16/2026 at approximately 12:15 PM, Surveyor observed Resident 2's insulin injections in the medication refrigerator located in the garage/storage room. Surveyor reviewed Resident 2's record. Resident 2 was admitted on 12/22/2025. Resident 2's medication administration record (MAR) for January 2026 indicated s/he was administered basaglar subcutaneous injection 100 U/ml given 35 units daily at 7:00 PM and Trulicity subcutaneous injection 0.75/0.5 given 0.5 ml (0.75 mg) weekly on Wednesdays. Surveyor requested documentation of nurse delegation for Caregiver B and Caregiver C. Caregiver B had a hire date of 10/01/2025. The record did not contain evidence Caregiver B had been delegated to administer injectables. Caregiver C had a hire date of 10/01/2025. The record did not contain evidence Caregiver C had been delegated to administer injectables. The provider did not ensure staff were delegated tasks by a licensed nurse pursuant to s. N 6.03(3) prior to the administration of injectables.	N 416		
N 417	83.37(3)(a) Medication storage: original containers. Original containers. The CBRF shall keep medications in the original containers and not transfer medications to another container, unless	N 417		

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N 417	Continued From page 25	N 417		

the CBRF complies with all of the following: 1. Transfer of medications from the original container to another container shall be done by a practitioner, registered nurse, or pharmacist. Transfer of medication to another container may be delegated to other personnel by a practitioner, registered nurse or pharmacist. 2. If a medication is administered by CBRF employees and the medication is transferred from the original container by a registered nurse, or practitioner or other personnel who were delegated the task, the CBRF shall have a legible label on the new container that includes, at a minimum, the resident ' s name, medication name, dose and instructions for use. The CBRF shall maintain the original pharmacy container until the transferred medication is gone.

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not keep all medications in their original containers for Resident 1.

Findings include:

On 01/16/2026 at approximately 9:00 AM, Surveyor interviewed Licensee A and asked who the delegating nurse was. Licensee A stated they did not have a nurse overseeing the facility yet and none of his/her staff had been nurse delegated to including him/herself.

On 01/16/2026 at approximately 11:15 AM, Surveyor observed the medication room with Licensee A. Surveyor observed a secured medication cabinet that Licensee A opened. Surveyor observed in the cabinet 3 pill bottles. Licensee A stated it was Resident 1's clonazepam and s/he had split the medication up from the

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N 417	Continued From page 26 original container into 3 pill bottles for the times it was scheduled to be administered. Licensee A explained this made it easier for staff to count the medication with the large original amount being split into three smaller amounts. Surveyor reviewed Resident 1's record. Resident 1 was admitted on 10/28/2025. Resident 1's medication administration record (MAR) for January 2026 indicated Resident 1 had the following clonazepam doses ordered: -0.5 mg - take 1 tablet at 2:00 PM -0.5 mg - take half a tablet (0.25 mg) at bedtime -0.5 mg - take half a tablet (0.25 mg) twice daily as needed. On 01/30/2026 at 10:30 AM, Surveyor interviewed Licensee A. Licensee A stated s/he would work with their pharmacy to have them send the medication already separated.	N 417		
N 432	83.38(1)(h) Medication administration. 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: Medication administration. The CBRF shall provide medication administration appropriate to the resident ' s needs. This Rule is not met as evidenced by: Based on observation and interview, the provider	N 432		

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did not provide medication administration appropriate to Resident 1's needs.

Findings include:

On 01/16/2026 at 11:21 AM, Surveyor observed Caregiver B setting up Resident 1's medications in the medication room downstairs. Caregiver B signed off the medications were given before administering them to Resident 1. Caregiver B then brought Resident 1's pills upstairs to the dining room and set the pill cup in front of Resident 1. Resident 1 took 2 of the 3 pills and left the last pill in the cup on the table to take after s/he ate his/her meal. Caregiver B stated Resident 1 took his/her simethicone for gas relief after meals per his/her physician's recommendation. Caregiver B then walked away and did not observe to see if Resident 1 consumed the last pill.

On 01/16/2026 at 12:45 PM, Surveyor observed Resident 1's last pill still sitting in the cup at the dining room table and Resident 1 was sitting on the couch in the living room area. Resident 1's pill was left unsecured on the dining room table causing a potential risk for medication administration error.

On 01/16/2026, Surveyor observed two residents (Resident 1 and Resident 2) in the facility during the course of the survey. Surveyor reviewed Resident 1's and Resident 2's records.

Resident 1's individual service plan (ISP), with a report date of 11/13/2025, indicated his/her medications were self-administered.

Resident 1's January 2026 MAR indicated Caregiver B administered the following

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(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 432	Continued From page 28 medication on 01/16/2026 at approximately 11:30 AM medication pass: dairy relief 2 tablets and simethicone 1 tablet. Resident 2's pre-admission assessment dated 12/17/2025, indicated Resident 2 had diagnoses that included dementia and major neurocognitive disorder secondary to a cerebral vascular accident. Caregiver B did not ensure Resident 1 consumed his/her medications.	N 432		
N 499	83.45(3) Toxic substances. Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure toxic substances were securely stored. Findings include: The provider is licensed to care for 5 residents in the client groups alcohol/drug dependent, emotionally disturbed/mental illness, traumatic brain injury, and correctional clients. On 01/16/2026 at approximately 12:00 PM, Surveyor observed in the in the bathroom across from the entrance under the unsecured sink cabinet the following: -bleach -disinfectant	N 499		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020067	A. BUILDING: _____ B. WING _____	C 01/30/2026

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N 499	Continued From page 29 -toilet bowl cleaner. On 01/16/2026 at approximately 12:15 PM, Surveyor observed in the unsecured laundry area the following: -laundry detergent -bleach -fabric softener. On 01/16/2026 at 12:46 PM, Surveyor interviewed Licensee A. Licensee A stated s/he would secure the toxic substances from under the bathroom sink and laundry area.	N 499		
N 534	83.48(1)(a) Smoke detection system. Except as provided under sub. (2), the CBRF shall have an interconnected smoke detection system pursuant to s. 50.035(2) Stats., and shall have an interconnected heat detection system to protect the entire CBRF so that if any detector is activated, an alarm audible throughout the building will be triggered. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the smoke detectors had been tested at least every other month by staff. This had the potential to affect 2 of 2 residents. Findings include: The provider is licensed to care for 5 residents in the client groups alcohol/drug dependent, emotionally disturbed/mental illness, traumatic brain injury, and correctional clients. On 01/16/2026 at approximately 9:45 AM, Surveyor interviewed Licensee A. Licensee A	N 534		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020067	A. BUILDING: _____ B. WING _____	C 01/30/2026

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N 534	Continued From page 30 stated the smoke detectors were all interconnected within the facility and powered by the facility's electrical system. Licensee A stated their first resident had moved in the end of October 2025. Surveyor requested Licensee A provide documentation demonstrating the smoke detectors were tested at least every other month in 2025. Licensee A stated they did not have documentation demonstrating the smoke detectors were tested at least every other month in 2025. On 01/30/2026 at 10:30 AM, Surveyor interviewed Licensee A. Licensee A stated they added checking the smoke detectors monthly to a checklist.	N 534		
N 617	83.55(6)(b) Bath and toilet areas: water temperature The CBRF shall set the temperature of all water heaters connected to sinks, showers and tubs used by residents at a temperature of at least 140°F. The temperature of water at fixtures used by residents shall be automatically regulated by valves and may not exceed 115°F, except for CBRFs serving residents recovering from alcohol or drug dependency or clients of a government correctional agency. This Rule is not met as evidenced by: Based on interview and observation, the provider did not ensure the temperature of water at fixtures used by residents was automatically regulated by valves and did not exceed 115 degrees Fahrenheit. Findings include:	N 617		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020067	A. BUILDING: _____ B. WING _____	C 01/30/2026

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N 617	Continued From page 31 The provider is licensed to care for 5 residents in the client groups alcohol/drug dependent, emotionally disturbed/mental illness, traumatic brain injury, and correctional clients. On 01/16/2026 approximately 11:50 AM to 12:10 PM, Surveyor did an environment tour of the facility. The bathroom across from the facility entrance had a sink water temperature of 119.8 degrees Fahrenheit. The bathroom across from Resident 1's bedroom had a sink water temperature of 120.9 degrees Fahrenheit. The kitchen sink water temperature was 118.7 degrees Fahrenheit. On 01/16/2026 at 12:46 PM, Surveyor interviewed Licensee A. Licensee A stated they did not keep a water temperature log for the facility, but would add it to their current checklist. The provider did not ensure hot water was at or below 115 degrees Fahrenheit at fixtures used by residents.	N 617		