STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019688	A. BUILDING: _____ B. WING _____	C 06/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APPLE CREEK PLACE II	5118 N CHERRYVALE AVE APPLETON, WI 54913

(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 05/28/2026, with information gathered through 06/02/2026, Surveyors conducted 3 complaint investigations at Apple Creek Place II in Appleton. Three (3) of 3 complaints were substantiated. As a result of the survey, 2 deficiencies were issued. Census: 17	N 000		
N 415	83.37(2)(d) Documentation of medication administration. Documentation of medication administration. As required under s. DHS 83.42(1)(o), at the time of medication administration, the person administering the medication or treatment shall document in the resident record the name, dosage, date and time of medication taken or treatments performed and initial the medication administration record. Any side effects observed by the employee or symptoms reported by the resident shall be documented. The need for any PRN medication and the resident ' s response shall be documented. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure at the time of medication administration, the person administering the medication documented and initialed the MAR (medication administration record), for 1 of 1 (Resident 1) resident reviewed. Resident 1's MAR contained 6 days where staff did not document if Resident 1 refused/received	N 415		

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

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N 415	Continued From page 1 medications. Findings Include: On 04/01/2026, 04/14/2026 and 05/26/2026, the Department received complaints regarding medication administration. On 05/28/2026, Surveyor conducted an onsite visit to the facility. A sample of resident records were requested, including the resident record of Resident 1. Resident 1 was admitted to the facility on 10/16/2025 with diagnoses to include anxiety, migraine, chronic pain, diseases of spinal cord, spinal stenosis, lumbago with sciatica right side and depressive disorder. Resident 1 discharged from the facility on 04/17/2026. Resident 1's most recent ISP (individualized service plan) dated 02/10/2026 indicated Resident 1 "requires assistance for: medication administration; ordering of medications; communication with pharmacy, lab appointments, special preparation." In addition, it was noted Resident 1 "has generalized all over by[sic] pain at times, staff to look for verbal indication of pain OR loss of interest in actively participating in ADLs[activities of daily living]...administer medication per MD[physician] orders, offer and give 1/2 hour before treatments or care that are known to be uncomfortable for resident..." Surveyor reviewed Resident 1's MAR for April 2026. Review of the MAR showed days where medication administration was not documented as indicated by no medication passer's initials on specific dates.	N 415		

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N 415	Continued From page 2 Missing Documentation on MAR: Oxycodone HCl oral tablet 5mg(milligrams) by mouth four times a day for pain take one tablet (5mg) by mouth four times a day at 8am, 2pm, 8pm and 2am for pain. 2AM dose on 04/04/2026, 04/05/2026, 04/06/2026, 04/08/2026, 04/15/2026 and 04/16/2026. On 06/02/2026 at approximately 9:00 AM, Surveyor interviewed Regional Director of Operations A and Regional Director of Quality and Clinical Services B. Both verified the MAR did not have staff initials on the above dates to indicate Resident 1 received the oxycodone medication at 2am.	N 415		
N 454	83.42(1) Resident record maintained. The CBRF shall maintain a record for each resident at the CBRF. Each record shall include all of the following: (a) Resident ' s full name, sex, date of birth, admission date and last known address; (b) Name, address and telephone number of designated contact person, and legal representative, if any; (c) Medical, social, and, if any, psychiatric history; (d) Current personal physician, if any; (e) Results of the initial health screening under s. DHS 83.28(4) and subsequent health examinations under s. DHS 83.38(1)(g); (f)Admission agreement; (g) Documentation of significant incidents and illnesses, including the dates, times and circumstances; (h) Assessments completed as required under s. DHS 83.35(1); (i) Individual service plan and resident satisfaction evaluation; (j) Documentation to accurately describe the resident's condition, significant changes in	N 454		

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N 454	Continued From page 3	N 454		

condition, changes in treatment and response to treatment; (k) Results of the annual resident evacuation evaluation; (l) Documentation of sensory impairment of the resident as required under s. DHS 83.48(7)(b); (m) Summary of discharge information as required under s.DHS 83.31(7); (n) Any department-approved resident-specific waiver, variance or approval; (o) Physician ' s orders or other authorized practitioner ' s written orders for nursing care, medications, rehabilitation services and therapeutic diets; (p) Current list of the type and dosage of medications or supplements; (q) Results of the quarterly psychotropic medication assessments as required in s. DHS 83.37(1)(h)1; (r) Documentation of administration of all medications, supplements, the person administering the medications or supplements, any side effects observed by the employee or symptoms reported by the resident, the need for PRN medications and the resident ' s response, refusal to take medication, omissions of medications, errors in the administration of medications and drug reactions; (s) Photocopy of any court order or other document authorizing another person to speak or act on behalf of the resident, or other legal documents as required which affect the care and treatment of a resident; (t) Documentation of all other services including rehabilitation services, treatments and therapeutic diets; (u) Completed notice of pre-admission assessment requirement under s. DHS 83.30; (v) Nursing care procedures and the amount of time spent each week by a registered nurse or licensed practical nurse in performing the nursing care procedures. Only time actually spent by the nurse with the resident may be included in the calculation of nursing care time; (w) Plans of care for terminally ill residents; (x)

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N 454	Continued From page 4 Date, time and circumstances of the resident's death, including the name of the person to whom the body is released. This Rule is not met as evidenced by: Based on record review and interview, the provider did not include documentation of significant incidents and illnesses, including the dates, times and circumstances for 1 of 1 (Resident 1) residents reviewed. Resident 1 was reported to have had a fall. Resident 1's record did not contain documentation of a fall incident including the date, time or circumstances of the fall. Findings Include: On 04/01/2026 and 05/26/2026, the department received complaints regarding falls. On 05/28/2026, Surveyor conducted an onsite visit to the facility. A sample of residents was selected including the resident record of Resident 1. Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 10/16/2025. Surveyor reviewed Resident 1's Nursing Department notes. The following was noted: On 01/17/2026, Resident pressed [his/her] call button. When writer entered resident's room [s/he] was sitting in wheelchair chair [sic] with [his/her] head on [his/her] bed. I asked [him/her] if [s/he] was ok and [s/he] said no and that [s/he] were in so much pain from the fall [s/he] had last night. I asked [him/her] if [s/he] needed some pain medication [s/he] stated [s/he] already had	N 454		

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N 454	Continued From page 5 one at 1 something. I asked [him/her] if [s/he] wanted me to help [him/her] in bed [s/he], stated yes, [sic] once I got [him/her] to bed, [s/he] stated [s/he] was ok, [sic] durning dinner time, resident called again writer asked [him/her] what [s/he] needed [s/he] said [s/he] wanted to go to the hospital. I asked [him/her] where [s/he] was in pain and [his/her] pain level [s/he] said more than a 10 and [his/her] right hip hurts, writer called non emergency and on call to notify them [s/he] requested to get sent out." On 06/01/2026, Surveyor requested the fall incident report from the fall on 01/17/2026 and the After Visit Summary from the emergency room visit. On 06/01/2026 at 12:12 PM, Surveyor received an email from Regional Director of Quality and Clinical Services B which stated s/he could not find an incident report or after visit summary for the emergency room visit in Resident 1's records.	N 454		