| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0013949 | A. BUILDING: _____ B. WING _____ | C 11/11/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| CARE PARTNERS ASSISTED LIVING WESTON II | 5905 DELIKOWSKI WESTON, WI 54476 |

| (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<br><br>On 11/10/2025, Surveyors conducted a standard licensure survey and complaint investigation at Care Partner Assisted Living Weston II. Data collection continued through 11/11/2025.<br><br>The complaint was unsubstantiated.<br><br>Two deficiencies were identified.<br><br>Census: 17 | N 000 | | |
| N 238 | 83.20(1)(b) Training documentation requirements.<br><br>The CBRF shall maintain documentation of the training in par. (a), including the trainer approval number, the name of the employee, training topic and the date training was completed.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure 2 of 2 employees sampled (Caregiver A and Caregiver B) completed annual training on resident rights.<br><br>Findings include:<br><br>The provider is licensed to care for 20 residents in the client groups advanced aged, irreversible dementia/Alzheimer's disease, physically disabled, and terminally ill.<br><br>On 11/10/2025, Surveyor reviewed employee records. Caregiver A was hired on 09/15/2023 and Caregiver B was hired on 01/07/2022. Neither record included training exemptions. Neither record included evidence they completed | N 238 | | |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0013949 | A. BUILDING: _____ B. WING _____ | C 11/11/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| CARE PARTNERS ASSISTED LIVING WESTON II | 5905 DELIKOWSKI WESTON, WI 54476 |

| (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 238 | Continued From page 1<br>annual resident rights training in 2024.<br><br>On 11/10/2025 at 3:27 PM, Surveyor interviewed Director C. Director C reviewed the training documentation and confirmed that there was no annual training on resident rights in 2024. Director C stated they had a system to include resident rights training annually in June, however, it must have been overlooked in 2024. | N 238 | | |
| N 427 | 83.38(1)(c) Leisure time activities.<br><br>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: Leisure time activities. The CBRF shall provide a daily activity program to meet the interests and capabilities of the residents. Employees shall encourage and promote resident participation in the activity program. The CBRF shall develop and post the activity schedule in an area available to residents.<br><br>This Rule is not met as evidenced by:<br>Based on observation, record review and interview, the provider did not arrange services adequate to meet the needs of the residents in the following area: leisure time activities. The provider did not ensure a daily activity program to meet the interests and capabilities of the residents.<br><br>Findings include: | N 427 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0013949 | A. BUILDING: _____ B. WING _____ | C 11/11/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| CARE PARTNERS ASSISTED LIVING WESTON II | 5905 DELIKOWSKI WESTON, WI 54476 |

| (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 427 | Continued From page 2<br><br>The provider is licensed to care for 20 residents from the following client groups: terminally ill, irreversible dementia/Alzheimer's disease, physically disabled and advanced aged.<br><br>On 10/10/2025, the Department received a complaint alleging staffing concerns, verbal abuse and care concerns.<br><br>On 11/10/2025, Surveyor toured the facility. Surveyor observed residents sitting quietly in the dining room, residents walking around and residents sleeping and/or watching television in their rooms. Throughout the day, Surveyor observed a family member playing dice with a few residents and residents putting puzzles together. Surveyor did not see a posted activity schedule.<br><br>On 11/10/2025 at approximately 9:22 AM, Surveyor interviewed Resident 2. Surveyor asked Resident 2 about activities. Resident 2 stated, "They don't have many activities."<br><br>On 11/10/2025 at approximately 9:42 AM, Surveyor interviewed Resident 3. Surveyor asked about activities. Resident 3 reported, "They don't have nothing here." Resident 3 commented that s/he liked to gamble.<br><br>On 11/10/2025 at approximately 10:03 AM, Surveyor interviewed Family Member (FM) E. Surveyor asked about activities and cares. FM E stated that s/he wished there were more activities. FM E did not express concerns with cares, but commented, "They seem understaffed at times."<br><br>On 11/10/2025 at approximately 12:34 PM, Surveyor interviewed FM F. Surveyor asked | N 427 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0013949 | A. BUILDING: _____ B. WING _____ | C 11/11/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| CARE PARTNERS ASSISTED LIVING WESTON II | 5905 DELIKOWSKI WESTON, WI 54476 |

| (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 427 | Continued From page 3 | N 427 | | |

about activities and cares. FM F stated that s/he visited the facility three times per week and there was a "lot of staff turnover and staff were working long shifts." FM F reported that there had not been a consistent activity's program for many years. FM F stated that s/he visited weekly to play games with Resident 3 and other residents if they were interested.

On 11/10/2025, at approximately 1:06 PM, Surveyor interviewed Director A. Surveyor asked to see the provider's monthly activity schedule. Director A retrieved the activity schedule from his/her office. The monthly calendar noted the following activities were scheduled for today's date (11/10/2025):

- 9 AM Coffee Social
-10 AM Walk
-1 PM Manicures
-2 PM Snack
-3 PM Bingo
-7 PM Snack

Surveyor asked Director A about activities. Director A reported that there was an activity schedule and staff tried to follow it when time permitted. Director A stated that the facility did different things, such as, pass a book around to read, a volunteer person comes in to facilitate bingo, a singer comes in every other Friday and the facility had "Packer parties" on game days. Director A confirmed that the activities were inconsistent.

On 11/10/2025, Surveyor did not observe staff conducting activities as noted on the monthly activity schedule: coffee social, walk, manicures and bingo.

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0013949 | A. BUILDING: _____ B. WING _____ | C 11/11/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| CARE PARTNERS ASSISTED LIVING WESTON II | 5905 DELIKOWSKI WESTON, WI 54476 |

| (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 427 | Continued From page 4<br><br>On 11/11/2025 at approximately 8:17 AM, Surveyor interviewed Caregiver G via telephone. Surveyor asked about activities. Caregiver G reported that s/he had worked at the facility for over a year and a half and the facility did not have a formal activity program. Caregiver G commented that Caregiver G gave residents crayons to color with and staff tried to do activities when time permitted.<br><br>On 11/11/2025 at approximately 11:09 AM, Surveyor interviewed Caregiver H via telephone. Surveyor asked about activities. Caregiver H stated, "We do activities when there is free time." Caregiver H reported that the facility did not have an Activity Director and there was no formal activity program. Surveyor asked Caregiver H if the residents ever complained about not having things to do/being bored. Caregiver H responded, "Yes they do."<br><br>On 11/11/2025 at approximately 2:53 PM, Surveyor interviewed Director C via telephone. Surveyor asked about activities. Director C verified that the facility was not following the activity schedule and staff tried to follow the schedule when time permitted. Director C commented that there were "not a lot of resident led activities." | N 427 | | |