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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
M 000	INITIAL COMMENTS On 07/22/2026, with additional information gathered through 07/28/2026, Surveyors conducted a standard survey and investigated 2 complaints. As a result of the survey, 9 new deficiencies were identified. Two of 2 complaints were substantiated. Census: 3	M 000		
M 230	88.04(2)(f) CONDITION WHICH REPRESENTS RISK OR HARM The licensee may not permit the existence or continuation of a condition in the home which places the health, safety or welfare of a resident at substantial risk of harm. This Rule is not met as evidenced by: Based on record review, interview and observation, the provider did permit the existence or continuation of a condition in the home which places the health, safety or welfare of a resident at substantial risk of harm for Resident 2 and Resident 3. Resident 2 used a g-tube for meals and medications. Resident 2 was not elevated during the feeding to prevent the likelihood of aspiration. The caregiver was not knowledgeable about the risks. Resident 3 required a moist and minced diet. The caregiver was not aware of Resident 3's required diet texture. Findings Include:	M 230		

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

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M 230	Continued From page 1 On 07/13/2026, the department received a complaint alleging concerns regarding g-tube administration and diet textures. Observation of Resident 2 On 07/22/2026, at 9:15AM, Surveyor observed Resident 2 receiving his/her continuous g-tube feeding. Resident 2's bed was elevated, but Resident 2 slid down and his/her head was at the bottom of the pillow. Resident 2's body was flat. Interview with Caregiver B On 07/22/2026 at 9:17AM, Surveyor interviewed Caregiver B. Surveyor informed Caregiver B Resident 2 was lying flat. Caregiver B explained Resident 2 often moves around causing him/her to slide down. Surveyor asked Caregiver B if Resident 1 should be pulled back up. Caregiver B agreed and repositioned Resident 2. Surveyor inquired if Caregiver B knew why it was important to be elevated during a tube feeding. Caregiver B said s/he did not know. Surveyor inquired if s/he recalled training for administering g-tube feedings. Caregiver B reported s/he took a class and recalled it was a video s/he watched. Observation of Resident 2 On 07/22/2026 at approximately 9:47AM, Surveyor observed Resident 2 slid down the bed again and was lying flat with his/her head at the bottom of the pillow. Interview with Residential Manager A (RM-A) On 07/22/2026, at 9:50AM, RM-A arrived. Surveyor expressed concern about Resident 2's positioning RM-A and Caregiver B entered Resident 2's room and Resident 2 was repositioned with additional pillows on the left side.	M 230		

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M 230	Continued From page 2 On 07/23/2026, Surveyor reviewed Resident 2's facesheet. The facesheet identified Resident 2 had the following diagnosis: Lennox Gastaut Syndrome, spastic quadriplegic cerebral palsy, gastrostomy status, mechanical complication of ventricular intracranial communication (shunt). The facesheet further identified Resident 2 received nothing by mouth. Individual Service Plan On 07/23/2026, Surveyor reviewed Resident 2's individual support plan (ISP) dated 02/02/2026. The ISP documented Resident 3 the following: -Resident 2 was unable to communicate with words - makes noises and uses nonverbal communication -Resident 2 required full assistance with bathing, dressing, toileting and pushing him/her in the wheelchair. -Resident 2 received meals through a g-tube. "[S/he] is unable to participate in t his activity so [s/he] needs full supervision." The ISP did not contain information regarding proper positioning for tube feedings. Feeding-Tube Protocol On 07/23/2026, Surveyor reviewed Resident 2's feeding tube protocol dated 10/24/2025. The protocol identified the following: - "[Resident 2] has a G- Tube placed. All medications and feedings go through this." The feeding tube protocol did not contain information regarding proper positioning for tube feedings. Interview with RM-A	M 230		

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M 230	Continued From page 3 On 07/23/2026, at approximately 11:30AM, Surveyor interviewed RM-A. RM-A reported that all caregivers have been trained and delegated for administering g-tube feedings. RM-A stated s/he would ensure Caregivers receive additional training. Reference for Proper Position During G-tube Administration Information obtained on 07/27/2026 at 9:14AM from: https://my.clevelandclinic.org/health/treatments/21098-tube-feeding--enteral-nutrition According to Cleveland Clinic: " ...also advise you on how to receive enteral nutrition safely. For example, they may advise you to sit at a 45-degree angle during feedings and a few hours afterward to prevent complications, like aspiration pneumonia. With aspiration pneumonia, the formula slips into your windpipe and lungs, causing an infection. The way you position your body can prevent this ..." Interview with RM-A On 07/23/2026, at approximately 11:30AM, Surveyor interviewed RM-A. RM-A reported caregivers have received delegation for g-tube training. RM-A advised s/he will ensure caregivers receive additional training regarding g-tube administration. Surveyor Note: On 07/23/2026, RM-A provided documentation to show caregivers working at the home were delegated. Conclusion Resident 2 received nutrition through a g-tube. Caregivers were delegated. On 2 occasions, Surveyor observed Resident 2 receiving a continuous g-tube feeding while in a supine	M 230		

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M 230	Continued From page 4	M 230		

position. Despite evidence of delegation, Caregiver B was not knowledgeable of the requirement to be positioned appropriately to reduce the likelihood of aspiration.

RESIDENT 3

Interview with Caregiver B
On 07/22/2026, at 9:29AM, Surveyor interviewed Caregiver B regarding Resident 3's diet texture. Caregiver B advised Resident 3 eats "normal food." Caregiver B reported Resident 3 sometimes needs his/her food cut up but did not need anything ground or pureed. Caregiver B provided an example of ensuring waffles were cut up.

Interview with RM-A
On 07/22/2026, at approximately 8:00AM, Surveyor interviewed RM-A. RM-A confirmed Resident 3 uses a minced and moist diet. RM-A advised caregivers use the chopper located on the countertop to achieve the correct consistency. RM-A approached the refrigerator and obtained printed information on the moist and minced texture. RM-a stated staff have been trained on this and have the printed information on hand for a reference.

Individual Facesheet and Individual Service Plan
On 07/23/2026, Surveyor reviewed Resident 3's facesheet. The facesheet identified Resident 3 had the following diagnosis: unspecified intellectual disabilities, developmental disorder of speech language unspecified, autistic disorder, gastro-esophageal reflux disease without esophagitis.

On 07/23/2026, Surveyor reviewed Resident 3's ISP dated 05/20/2026. The ISP identified the

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following:
-Uses a moist and minced diet
-pictures descriptions are on the refrigerator

Dietary Order
On 07/23/2026, Surveyor reviewed Resident 3's dietary order dated01/09/2025 from SSM (name of specific provider network). "Recommendations have been to be on a mince moist diet with thin liquids ..."

International Dysphagia Diet Standardization Initiative (IDDSI) Reference
Information was obtained on 07/27/2026 at 9:30AM from:
https://www.iddsi.org/images/Publications-Resources/PatientHandouts/English/Adults/5_minced_moist_adults_consumer_handout_30jan2019.pdf

According to IDDSI,

"Level 5 - Minced & Moist Foods:
"Soft and moist, but with no liquid leaking/dripping from the food ...Biting is not required ...Minimal chewing required ... Lumps of 4mm in size ...Lumps can be mashed with the tongue ...Food can be easily mashed with just a little pressure from a fork ...Should be able to scoop food onto a fork, with no liquid dripping and no crumbles falling off the fork ..."

Note: The information obtained from IDDSI was the information the home had on the refrigerator for staff reference.

Interview with RM-A
On 07/22/2026, Surveyor interviewed RM-A. RM-A advised s/he would ensure caregivers received additional education regarding Resident 3's diet texture.

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M 230	Continued From page 6 Conclusion Resident 3 required a food texture of moist and minced. The caregiver on duty was not knowledgeable about Resident 3's required diet texture.	M 230		
M 232	88.04(2)(g)1 HEALTH SCREENING FOR STAFF The licensee shall obtain documentation from a physician, a registered nurse or a physician's assistant indicating that the licensee and any service provider has been screened for illness detrimental to residents, including for tuberculosis. The documentation is to be completed within 90 days before the start of providing service. The documentation shall be kept confidential except that the licensing agency shall have access to the documentation for verification. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure all service providers were screened for illnesses detrimental to residents including tuberculosis within 90 days before the start of providing care. Findings Include: On 07/22/2026, at approximately 11:00AM, Surveyor requested Caregiver B's employee record, including his/her screening for communicable disease, including tuberculosis.	M 232		

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M 232	Continued From page 7 On 07/23/2026, Surveyor reviewed Caregiver B's employee record. The record identified Caregiver B's hire date was 10/06/2025. Surveyor noted there was no screening for communicable diseases including tuberculosis. On 07/23/2026, at 5:30PM, Surveyor interviewed RM-A. RM-A stated s/he would speak to the area director about auditing to ensure caregivers are properly screened for illnesses detrimental to residents.	M 232		
M 276	88.05(3)(a) Homelike Environment An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and staff interview, the provider did not maintain a safe, clean, and homelike environment. Findings include: On 07/13/2026, the department received a complaint alleging concerns with the cleanliness of the home. On 07/22/2026, at 9:00AM, Surveyors entered the home and observed a strong urine like odor. Surveyors toured the home but could not identify	M 276		

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M 276	Continued From page 8 where the odor was coming from. On 07/22/2026, at 11:30AM, Surveyors interviewed Residential Manger A (RM-A). RM-A advised the odor was from a recliner in the living room belonging to Resident 3. RM-A reported the chair was shampooed but continued to have an odor. RM-A stated a new chair was purchased and would be delivered on 07/30/2026. Bathrooms On 07/22/2026 at approximately 10:45 AM, Surveyor observed two bathrooms designated for residents, staff and visitor use. Both bathrooms contained empty disposable paper towel holders; no hand towels or personal towel racks were present. At 10:50 AM, Surveyor asked RM (Residential Manager)-A about the empty disposable paper towel holders and lack of hand towels in both bathrooms. RM-A confirmed the disposable paper towel holders were empty and no towels were available for hand drying. RM-A stated, "The supply order did not come to the home...I called our office assistant to bring some paper towels."	M 276		
M 342	88.05(4)(d)1 FIRE SAFETY EVACUATION PLAN The licensee shall have a written plan for the immediate and safe evacuation of all occupants of the home in the event of a fire. The plan shall identify an external meeting place. This Rule is not met as evidenced by: Based on record review and interviews, the provider did not ensure the written plan for the immediate and safe evacuation of all occupants	M 342		

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M 342	Continued From page 9 in the event of a fire. The evacuation plan did not include information on how to evacuate residents who required physical assistance due to mobility limitations and those requiring verbal prompting. Caregivers could not locate the evacuation plan. Findings Include: The facility is licensed as nonambulatory to provide care for up to 4 residents with advanced age, traumatic brain injury, developmentally disabled, physically disabled and emotionally disturbed mental illness. On 07/13/2026, the department received a complaint concerning fire evacuation procedures. Individual Support Plans (ISP) On 07/23/2026, Surveyor reviewed Resident 1, Resident 2 and Resident 4's ISP. Resident 1: Resident 1's ISP dated 10/25/2025 identified Resident 1 leaves supervised settings and required redirection, had a history of self-injurious behavior (head banging) and required assistance with all activities of daily living. Resident 2: Resident 2's ISP dated 02/02/2026 identified Resident 2 was nonambulatory and used a wheelchair. Resident 3: Resident 3's ISP dated 05/20/2026 identified Resident 3 uses a gait belt and 1-person assist for ambulation due to risk of falls. Resident 3 used a chair and bed alarm to alert staff if s/he is attempting to get up. Resident 3 was non-verbal. Resident 3 required total	M 342		

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M 342	Continued From page 10 assistance with all activities of daily living. Interview with Caregiver D On 07/22/2026, at 9:05AM, Surveyor interviewed Caregiver D. Caregiver C identified Resident 1 was ambulatory, Resident 2 used a hoyer and wheelchair and Resident 3 needed assistance with transfers and used a wheelchair. Caregiver D stated s/he has never completed a fire drill at this location but felt it would take 15 minutes to evacuate everyone. Caregiver D did not know where to locate the evacuation plan. Interview with Caregiver B On 07/22/2026, at 9:10AM, Surveyor interviewed Caregiver B. Caregiver B identified Resident 1 was ambulatory, Resident 2 used a hoyer and wheelchair and Resident 3 used a pivot transfer and wheelchair. Caregiver B reported s/he has not conducted a fire drill at this location. Caregiver B looked for the evacuation plan but could not find it. Caregiver B reported it would take approximately 10-15 minutes to evacuate. Vista Care Residential Emergency and Disaster Plan On 07/24/2026, Surveyor reviewed the providers disaster plan for the Thurke location dated 09/23/2025. The disaster plan noted the following regarding the events of a fire: "Names of persons served at this location 1. Resident 1, Resident 2 and Resident 3 ..." "The Thurke home and the people associated with it are at risk for the following hazards: fire, severe thunderstorms and lightning, tornadoes, ice storms, flooding, winter storms, nuclear power plant incidents, and hazardous material spills ..."	M 342		

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M 342	Continued From page 11 "A. In the event of a fire, call 911 B. Once evacuated, the designated meeting place neighbors the mailbox. C. Refer to the exit diagram for emergency exits. D. Refer to the policy - Fire Safety and Evacuation Procedures ..." Further review of the emergency disaster plan revealed it did not include information on how to evacuate residents that use a hoyer, wheelchairs, transfer assistance or supervision. Interview with Residential Manager A (RM-A) On 07/22/2026, Surveyor interviewed RM-A. RM-A identified the home required only 1 caregiver. RM-A confirmed Resident 1 was ambulatory and would need prompting to exit the home. RM-A explained Resident 2 would need to be lowered to the ground with the hoyer and placed on a sled then pulled out of the home. RM-A reported Resident 3 would be transferred to his/her wheelchair and evacuated. RM-A advised s/he would ensure caregivers received education on locating the evacuation plan and how to execute the drill. Conclusion Resident 1 was ambulatory but required prompting to evacuate. Resident 2 required total assistance and utilized a hoyer lift and wheelchair to evacuate. Resident 3 required assistance with transferring to his/her wheelchair to evacuate. Caregiver B and D did not know where the plan was located and felt evacuation would take 10-15 minutes.	M 342		
M 380	88.06(2)(a) ADMISSION-HEALTH EXAM Except as provided in subd. 2., the	M 380		

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licensee shall ensure that a new resident of an adult family home receives a health examination by a physician to identify health problems and is screened for communicable disease, including tuberculosis. Screening for communicable disease may be provided by a physician, a registered nurse or a physician assistant. The health examination and screening shall take place within 90 days prior to admission to the home or within 7 days after admission.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure that new residents received a health examination by physician to identify health problems and was screened for communicable disease including tuberculosis within 90 days prior to admission or within 7 days after admission for 2 of 2 Residents, Resident 1 and Resident 2.

Findings Include:

On 07/23/2026, Surveyor requested Resident 1 and Resident 2's health examination and communicable disease screening for review.

RESIDENT 1

On 07/23/2026, Surveyor reviewed the provider's resident roster. The roster showed Resident 1 was admitted on 10/23/2025.

On 07/23/2026, at approximately 1:00PM, Surveyor interviewed Residential Manager A

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M 380	Continued From page 13 (RM-A). RM-A reported s/he was unable to determine where previous management filed Resident 1's medical exam and communicable disease screening. RESIDENT 2 On 07/23/2026, Surveyor reviewed the provider's resident roster. The roster showed Resident 2 was admitted on 07/08/2025. On 07/23/2026, at 12:55PM, Surveyor reviewed email documentation dated 10/21/2025 provided by RM-A regarding Resident 2's communicable disease screening. The email was between previous facility and the provider. The email noted the previous facility was able to administer the tuberculosis (TB) test if the Vista Care nurse was able to read it. The email contained no further details of the TB or screening. On 07/23/2026, at approximately 1:00PM, Surveyor interviewed Residential Manager A (RM-A). RM-A reported the email documentation regarding Resident 2's communicable disease screening and TB test was the only documentation the provider had from the previous management.	M 380		
M 384	88.06(2)(b) SERVICE AGREEMENT EXCEPT RESPITE An adult family home shall have a service agreement with each person to be admitted to the home except a person being admitted for respite care. The service agreement shall be completed prior to admission and revised at least 30 days prior to any	M 384		

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M 384	Continued From page 14 change. The service agreement shall be dated and signed by the licensee and the person being admitted or the persons guardian or designated representative. Copies shall be provided to all parties and to the placing agency, if any. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the service agreement was completed prior to admission for 1 of 2 residents, Resident 1. Findings Include: On 07/22/2026, at approximately 11:00AM, Surveyor requested Resident 1's service agreement. On 07/23/2026, Surveyor reviewed the provider's resident roster. The roster showed Resident 1 was admitted on 10/23/2025. On 07/23/2026, at approximately 1:00PM, Surveyor interviewed Residential Manager A (RM-A). RM-A reported s/he was unable to locate where Resident 1's service agreement was filed from previous management. RM-A stated the provider has made attempts to have a new service agreement completed with no response.	M 384		
M 444	88.07(2)(b)3 TRANSPORTATION TO MEDICAL Providing, arranging, transporting or accompanying a resident to medical or other appointments as part of the resident's individual service plan. This Rule is not met as evidenced by:	M 444		

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M 444	Continued From page 15 Based on record review and interview, the provider did not arrange, transport or accompany a resident to scheduled medical appointments. Resident 1 was unable to attend her/his scheduled EEG (electroencephalogram) appointment on 04/22/2026 and 04/27/2026 due to "Staff issues." Findings include: According to mayoclinic.org, dated 05/29/2024, "An EEG is a test that measures electrical activity in the brain...An EEG is one of the main tests to help diagnose epilepsy. An EEG also can play a role in diagnosing other brain conditions." On 07/23/2026, Surveyor reviewed Resident 1's record. Resident 1 had a guardian and was admitted to the facility on 07/08/2025 with diagnoses to include charge syndrome, epilepsy and insomnia. Resident 1's Individualized Service Plan (ISP) dated 10/30/2025, did not specify who was responsible for providing, arranging, transporting or accompanying the resident to medical or other appointments. T-Log notes for Resident 1 revealed the following: ~04/20/2026- "Upcoming Appointment 04/22/2026- Staff must leave no later than 7:05 AM on 04/22/2026 to ensure [Resident 1] arrives no later than 7:45 AM. Please ensure [Resident 1] and staff are following the included: Arrives 10 minutes early (no later than 7:50 AM)...No caffeine from 7:45 AM Tuesday 04/21/2026 until after the EEG on 04/22/2026..."	M 444		

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M 444	Continued From page 16 ~04/22/2026- "EEG Rescheduled...[Resident 1] will be having an EEG completed...Staff must leave no later than 7:10 AM to ensure [Resident 1] arrives no later than 7:45 AM. Please ensure [Resident 1] and staff are following the included: Arrives 15 minutes early (no later than 7:45 AM)...No caffeine from 7:45 AM Sunday 04/26/2026 until after the EEG on 04/27/2026." ~04/27/2026- "Rescheduled Appointment for 04/30/2026...[Resident 1] will be having an EEG...Staff must leave no later than 1:30 PM to ensure [Resident 1] arrives no later than 2:05 PM. Please ensure [Resident 1] and staff are following the included: Arrives 10 minutes early...No caffeine 04/29/2026 or 04/30/2026..." ~04/30/2026- "EEG appointment-Staff brought [Resident 1] to [her/his] EEG..." Additionally, there was no documentation within the record indicating Resident 1's guardian was informed of the missed EEG appointment on 04/22/2026 and again on 04/27/2026. On 07/22/2026 at 11:55 AM, Surveyors interviewed RM (Residential Manager)-A regarding Resident 1's missed EEG appointments. RM-A confirmed the home was responsible for scheduling Resident 1's medical appointments, transporting and accompanying the resident to all medical appointments. RM-A further confirmed Resident 1's EEG appointments on 04/22/2026 and 04/27/2026 were missed "due to a staffing issue." According to RM-A, staff arrived late for the 04/22/2026 EEG appointment 'because they were finishing in-home tasks' and the 04/27/2026 EEG appointment was missed because 'staff did not acknowledge the appointment in the computer.'	M 444		

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M 580	88.10(3)(p) Prompt and Adequate Treatment Prompt and adequate treatment. To receive prompt and adequate treatment and services appropriate to the resident's needs. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure prompt and adequate treatment and services were provided for Resident 4. On 04/01/2026, Resident 4's leg/hip area popped during a transfer after a fire drill. Resident 4 experienced pain but did not receive a knee x-ray until 04/08/2026 and an additional full leg x-ray on 04/10/2026. The full leg hip x-ray detected a hip fracture requiring surgery. Findings Include: On 07/13/2026, the department received a complaint concerning a delay in obtaining medical services. Record and Individual Service Plan (ISP) 02/14/2026 On 07/23/2026, Surveyor reviewed Resident 4's record. The record documented Resident 4 had the following diagnosis: muscle weakness, pain in unspecified joint, unspecified intellectual disability, legal blindness and dependence on wheelchair. On 07/23/2026, Surveyor reviewed Resident 4's ISP. The ISP noted the following: Transferring - Resident 4 used a manual wheelchair for mobility, hoyer lift for transfers and a hospital style bed for positioning.	M 580		

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M 580	Continued From page 18 Pain History & Management - "[Resident 4] does not currently express continued pain" Communication - "[Resident 4] expresses her needs through yelling, swearing and inappropriate comments ..." Interview with Caregiver B On 07/22/2026, at approximately 9:40AM, Surveyor interviewed Caregiver B. Caregiver B identified Resident 4 as nonambulatory and utilized a hoyer. Interview with RM-A On 07/22/2026, at 9:50AM, Surveyor interviewed RM-A. RM-A advised during a fire drill on 04/01/2026, Resident 4 participated in a fire drill. RM-A explained during the fire drill, Resident 4 uses a hoyer to be placed in his/her wheelchair. After the fire drill, caregivers were assisting Resident 4 back into his/her bed when they heard a pop. RM-A reported the caregivers felt it came from his/her knee. RM-A stated Guardian C was notified of the injury, and an appointment was made for an x-ray. Initially, the x-ray was only completed on the knee, but later a full leg x-ray was completed. The full leg x-ray identified a hip fracture. RM-A explained surgery was needed and Resident 4 was transferred to a hospital in Madison. Resident 4 never fully recovered after surgery. Resident 4 was placed on hospice services and passed away. Email Communication On 07/23/2026, Surveyor reviewed email communication between RM-A and Guardian C. The communication was as follows: From RM-A to Guardian C on 04/01/2026 at 7:18PM "I am writing to update you on [Resident 4]. [S/he]	M 580		

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had a podiatrist appointment today, and while being transferred to [his/her] bed viathe [sic] Hoyer lift upon [his/her] return, [his/her] left knee made a "popping" sound. I had the staff apply ice and administer [him/her] PRNTylenol. I have attached pictures of [his/her] knee for your review, as we are uncertain of her baseline contractions. Please let us know if you would like us to continue monitoring it or if you would like us to have [him/her] seen.

From Guardian C to RM-A on 04/02/2026 at 9:02AM
"I would not have a better understanding of [his/her]baseline based on view. As a Corporate Guardian we do notsee [sic] our MA clients we see them face to face every 3 months per court order. If you feel that it looksconcerning [sic], I always recommend setting up an appointment for [him/her] to be seen ...We are here for medical consents and to help make decisions in the best interest of our clients. Wehave [sic] very limited interactions directly with our clients in [Resident 4's] case. Most of our communication is goingto [sic] be with the care team to find the best avenues of care for our clients. We lean heavily on the teams thatwork in direct contact with our clients to assist us in understanding if this is beyond the normal for ourclients [sic]. Please let me know when an appointment is made for [Resident 4] and with which provider ..."

T-Logs
On 07/23/2026, Surveyor reviewed Resident 4's T-log notes. The notes were as follows:

04/01/2026: "Earlier after [Resident 4's] appointment management and a staff member had stopped in to do a fire drill and tornado response drill that was timed. after getting

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M 580	Continued From page 20 [Resident 4] staff and I were lifting [him/her] into her bed and while getting [him/her] out we heard what we thought was [his/her] hip pop but after a closer look it appears to be [his/her] left knee after the incident happened we immediately told management and they contacted their supervisor and I submitted a GER [Resident 4] continued to cry [his/her] knee hurt and I contacted DSP (direct support professional) with my concern that [s/he] needed to go in ... After continued crying about [his/her] knee I called DSP again and they had me send pictures of [his/her] knees to management to send to the nurse ..." 04/02/2026: "[Resident 4's] knee still does not look right and [s/he] is still stating that [his/her] knee hurts whenever [s/he] is rolled to change [his/her] brief/ [his/her] bed bath. I gave [him/her] PRN acetaminophen for pain and lorazepam as [s/he] was yelling most of the day ..." 04/08/2026: "[Resident 4] went to the doctor for [his/her] knee today ... The doctors office will be calling [RM-A] results from the Xray. GER (General Event Report) 04/10/2026 at 4:54PM On 07/23/2026, Surveyor reviewed Resident 4's GER dated 04/10/2026. The GER noted the following: "Writher [sic] and other RSS (Residential Support Supervisor) transported [Resident 4] from home to [hospital] to have [his/her] full leg-rays completed as ordered by [his/her] doctor due to [his/her] complaints of knee pain. Writer and other RSS were brought back to room after they were completed to be informed of the severity of the injury. X-ray showed a fracture of [his/her] left femoral neck. Due to the seriousness of the	M 580		

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M 580	Continued From page 21 injury, [Resident 4] was admitted into the ER for treatment and orthopedic consultation. Per [hospital] surgery is required and [Resident 4] had to be transferred to [hospital] Madison for the procedure." Conclusion On 04/01/2026, Resident 4 participated in a fire drill. When transferring back to his/her bed, caregivers heard a pop in his/her leg/hip area. The incident was reported to Guardian C, but Guardian C advised s/he was not familiar with Resident 4's baseline. Resident 4 finally had a knee x-ray on 04/08/2026. The GER dated 04/10/2026 noted Resident 4 was seen at the hospital for a full leg x-ray. The full leg x-ray identified a fractured hip requiring surgery. Resident 4 did not receive intervention until 04/08/2026, 6 days after the incident and further evaluation on 04/10/2026.	M 580		
M 582	88.10(3)(q) Medications Medications. To receive all prescribed medications in the dosage and at the intervals prescribed by the resident's physician, and to refuse medications unless there has been a court order under s. 51.61(1)(g), Stats., with a court finding of incompetency. This Rule is not met as evidenced by: Based on record review and interview with staff,	M 582		

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the provider did not allow each resident to receive all prescribed medications in the dosage and at the intervals prescribed by the resident's physician for 2 of 2 residents, Resident 1 and Resident 2.

Resident 1 had a physician's order for Levetiracetam (an anti-seizure medication). There was no evidence Resident 1 received the prescribed medication as ordered from July 2025 through December 2025. Additionally, Resident 1 had a physician's order to discontinue Levetiracetam on 04/09/2026. Resident 1 received 22 extra doses of Levetiracetam after it had been discontinued.

Resident 2 was prescribed medication for candidal stomatitis (fungal infection caused yeast in the mouth) and constipation. The medication for the fungal infection was not administered 4 times daily as prescribed. The medication for constipation was not administered daily as prescribed.

Findings include:

On 04/28/2026 and 07/13/2026, the department received a complaint alleging medications were not received as prescribed.

RESIDENT 1

On 07/23/2026, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 07/08/2025 with diagnoses to include charge syndrome, epilepsy and insomnia. Additionally, the facility managed and administered all of Resident 1's medications.

Resident 1's admission orders indicated,

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M 582	Continued From page 23 "Levetiracetam 100 mg (milligram)/ml (milliliter); take 9 ml in AM and PM by G-tube..." Per Review of Resident 1's MARs (Medication Administration Records) for July 2025 through December 2025. Surveyor noted the Levetiracetam medication was not transcribed and/or documented on the MARs during the five (5) month look back period. There was no evidence Resident 1 received the prescribed medication as ordered until 12/30/2025. The Levetiracetam medication was not transcribed onto the MARs for 173 days, which resulted in 346 missed doses for Resident 1. Additionally, on 04/10/2026, Resident 1 had a physician's order dated 04/09/2026 which indicated, to stop the "Levetiracetam" medication and start Lacosamide 100 mg tablet per G-tube twice daily." Per Review of Resident 1's MAR for April 2026, Resident 1 received Levetiracetam solution 9 ml via G-tube twice daily on 04/10/2026, 04/11/2026, 04/12/2026, 04/13/2026, 04/14/2026, 04/15/2026, 04/16/2026, 04/17/2026, 04/18/2026, 04/19/2026 and 04/20/2026. The facility did not stop Resident 1's Levetiracetam order until after the eight (8) PM dose on 04/20/2026. Resident 1 received 22 extra doses of Levetiracetam after it had been discontinued. On 07/28/2026 at 2:10 AM, Surveyors discussed the above information with RM-A. RM-A confirmed Resident 1 had an order for Levetiracetam upon admission, but the order was never transcribed to the MARs until 12/30/2025, almost 5 months after admission. RM-A also indicated, 'staff over looked' the physician's orders to discontinue the Levetiracetam on	M 582		

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M 582	Continued From page 24 04/09/2026 and Resident 1 continued to receive the medication until 04/20/2026. RESIDENT 2 On 07/23/2026, Surveyor reviewed Resident 2's medication administration records for June and July 2026. Surveyor noted several dates on the MAR were documented with "H." On 07/23/2026, at 5:10PM, Surveyor interviewed RM-A. RM-A confirmed "H" indicated the medication was held was not passed. Review of the MAR showed instances medications that were documented as "H" with the reason it was not administered for the following: Iodosrb 0.9% - apply to affected area 3 times daily Start date 01/07/2026 - End date 06/04/2024 1st dose - 06/01, 06/02, 06/03: no longer needed 2nd dose - 06/01, 06/02, 06/03: on hold no longer needed 3rd dose - 06/01, 06/02, 06/03: no script Note: The medication end date was not until 06/04/2026. Nystatin SUS 100000 - apply 1ml until clear with swabs in the mouth 4 times daily for candidal stomatitis Start date 12/17/2025 End date was not specified 1st dose - 06/01, 06/03, 06/04, 06/05, 06/17, 06/418, 06/19, 06/30: On hold/once per day 2nd dose - 06/01, 06/02, 06/03, 06/05, 06/26,07/01, 07/06, 07/08 07/15: On hold/once per day	M 582		

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M 582	Continued From page 25 3rd dose - 06/02, 06/04, 07/06: On hold/once per day 4th dose - 06/01,06/02, 06/03, 06/04, 06/05, 06/06, 06/18: On hold/once per day Note: the order is written as 4 times daily Sienna Liq 8.8/5ml - take 5ml per g-tube daily for constipation Start date 08/26/2025 End date not specified Note: the order did not specify any reason it should be held. 06/01, 06/02, 06/03, 06/04: On hold/not needed 06/08: on order 06/11, 06/12, 07/05, 07/18: On hold/medication unavailable 06/14: missed 06/15: on hold/ordered 06/17: on hold/don't have 06/18, 06/19, 07/08, 07/09, 07/16, 07/17: on hold/no script 06/20: on hold/medication unavailable 06/21: on hold/not in 06/25, 06/26, 06/27, 06/28: on hold/medication unavailable 06/30, 07/01, 07/02: on hold/no script 07/16: on hold/non in house On 07/23/2026, at 5:10PM, Surveyor interviewed RM-A. RM-A advised currently the MARs are audited monthly. RM-A stated s/he would speak to the area director about auditing weekly and ensure caregivers are provided with additional education and oversight.	M 582		