STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020475	A. BUILDING: _____ B. WING _____	R-C 12/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ADAVA CARE OF OAK CREEK	7550 S 13TH STREET OAK CREEK, WI 53154

(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 12/17/2025 with information gathered through 12/23/2025, Surveyors conducted a complaint investigation and verification visit for SOD I41E11, dated 09/25/2025, at Adava Care of Oak Creek, a Community-Based Residential Facility (CBRF) in Oak Creek, WI. Four deficiencies were identified. One of the 4 deficiencies was a repeat deficiency from Statement of Deficiency I41E11, dated 09/25/2025. Complaint substantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 18	{N 000}		
N 352	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident reviewed (Resident 6) received all prescribed medications in the dosage and at intervals prescribed by a practitioner. Resident 6 missed 7 doses of medications in a 16-day period from 12/01/2025 - 12/16/2025.	N 352		

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

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N 352	Continued From page 1 Findings include: On 11/10/2025, the Department received a complaint that a resident had been without multiple medications for 1-2 weeks. Record Review On 12/17/2025, at approximately 3:00 PM, Surveyors reviewed Resident 6's medication administration records (MAR), and the following was identified: December 2025 MAR - Belsomra tablet (tab) 15 milligrams (mg), give 1 tablet by mouth at bedtime; Start Date: 07/22/2025; Discontinued: 12/03/2025. 12/02/2025 at 8:00 PM: The box was marked with an exclamation point, indicating there was an exception. The exception notes documented the medication was not available. Resident 6 missed her/his dose of belsomra tab 15 mg. - Fluconazole tab 150 mg, give 1 tab by mouth once daily for 7 days; Start Date: 12/09/2025; End Date: 12/16/2025; Discontinued:12/17/2025. 12/11/2025 - 12/16/2025 (6-days) at 8:00 AM: The boxes were initialed by staff, indicating the medication was given. 12/01/2025 - 12/10/2025 and 12/17/2025 - 12/31/2025: The boxes were marked with an 'X,' indicating the medication was not scheduled. Resident 6 only received 6-days of her/his fluconazole 150 mg tab, instead of the prescribed 7-days, resulting in 1 missed dose. - Lidocaine 5% patch, apply 2 patches topically	N 352		

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once daily - on for 12 hours - off for 12 hours to bilateral shoulders; Start Date: 07/03/2025.
12/09/2025 at 8:00 AM: The box was marked with an exclamation point, indicating there was an exception. The exception notes documented the medication was not available. Resident 6 did not have patches applied.
12/10/2025 at 8:00 AM: The box was marked with an exclamation point, indicating there was an exception. The exception notes documented the medication was not available. Resident 6 did not have patches applied.

- Symbicort aerosol 160-4.5, inhale 2 puffs by mouth twice daily for asthma; Start Date: 07/03/2025.
12/13/2025 at 8:00 AM: The box was marked with an exclamation point, indicating there was an exception. The exception notes documented the medication was not available. Resident 6 did not receive her/his medication.
12/13/2025 at 8:00 PM: The box was marked with an exclamation point, indicating there was an exception. The exception notes documented the medication was not available. Resident 6 did not receive her/his medication.

- Trulicity injection 0.75/0.5, inject 0.5 milliliters (mL) subcutaneously once weekly on Wednesday mornings; Start Date 07/09/2025.
12/10/2025 at 8:00 AM: The box was marked with an exclamation point, indicating there was an exception. The exception notes documented the medication was not available. Resident 6 did not receive her/his medication.

Interview

On 12/17/2025, at approximately 4:05 PM, Surveyors interviewed Licensee A and Nurse E

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N 352	Continued From page 3 and the following was reported: Nurse E confirmed if the MAR had an exception and the notes indicated the medication was not available, the resident missed their dose of medication. An 'X' indicated the medication was not scheduled and the resident would not have received medication. A dash indicated the medication was not recorded and was not administered. Licensee A reported they could not rely on caregivers to manage residents' medications. The facility was having caregivers report to Administrator B when medications were running low. Licensee A and Nurse E confirmed Resident 6 missed 7 doses of medication in the month of December. They reported they were going to fix their system and speak with the pharmacy to better manage medications for residents.	N 352		
N 481	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the facility was maintained in a safe clean, comfortable, and homelike environment. The floors throughout facility were dirty. Laundry hamper filled with clothes was sitting in the hallway. Laundry basket filled with clothes was sitting in the hallway. Mop bucket	N 481		

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N 481	Continued From page 4	N 481		

filled with water was sitting in the hallway. Trash can in activity room contained trash and did not have a trash bag. This had potential to affect 18 of 18 residents.

Findings include:

The provider is licensed as a Class CNA (non-ambulatory) facility for 20 residents with programs in developmentally disabled, terminally ill, traumatic brain injury, advanced aged, irreversible dementia/Alzheimer's and physically disabled. On the day of survey, the census was 18.

On 12/17/2025, at approximately 12:30 PM, Surveyors toured the facility and observed the following:

- A caregiver took a cleaning cart to resident rooms on the opposite side of the facility, while Surveyors were touring. S/He was emptying trash cans. When Surveys toured this side of the facility, many rooms were in disarray with trash stacked up and filled bags left in the common hallways on the floors. Bed coverings were missing from several resident rooms. Carpeted floors in resident rooms had pieces of trash and debris.

- The floors throughout facility were dirty. The common hallways were laminate vinyl tile and had visible footprints along the stretches of hallway.

- A mop bucket filled with dirty brownish water was in the common hallway near the laundry room. The bucket sat there during the entire duration of the survey.

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N 481	Continued From page 5 - A laundry hamper filled with clothes was in the common hallway, outside of the laundry room. It was observed there at approximately 12:45 PM and stayed there until approximately 2:45 PM. Resident rooms had laundry hampers filled, some overflowing with clothing. -The trash can in the activities room contained trash and did not have a trash bag. Trash was on the outside of the can on the floor. The floor contained white and clear drops of unknown substances around the trash can. The desk next to the trash can had dirt and debris on top of it. Resident 2's room had a laundry hamper filled with clothing, some of which had fallen onto the ground due to the hamper being full. On top of the clothes inside the hamper was a pillow with no case and tears in it, exposing the inner material. - Windows were opened to the outside in Resident 10's room. The room was cold, as the temperature outside was approximately 35° Fahrenheit (F). An incontinence brief was on the floor of the room underneath a stool leg, and other pieces of dirt and debris covered the carpet. On 12/17/2025, at approximately 12:30 PM, Surveyors interviewed Resident 11. Resident 11 resided in a room 2 doors over from Resident 10's room. Resident 11 reported being cold. Surveyors inquired how often Resident 11's room gets cleaned and s/he reported s/he did not know. S/He could not recall the last time her/his room had been cleaned.	N 481		
{N 489}	83.44(2)(a) Rooms clean and free from odors.	{N 489}		

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{N 489}	Continued From page 6 The CBRF shall keep all rooms clean and shall make reasonable attempts to keep all rooms free from odors. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure resident rooms were clean and free from odors for 5 of 18 resident rooms observed. Rooms had not been cleaned, vacuumed and there were pungent urine-like odors present. This is a repeat deficiency. See Statement of Deficiency I41E11, dated 09/25/2025. Finding include: On 12/17/2025, at approximately 12:38 PM, Surveyors toured the facility and observed the following: Resident 1's room -Had a pungent urine-like odor. -Had a pungent urine-like odor outside the room. -Bathroom floor contained streaks of black and grey which appeared to be consistent with mud. Resident 2's room -Shower was filled with boxes. -Fly sticky traps hanging from ceiling. -Trash bag filled with miscellaneous trash with medical gloves hanging out was sitting on table. Resident 4's room -Had a pungent urine-like odor. Resident 5's room -Carpet had not been vacuumed. -3 packs of bladder control pads were near exit of bedroom door.	{N 489}		

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{N 489}	Continued From page 7 Resident 7's room -Bathroom floor contained streaks of black and grey which appeared to be consistent with mud. -Bathroom wastebasket was full and did not have a bag. -Toilet plunger was in the shower. Resident 8's room -Had a pungent urine-like odor. -Bathroom toilet was filled with urine. -Bathroom floor was dirty. -Carpet had not been vacuumed. -Wastebasket was full with miscellaneous trash including soiled incontinence brief. On 12/17/2025, at approximately 1:03 PM, Surveyors interviewed Licensee A. Surveyors asked Licensee A if s/he could smell the pungent urine-like odor and Licensee A stated "I can smell it in the hallway." Licensee A reported caregivers were responsible to ensure routine housekeeping was conducted.	{N 489}		
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 that cleaning compounds, polishes, insecticides and toxic substances were stored in a secure area, which had the potential to affect 18 of 18 residents. The laundry room, cleaning supply storage closet, and common	N 499		

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N 499	Continued From page 8 bathroom were unsecured throughout the survey and contained various toxic substances. Findings include: The facility was licensed as a class CNA (non-ambulatory) community based residential facility (CBRF), serving up to 20 residents in the client groups traumatic brain injury, advanced age, physically disabled, public funding, developmentally disabled, terminally ill, and irreversible dementia/ Alzheimer's. On 12/17/2025, at 12:38 PM, Surveyors toured the facility and observed the following: The laundry room door was open and unsecured. A sign was posted on the outside of the door which stated, "Keep Door Locked At All Times :)." Inside the laundry room were the following items: - 1 can of Febreze air mist. - 1 bottle of Clorox bleach. - 1 bag of laundry power pacs. - 1 gallon of Shout triple-acting. - 1 bottle of Equate hand sanitizer. - 1 bottle of Folex instant carpet spot remover. - 1 bottle of ChemWorx 256Worx disinfectant detergent. - 1 bottle of Kroger all purpose ammonia. - 1 bottle of Zest simply ocean wave body wash. - 1 gallon of paint. - 1 box of dryer sheets. The cleaning supply closet door was unsecured. A sign was posted on the outside of the door which stated, "Keep Door Locked At All Times :)." A sign was posted on the inside of the door which stated, "This door must remain CLOSED and LOCKED at all times." Inside the closet were the following items:	N 499		

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- 2 cans of Lysol disinfectant spray.
- 2 bottles with a handwritten label, "Member's Mark Lemon Scented Disinfectant."
- 3 cans of foaming glass cleaner.
- 1 can Seventh Generation disinfectant spray.
- 3 bottles of Lysol toilet bowl cleaning gel.
- 1 - 210 fluid ounces (fl oz) bottle of Fabuloso multi-purpose cleaner.
- 2 bottles of Drug Buster drug disposal system.
- 1 container of Spectracide weed and grass killer.
- 2 bottles of Member's Mark disinfectant - commercial grade.
- 1 bottle of Clorox bleach.
- 11 bottles of Member's Mark oven, grill and fryer cleaner.
- 5 bottles of glass and multi-surface cleaner.
- 2 containers of auto dishwasher pacs.
- 1 box of laundry power pacs.
- 2 bottles of hand sanitizer 70% alcohol antiseptic.
- 7 bottles of Purell advanced hand sanitizer foam.
- 1 can of Minwax stain and poly.

In the dining room was a common use bathroom and it contained 1 can of air freshener spray.

Throughout the survey, from 12:20 PM - approximately 4:45 PM, the doors to the laundry room and closet remained unsecured, including when not in use. Residents were observed freely walking around the facility. Staff were observed walking in an out of both doors and were not securing the doors.

On 12/17/2025, at approximately 2:30 PM, Surveyors interviewed Licensee A. Licensee A confirmed the above cleaning supplies and toxic compounds were unlocked in the

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N 499	Continued From page 10 above-mentioned locations. Licensee A stated cleaning supplies and toxic compounds should be always locked.	N 499		