STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018856	A. BUILDING: _____ B. WING _____	C 06/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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 000	Initial Comments On 06/22/2026, Surveyors conducted a standard survey and complaint investigation at Artisan Assisted Living & Memory Care. An additional onsite visit was conducted on 06/23/2026 with information gathered through 06/26/2026. As a result, 4 deficiencies were identified. Two (2) of 2 complaints were unsubstantiated. Census: 41	N 000		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure Resident 1 and Resident 2's individual service plans (ISP) were updated annually or when there was a change in their needs or physical condition. Resident 1's ISP was not updated to include changes in bathing, eating, diet and hospice	N 389		

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

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services or specific nighttime toileting needs.

Resident 2's ISP was not updated annually or upon changes in condition to include changes in bathing and hospice services.

Findings include:

On 06/22/2026, Surveyors conducted a complaint investigation and standard survey at the facility. A sample of residents was selected including the records of Resident 1 and Resident 2. Surveyor reviewed Resident 1 and Resident 2's record and the following was noted:

RESIDENT 1:

Resident 1 was admitted to the facility on 06/20/2022 with diagnoses to include but not limited to, vascular dementia, hypertension, congestive heart failure, stage 3 chronic kidney disease, pneumonitis due to inhalation of other solids and liquids (lung inflammation caused by breathing foreign materials down the trachea into the lungs), cerebral infarction and hemiplegia and hemiparesis following cerebral infarction affecting right dominant side. Resident 1 has an activated healthcare power of attorney (POA) and managed care organization (MCO).

Resident 1's ISP dated 07/30/2025 reflects s/he is on hospice, requires total assistance for activities of daily living, s/he "needs some supervision," uses a wheelchair for ambulation, needs assistance with medication administration and communicating his/her needs. The ISP read in part:

-- "Nutrition/Eating - pureed diet - NAS [sic] - honey thickened liquids. Resident eats

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independently in room on TV tray. Lip plate and built-up utensils."

-- "Special diet - ... pureed NAS diet, honey thickened liquids. Staff assist as needed."

-- "Chewing, Choking & Swallowing Difficulty - ... has difficulty swallowing d/t post CVA [sic] ..."

-- "Bathing - Hospice provides total assistance for a shower - 1x weekly. Takes a long time to complete shower task - do not rush."

-- "Toileting & Elimination - ... lets staff know when [s/he] needs assistance to use the bathroom comes out into common area and gets staff ... continent of B & B [sic] - occasional accidents. Wears Depends. Able to make needs known despite non-verbal communication. Staff anticipates asked [sic] what [s/he] normally needs."

-- "Other - Sleeps in recliner nightly."

-- "Ambulation - ... uses wheelchair for mobility able to propel self with [his/her] left leg - staff assist with longer distances ...1 person assist with gait belt to transfer. Balance fair - uses grab bars in bathroom to pivot." (Surveyor note: There are also handwritten notes alongside this area of need which state "in bathroom w/grab bar" with a line pointing to and following "1 person assist with gait belt to transfer" as noted above and another note "transfer w/sit-to-stand.")

-- "Nursing care procedures - [Hospice A] - comfort care."

-- "Maturation - ... alert and oriented - mildly forgetful - non-verbal says yep or yes. Staff

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anticipate needs." (Surveyor note: There was also a handwritten note stating "'Oh boy' or 'I tell you' or 'Yuk.'")

Review of Resident 1's observation notes from 04/01/2026 to 06/22/2026 reflected the following:

04/22/2026, 2:15 PM - "[Resident 1] is going to be discharged from [Hospice C] due to weight gain and no decline ..."

04/24/2026, 11:00 AM - "As of today [Resident 1] has graduated from [Hospice C] ..."

On 06/22/2026 at 10:20 AM and 5:05 PM, Surveyor interviewed Power of Attorney (POA) D who stated Resident 1 is continent of bladder and bowel and has occasional accidents due to "untimeliness of staff." S/he reported Resident 1 sleeps in a recliner chair at night due to congestive heart failure and requires full assistance from staff for activities of daily living. S/he discussed Resident 1 had a stroke in April 2013 and due to that has limited mobility on his/her right side. POA D stated, "[S/he] wears a brace on [his/her] right leg/ankle as [his/her] foot drops and [s/he] can't bare weight without it. Without the brace [his/her] foot would just turn." S/he reported Resident 1 wears the brace every day and staff need to remove it at night when s/he goes to bed. POA D confirmed Resident 1 is on a mechanical soft diet and discharged from hospice services in April 2026. S/he stated Resident 1 is also on 2-hour checks at night and staff are to toilet him/her if s/he is awake and/or presses his/her call light for assistance. POA D stated staff are not to wake Resident 1 up at night to toilet him/her.

While speaking with POA D, Surveyor observed

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Resident 1 eating an egg bite and self-propelling him/herself in a wheelchair with his/her left leg. Resident 1's right foot and leg were resting on the foot pedal of the wheelchair. S/he was wearing a leg brace on his/her right leg/ankle and s/he had limited mobility on his/her right side. Surveyor attempted to interview Resident 1 but was unsuccessful. S/he responded with "Oh yeah."

During an interview with Resident Assistant (RA) F on 06/22/2026 at 12:13 PM, s/he reported Resident 1 is showered on the AM shift on Tuesdays. RA F stated s/he is no longer on hospice but s/he continues to follow their shower schedule and provide them on Mondays or Tuesdays. S/he reported Resident 1 is often showered more than once per week due to bowel incontinence at times. RA F also confirmed Resident 1 is a choking hazard and is on a mechanical soft diet.

On 06/23/2026 at 12:40 PM, Surveyor observed Resident 1 in the dining room eating his/her lunch consisting of cut-up meatballs over egg noodles with gravy and cut-up carrots. S/he was using his/her left arm and hand to feed him/herself.

RESIDENT 2:

Resident 2 was admitted to the facility on 06/27/2023 with diagnoses to include but not limited to, vascular dementia with other behavioral disturbances, hypertension, depression atrial fibrillation, unspecified sequelae cerebral infarction (lingering physical, cognitive, or neurological disabilities that remain after a stroke), insomnia, acute respiratory failure, hypokalemia (low blood potassium level), stage 3 chronic kidney disease, overactive bladder, history of urinary tract infections and history of

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falls. Resident 2 has an activated healthcare power of attorney (POA) and managed care organization (MCO).

Resident 2's ISP dated 05/22/2025 reflects s/he is on hospice, requires total assistance for activities of daily living, s/he "needs some supervision," is non-ambulatory and uses a mechanical lift for transfers and Broda chair for ambulation, needs assistance with medication administration and communicating his/her needs. The ISP read in part:

-- "Nutrition/Eating - Pureed diet ... able to eat independently with [his/her] divider ..."

-- "Special diet - Pureed diet and honey thickened liquids."

-- "Chewing, Choking & Swallowing Difficulty - has swallowing difficulties - pureed diet and thin liquids - staff assist as needed ... monitor during meals."

-- "Bathing - Hospice assists [him/her] with a shower weekly. Daily bed baths by care staff."

-- "Toileting & Elimination - Staff assist Q2hrs [sic] and as needed with toileting needs - incontinent of bladder and bowels regularly - wears Depends. Check and change Q2hrs [sic] as needed."

-- "Other - Sleeps through the night - staff check repositions and changes Q2hrs [sic] and as needed."

-- "Maturation - ... alert limited verbal communication, smiles, frowns and makes appropriate facial expressions to communicate to staff likes/dislikes, etc."

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N 389	Continued From page 6 Review of Resident 2's observation notes and a note from 04/27/2026 at 11:45 AM reflected "[Resident 2] discharged from hospice care d/t [sic]extended prognosis." On 06/22/2026 at 3:15 PM, Surveyors observed Resident 2 laying in his/her bed with a fall mat on the floor next to his/her bed. There was a mechanical lift and Broda chair sitting in his/her room. Surveyors observed a strong odor of urine and uncleanliness in his/her room and his/her window was opened approximately 3 to 4 inches. Surveyor attempted to interview Resident 2 but was not successful. During an interview with Environmental Manager (EM) E on 06/22/2026 at 3:50 PM, s/he verified Resident 1 is no longer on hospice services and is on a mechanical soft diet and honey thickened liquids. EM E also acknowledged the strong odor of urine in Resident 2's room and stated "[S/he] is a heavy wetter. There is always a smell in [his/her] room. We've tried everything." S/he stated Resident 2 is on a 2-hour incontinence check and all residents are on 2-hour safety checks. On 06/23/2026 at 11:45 AM and 2:10 PM, during interviews with Regional Director (RD) B s/he acknowledged Resident 1 and Resident 2's ISP were not updated when they discharged from hospice services. RD B stated Resident 2 is incontinent of bladder and bowel and is a "very heavy wetter." S/he reported staff are required to "check and change" Resident 2 and any residents who are incontinent and have required changes every 2 hours. Surveyor inquired about Resident 1's current diet order and RD B reported they reached out to his/her physician to obtain a copy.	N 389		

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N 389	Continued From page 7 On 06/24/2026 at 2:09 PM, Surveyors sent an email to RD B requesting additional documentation to include Resident 1's current diet order. Surveyors requested the information be provided by end of day on 06/24/2026. On 06/24/2026 at 4:16 PM, Surveyors received a follow up fax with requested documentation from RD B. The documentation did not include Resident 1's current diet order. On 06/26/2026 at 9:34 AM, Surveyors interviewed RD B and Director I. RD B acknowledged Resident 1 and Resident 2's ISP were not updated annually and/or upon changes in condition. RD B also stated they still do not have a copy of Resident 1's current diet order from his/her physician. In Summary: - Resident 1's ISP was not updated when s/he discharged from hospice, there was a change in nutrition and diet from pureed to mechanical soft, bathing assistance needed from staff or include his/her specific nighttime toileting needs and/or preferences. - Resident 2's ISP was last updated on 05/22/2025. There were no updates to Resident 2's ISP annually or upon changes in condition related to his/her discharge from hospice and staff assistance s/he required for bathing. The provider did not ensure Individual Service Plans (ISP) were updated to reflect the needs and changes for two (2) of 2 residents reviewed. Cross Reference:	N 389		

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N 389	Continued From page 8 Y3244 CH 50.09(1)(L) Care	N 389		
N 450	83.41(2)(c) Nutrition: menus. Menus. 1. The CBRF shall make reasonable adjustments to the menu for individual resident ' s food likes, habits, customs, conditions and appetites. 2. The CBRF shall prepare weekly written menus and shall make menus available to residents. Deviations from the planned menu shall be documented on the menu. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not make the weekly menus available to residents. Findings include: The provider is licensed to serve up to 50 residents in the following client groups: physically disabled, advanced age, terminally ill and irreversible dementia/Alzheimer. On 06/22/2026 at 9:15 AM, Surveyor entered the facility and did not observe a weekly menu posted. Surveyor observed 3 separate dining rooms with white boards hanging on the wall. One of the dining rooms near the common living room contained a white board that was blank. Another dining room near the activity room contained a white board that reflected "Sunday, June 21, 2026 - Happy Father's Day" and listed "breakfast, lunch and supper" but did not include a menu and was blank. The last dining room on the opposite end of the building contained a whiteboard that read "Thursday, June 11, 2026" and listed the	N 450		

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following: breakfast: donut, cereal and fresh fruit; lunch: country fried steak, mashed potatoes, veggie and dessert; and dinner: stuffed pepper soup, breadstick and fresh fruit.

On 06/22/2026 at 10:20 AM, Surveyor interviewed POA D who stated there is no food menu posted for residents. S/he stated, "Staff will sometimes write the daily menu on the board, but not always."

On 06/22/2026 at 12:20 PM, Surveyor interviewed Resident Assistant (RA) F who confirmed the menu was not posted in the dining room near the activity room.

At 12:30 PM, Surveyor observed residents sitting in the dining room waiting for lunch. When they saw Surveyor looking at the empty white board, one of the resident's stated, "That is from yesterday." When Surveyor asked if they knew what they were having for lunch, several residents stated they did not know.

On 06/24/2026 at 4:15 PM, Surveyor interviewed RA G who reported it is the night shift staff's responsibility to write the daily food menu on the whiteboards in the dining rooms. S/he stated there is a food menu in the kitchen, but it is not posted for residents.

On 06/26/2026 at 9:34 AM, Surveyors interviewed Regional Director (RD) B and Director I who acknowledged Surveyor's concerns there was no weekly menu posted. RD B stated the daily menu should be written on the whiteboards and the weekly menu should also be hanging on the whiteboards in every dining room.

The provider did not make the weekly menus

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N 450	Continued From page 10 available to residents.	N 450		
N 452	83.41(3)(b) Food safety. Food safety. Whether food is prepared at the CBRF or off-site, the CBRF shall store, prepare, distribute and serve food under sanitary conditions for the prevention of food borne illnesses, including food prepared off-site, according to all of the following: 1. The CBRF shall refrigerate all foods requiring refrigeration at or below 40°F. Food shall be covered and stored in a sanitary manner. 2. The CBRF shall maintain freezing units at 0°F or below. Frozen foods shall be packaged, labeled and dated. 3. The CBRF shall hold hot foods at 140°F or above and shall hold cold foods at 40°F or below until serving. This Rule is not met as evidenced by: Based on record review, observation, and interview, the provider did not ensure all food requiring refrigeration was stored at or below 40°F (degrees Fahrenheit). Findings include: On 06/22/2026 at approximately 11:00 AM, Surveyor toured the kitchen. Surveyor observed the portable thermometer inside the refrigerator displayed a temperature of 55°F. Surveyor used a different portable thermometer to test the	N 452		

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N 452	Continued From page 11 refrigerator temperature; it also displayed a temperature of 55°F. Surveyor note: According to USDA Food Safety and Inspection Service, "For safety, it is important to verify the temperature of the refrigerator. Refrigerators should be set to maintain a temperature of 40°F or below. Some refrigerators have built-in thermometers to measure their internal temperature. For those refrigerators without this feature, keep an appliance thermometer in the refrigerator to monitor the temperature...Foods held at temperatures above 40°F for more than 2 hours should not be consumed." Source: https://www.fsis.usda.gov/food-safety/safe-food-handling-and-preparation/food-safety-basics/refrigeration. Retrieved 06/24/2026. On 06/23/2026 at 10:30 AM, Surveyor interviewed Regional Director (RD) B who said s/he was unaware the refrigerator temperature was above 40°F. RD B acknowledged Surveyor findings and switched out the refrigerator with a different one. On 06/25/2026, Surveyor reviewed a temperature log provided by RD B for June 2026. Surveyor noted temperatures of 41°F, 42°F, and 44°F.	N 452		
N 489	83.44(2)(a) Rooms clean and free from odors. 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 interviews, observations and record review, the provider did not ensure 6 of 6 resident	N 489		

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rooms were clean and free from odors.

Findings include:

On 06/22/2026 at approximately 1:00 PM, Surveyors toured the facility and observed the following:

Resident 2

At approximately 1:00 PM and 2:50 PM, Surveyors observed Resident 2's room.

Surveyors observed a strong urine like odor when entering Resident 2's room. Surveyors did not observe the physical source of the odor such as soiled items or visible waste. Surveyors returned to Resident 2's room at 2:50 PM and the urine-like odor continued to permeate the room.

Resident 1

At approximately 1:05 PM, Surveyors observed Resident 1's room.

Surveyors observed a strong urine like odor when entering Resident 1's room. Surveyors observed Resident 1's room to have a pile of soiled clothes on the floor. .

Resident 6

At approximately 1:09 PM, Surveyors observed Resident 6's room.

Surveyors observed a strong odor of uncleanliness and a white powdery substance on the floor in Resident 6's room. Surveyors observed Resident 6 walking through the substance and tracking it around the room.

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ARTISAN ASSISTED LIVING & MEMORY CARE	2723 LINEVILLE ROAD HOWARD, WI 54313

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N 489	Continued From page 13 Resident 6's bed was unmade with the bedding hanging off the bed onto the floor. Resident 3 At approximately 1:20 PM, Surveyors observed Resident 3's room. Surveyors observed a strong urine like odor when entering Resident 3's room. Surveyors observed Resident 3's room had a pile of soiled clothes on the floor. There were visible crumbs and other debris on the floor throughout the room. Resident 3's bed had a fitted sheet that appeared to have a large round soiled area, measuring 15" in diameter, no mattress pad and a thick comforter was at the foot of the bed on the floor. Resident 3's bathroom had a wastebasket overflowing with garbage and solied briefs, and the inside of the toilet bowl had a black like substance and appeared unclean. The area surrounding the base of the toilet was unclean and had a dried yellow substance resembling urine and other debris. Resident 5 At approximately 1:30 PM, Surveyors observed Resident 5's room. Surveyors observed a strong urine like odor when entering Resident 5's room. Surveyors observed a disposable incontinence pad rolled up and an inside out pair of disposable gloves on the floor next to Resident 5's bed. Resident 7 On 06/23/2026 at approximately 10:30 AM, Surveyor observed Resident 7's room.	N 489		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018856	A. BUILDING: _____ B. WING _____	C 06/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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N 489	Continued From page 14 Surveyor observed a strong urine like odor when entering Resident 7's room. Surveyor observed the windows to be wide open, allowing the outside air to enter the room. Surveyor observed Resident 7's powerchair seat had debris on it appearing like food particles. Resident 7's bed was made but Surveyor observed a strong urine like odor permeating from the bed. On 06/23/2026 at approximately 10:18 AM, Surveyors interviewed Housekeeper H who stated s/he works 5 days per week. Housekeeper L stated s/he is assigned 11 resident rooms which are required to be cleaned everyday as well as 1 hallway of resident rooms, empty garbage's and assist with light maintenance tasks. Housekeeper H stated s/he wipes down the surfaces in each room, vacuums, mops, cleans bathrooms and empties the garbage containers. Housekeeper H stated there are many days when residents' soiled bedding has not been changed after morning cares have been completed, as well as soiled clothing left on floors. On 06/23/2026 at approximately 1:30 PM, Surveyors interviewed Regional Director B (RD B) who acknowledged Surveyor's concerns regarding odors and cleanliness of resident rooms. RD B stated they use outside agency staff to fill vacancies and some of the agency staff have not completed the required job duties. RD B stated s/he will be overseeing that resident cares including laundry are being completed daily.	N 489		