STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012372	A. BUILDING: _____ B. WING _____	02/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARVINS MANOR II	839 DIVISION STREET HORICON, WI 53032

(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 02/05/2026 with information gathered through 02/09/2026, Surveyor conducted a standard licensing survey at Marvins Manor II, a CBRF in Horicon, WI. One deficiency of Chapter DHS 83 was identified. Census: 20	N 000		
N 386	83.35(3)(a) Comprehensive Individualized Service Plan Comprehensive individual service plan. Scope. Within 30 days after admission and based on the assessment under sub. (1), the CBRF shall develop a comprehensive individual service plan for each resident. The individual service plan shall include all of the following: 1. Identify the resident ' s needs and desired outcomes. 2. Identify the program services, frequency and approaches under s. HFS 83.38(1) the CBRF will provide. 3. Establish measurable goals with specific time limits for attainment. 4. Specify methods for delivering needed care and who is responsible for delivering the care. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure that within 30 days after admission, a comprehensive individual service plan (ISP) was developed for Resident 1, that identified his/her needs, program services and approaches, methods for delivering his/her needed	N 386		

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
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N 386	Continued From page 1	N 386		

care, and who was responsible for delivering the care.

Findings include:

On 02/05/2026 at approximately 9:00 AM, Surveyor observed Resident 1. Resident 1 was outside smoking a cigarette. Resident 1 went outside and returned inside independently. Surveyor noted Resident 1 to be wearing glasses and ambulating without an assistive device.

On 02/05/2026 at approximately 9:05 AM, Surveyor interviewed Resident 1. Resident 1 stated s/he moved into the facility around October 2025. S/he stated s/he was independent with many tasks, but staff provide standby, minimal hands-on assistance for bathing.

On 02/05/2026 Surveyor reviewed resident records. Resident 1 admitted to the facility on 10/30/2025 with diagnosis including anxiety, depression, and atrial fibrillation.

Resident 1's current ISP included the following "cares provided": bathing, dressing, eating, daily snacks, grooming, oral care, housekeeping, laundry, meals, and interaction.

Resident 1's ISP did not include the following: mobility and transfer status, vision and the use of glasses, or Resident 1's tobacco use.

On 02/05/2026 at approximately 3:45 PM, Surveyor interviewed Manager A. Surveyor asked if there had been a more recent ISP completed. Manager A stated that the ISP provided, recorded on 11/04/2025, was the only ISP that had been

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	0012372	A. BUILDING: _____ B. WING _____	02/09/2026

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MARVINS MANOR II	**839 DIVISION STREET HORICON, WI 53032**

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N 386	Continued From page 2 completed. Manager A stated the 30-day ISP review had been on his/her to do list, and that s/he was combining it with a change of condition review, because Resident 1 was recently admitted to hospice. On 02/09/2026 at 9:45 AM, Surveyor received an email from Manager A, who provided evidence of an ISP review that had been completed as the 30-day assessment, which was dated 12/05/2025. However, the ISP that Surveyor reviewed on 02/05/2026 while on site was the ISP being followed, and it was not comprehensive.	N 386		