STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019574	A. BUILDING: _____ B. WING _____	11/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FE ADULT HOME CARE	860 ROBIN DR SUN PRAIRIE, WI 53590

(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 11/14/2025, Surveyor conducted a standard survey at FE Adult Home Care, an AFH in Sun Prairie. Sixteen deficiencies were identified. Census: 2	M 000		
M 216	88.04(2)(a) RESPONSIBILITIES The licensee shall ensure that the home and its operation comply with this chapter and with all other laws governing the home and its operation. This Rule is not met as evidenced by: Based on observation, interview and record review, the provider did not ensure the home and its operation complied with all laws governing the home and its operation. Findings include: On 11/14/2025, Surveyor conducted a standard survey that resulted in 16 deficiencies. Concerns included the following: Environment: - The home was not clean, safe and well maintained. - The provider did not conduct fire drills semi-annually. - Fire extinguishers had not been inspected annually and 1 fire extinguisher did not meet the minimum rating requirement.	M 216		

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

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M 216	Continued From page 1 - Resident medication was not securely stored in the home. - Food was not stored in a sanitary manner. Employees: - Two of 2 employees were not tested for tuberculosis within 90 days prior to the start of providing care. - Two of 2 employees did not receive 15 hours of training within 6 months of hire and/or did not receive training in first aid or fire safety. Residents: - Two of 2 residents reviewed were not tested for tuberculosis within 90 days prior to admission or within 7 days of admission. - Two of 2 residents were not evaluated for their ability to evacuate the home using the department's form. - Two of 2 residents did not have resident rights and the provider's grievance procedure reviewed with their legal guardians before or at the time of admission. - Two of 2 residents did not have their legal guardians involved with the development of their individual service plans (ISP). - Two of 2 residents reviewed had not had their ISPs reviewed in 2 years. - Two of 2 residents reviewed did not have their health monitored and documented. - One of 2 residents reviewed did not have his/her medication administration accurately documented. - Two of 2 residents reviewed did not have a physician order permitting the provider's staff to administer their medications.	M 216		

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M 216	Continued From page 2 On 11/14/2025 at approximately 9:45 a.m., Surveyor reviewed environmental, employee and resident concerns with Manager A. As Surveyor explained concerns, Manager A asked questions about the requirements and made note of Surveyor's concerns. Cross Reference: M0232 DHS 88.04(2)(g)1. Health Screening For Staff M0244 DHS 88.04(5) Training - 15 Hours Within 6 Months M0276 DHS 88.05(3)(a) Homelike Environment M0332 DHS 88.05(4)(a) Fire Safety - Fire Extinguishers M0344 DHS 88.05(4)(d)2.a. Fire Safety Evacuation Plan Review M0348 DHS 88.05(4)(d)2.c. Semi-Annual Fire Drills M0380 DHS 88.06(2)(a) Admission - Health Exam M0402 DHS 88.06(2)(c)8. Resident Rights And Grievance M0406 DHS 88.06(3)(b) Persons Involved With ISP & Assessment M0424 DHS 88.06(3)(f) Review Of ISP M0448 DHS 88.07(2)(b)5. Monitoring Health M0458 DHS 88.07(3)(a) Prescription Medications M0464 DHS 88.07(3)(d) Medication - Written Order M0466 DHS 88.07(3)(e)1. Medication - Record Keeping	M 216		
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	M 232		

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M 232	Continued From page 3 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 2 of 2 caregivers reviewed were tested for tuberculosis within 90 days before the start of providing service. Caregiver B and Caregiver C did not have a tuberculosis test completed upon hire. Findings include: On 11/14/2025 at approximately 9:10 a.m., Surveyor reviewed employee records provided by Manager A. Records documented the following: - Caregiver B was hired on 12/09/2024. Caregiver B's record included documentation of a communicable disease screen, dated 12/04/2024. - Caregiver C was hired on 11/12/2023. Caregiver C's record included documentation of a communicable disease screen, dated 11/12/2023. On 11/14/2025 at approximately 9:30 a.m., Surveyor interviewed Manager A. Surveyor asked if Caregiver B and Caregiver C had a tuberculosis test completed at the time of hire or within the past 12 months of hire. Manager A replied, "No,"	M 232		

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M 232	Continued From page 4 and explained that the provider only completed a communicable disease screen for staff.	M 232		
M 244	88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS The licensee and each service provider shall complete 15 hours of training approved by the licensing agency related to health, safety and welfare of residents, resident rights and treatment appropriate to residents served prior to or within 6 months after starting to provide care. This training shall include training in fire safety and first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 caregivers reviewed received 15 hours of training, including fire safety and first aid prior to or within 6 months of hire. Caregiver B had not received 15 hours of training prior to or within 6 months of hire and had not received training in first aid or fire safety. Caregiver C had not received training in first aid. Findings include: On 11/14/2025 at approximately 9:10 a.m., Surveyor reviewed employee records provided by Manager A. Records documented the following:	M 244		

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M 244	Continued From page 5 - Caregiver B was hired on 12/09/2024. Caregiver B's record documented 12 hours of training within the first 6 months. Documentation did not include training for first aid. - Caregiver C was hired on 11/12/2023. Caregiver C's record did not include training for first aid. On 11/14/2025 at approximately 9:30 a.m., Surveyor interviewed Manager A. Surveyor asked if Caregiver B and Caregiver C had documentation of additional trainings completed prior to hire or within the first 6 months of hire, including training for first aid and fire safety. Manager A reviewed his/her electronic records and was unable to obtain additional documentation. Manager A made note of training requirements.	M 244		
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 interview, the provider did not ensure the home was clean, safe and well-maintained. Findings include:	M 276		

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M 276	Continued From page 6 On 11/14/2025 at approximately 9:30 a.m., Surveyor toured the provider's home with Caregiver C and identified the following concerns: - The patio door, which was identified as an emergency exit, exited to a cement slab that was blocked in by grills/smokers, trees and shrubs. There was not a pathway to walk away from the home. - A drawer was missing in an upper-level bathroom used by Resident 2. Caregiver C was unsure how long the drawer had been missing. - A register in the upper level hallway was covered in rust. - Both drawers beneath the kitchen sink were missing. - The drawers and cabinets in the kitchen and the wall in the kitchen had hardened food particles and liquid on the surface. - The wood floors in the main level had food particles and dust scattered throughout the kitchen, dining and living room area. There was black build up where the floor and trim meet. - A distinct smell of urine was smelt immediately upon entering the home and a distinct smell of body odor was smelt in Resident 2's room. On 11/14/2025 at approximately 9:45 a.m., Surveyor reviewed environmental concerns with Manager A. Manager A was unsure how long the upper level bathroom drawer had been missing, but stated the kitchen drawers had been missing for approximately 1 month. Manager A stated the residents were incontinent at times, but s/he didn't smell an odor of urine. Caregiver C stated Resident 1 refused his/her showers at times, but wasn't sure why his/her room would have smelt like body odor. Manager A made note of the additional	M 276		

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M 276	Continued From page 7 environmental concerns identified.	M 276		
M 332	88.05(4)(a) FIRE SAFETY-FIRE EXTINGUISHERS Fire extinguishers. Every adult family home shall be equipped with one or more fire extinguishers on each floor. Each required fire extinguisher shall have a minimum 2A, 10-B-C rating. All required fire extinguishers shall be mounted. A fire extinguisher is required at the head of each stairway and in or near the kitchen except that a single fire extinguisher located in close proximity to the kitchen and the head of a stairway may be used to meet the requirement for an extinguisher at each location. Each required fire extinguisher shall be maintained in readily usable condition and shall be inspected annually by the authorized dealer or the local fire department and have an attached tag showing the date of the last dealer or fire department inspection. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure each floor of the home was equipped with a fire extinguisher with a minimum 2A, 10-B-C rating and that each fire extinguisher had been inspected annually. Findings include:	M 332		

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M 332	Continued From page 8 On 11/14/2025 at approximately 9:30 a.m., Surveyor toured the provider's home. The home is a tri-level home with a basement. Surveyor observed 2 fire extinguishers on the main floor and upper floor had an inspection date of June 2024. Surveyor did not observe a fire extinguisher on the lower level. Surveyor observed a fire extinguisher with a rating of 1-A 10-B-C in the basement, which did not have an inspection tag. On 11/14/2025 at approximately 9:45 a.m., Surveyor reviewed concern with Manager A that fire extinguishers were not inspected within the past year and 1 of 3 fire extinguishers did not meet the minimum rating. Manager A wrote down Surveyor's concern.	M 332		
M 344	88.05(4)(d)2.a FIRE SAFETY EVACUATION PLAN REVIEW The licensee shall review the fire safety evacuation plan with each new resident immediately following placement and shall evaluate the resident using a form provided by the department to determine whether the resident is able to evacuate the home without any help within 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents reviewed were evaluated, using the department's form, immediately following placement to determine whether they could evacuate the home without any	M 344		

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M 344	Continued From page 9 help within 2 minutes. Resident 1 and Resident 2 had not been evaluated for evacuation using the department's form. Findings include: On 11/14/2025 at approximately 8:15 a.m., Surveyor reviewed resident records provided by Caregiver B. Records documented the following: - Resident 1 was admitted to the provider's facility on 11/12/2023 with diagnosis of autism. Resident 1 had a legal guardian. Resident 1's record did not include an evacuation assessment, using the department's form. - Resident 2 was admitted to the provider's facility on 11/12/2023 with diagnosis of autism. Resident 2 had a legal guardian. Resident 2's record did not include an evacuation assessment, using the department's form. On 11/14/2025 at approximately 9:45 a.m., Surveyor reviewed concern with Manager A that Resident 1 and Resident 2's records did not include an evacuation assessment using the department's form. Manager A stated s/he was not familiar with the form.	M 344		
M 348	88.05(4)(d)2.c SEMI-ANNUAL FIRE DRILLS The licensee shall conduct semi-annual fire drills with all household members with written documentation of the date and the evacuation time for each drill maintained by the home.	M 348		

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M 348	Continued From page 10 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure fire drills were conducted semi-annually. The provider conducted 1 fire drill in 2024. Findings include: On 11/14/2025 at approximately 8:00 a.m., Surveyor reviewed environmental records provided by Caregiver B. Records documented the following fire drills in the past 2 years: - 02/06/2024 at 11:00 a.m. with an evacuation time of 6 minutes. - 07/18/2025 at 1:13 p.m. with an evacuation time of 4 minutes. On 11/14/2025 at approximately 9:45 a.m., Surveyor reviewed concern with Manager A that the provider had not conducted semi-annual fire drills in 2024. Manager A stated the licensee was responsible for conducting fire drills and made note of the requirement for 2 fire drills per year.	M 348		
M 380	88.06(2)(a) ADMISSION-HEALTH EXAM Except as provided in subd. 2., the 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	M 380		

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M 380	Continued From page 11	M 380		

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 2 of 2 residents reviewed had been screened for communicable disease, including tuberculosis, within 90 days prior to admission to the home or within 7 days after admission.

Resident 1 and Resident 2 had not been tested for communicable disease, including tuberculosis, within 90 days prior to admission to the home or within 7 days after admission.

Findings include:

On 11/14/2025 at approximately 8:15 a.m., Surveyor reviewed resident records provided by Caregiver B. Records documented the following:

- Resident 1 was admitted to the provider's facility on 11/12/2023 with diagnosis of autism. Resident 1 had a legal guardian. Resident 1's record did not include a communicable disease screen, including tuberculosis test.
- Resident 2 was admitted to the provider's facility on 11/12/2023 with diagnosis of autism. Resident 2 had a legal guardian. Resident 2's record did not include a communicable disease screen, including tuberculosis test.

On 11/14/2025 at approximately 9:45 a.m., Surveyor reviewed concern with Manager A that

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M 380	Continued From page 12 Resident 1 and Resident 2's records did not include communicable disease screens, including tuberculosis tests. Manager A stated Resident 1 and Resident 2 were admitted from a private home setting and were not seen by a medical professional prior to admission.	M 380		
M 402	88.06(2)(c)8 RESIDENT RIGHTS AND GRIEVANCE A statement indicating that the resident rights and grievance procedures have been explained and copies provided to the resident and the resident's guardian or designated representative, if any. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents reviewed had a service agreement that included a statement that the resident rights and grievance procedures had been explained and copies provided to the residents' legal guardian. Resident 1 and Resident 2's service agreements did not include statements indicating the resident rights and grievance procedures were explained and copies provided to the legal guardians at the time of admission. Findings include: On 11/14/2025 at approximately 8:15 a.m., Surveyor reviewed resident records provided by Caregiver B. Records documented the following:	M 402		

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M 402	Continued From page 13 - Resident 1 was admitted to the provider's facility on 11/12/2023 with diagnosis of autism. Resident 1 had a legal guardian. Resident 1's record included a copy of resident rights that was only signed by the licensee. Resident 1's record did not include documentation of the grievance procedure being provided at the time of admission. - Resident 2 was admitted to the provider's facility on 11/12/2023 with diagnosis of autism. Resident 2 had a legal guardian. Resident 2's record included a copy of resident rights that was only signed by the licensee. Resident 2's record did not include documentation of the grievance procedure being provided at the time of admission. On 11/14/2025 at approximately 9:45 a.m., Surveyor reviewed concern with Manager A that Resident 1 and Resident 2's records did not include a statement indicating resident rights and the provider's grievance procedure were provided at the time of admission. Manager A reviewed resident records and acknowledged the resident rights forms were signed only by the licensee. Manager A printed off the grievance procedure and stated s/he would need to review the procedure with the guardians.	M 402		
M 406	88.06(3)(b) PERSONS INVOLVED WITH ISP & ASSESSMENT The individual service plan and written assessment shall be developed by the placing agency, if any, the service coordinator, if any, the licensee, the resident and the resident's guardian, if any and designated representative, if any,	M 406		

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M 406	Continued From page 14 with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 individual service plans (ISP) reviewed where developed with the legal guardians. Resident 1 and Resident 2's ISPs were not signed by their legal guardians to indicate involvement. Findings include: On 11/14/2025 at approximately 8:15 a.m., Surveyor reviewed resident records provided by Caregiver B. Records documented the following: - Resident 1 was admitted to the provider's facility on 11/12/2023 with diagnosis of autism. Resident 1 had a legal guardian. Resident 1's record included an ISP dated 11/12/2023 that was signed by the licensee only. - Resident 2 was admitted to the provider's facility on 11/12/2023 with diagnosis of autism. Resident 2 had a legal guardian. Resident 2's record included an ISP dated 11/12/2023 that was signed by the licensee only. On 11/14/2025 at approximately 9:45 a.m., Surveyor reviewed concern with Manager A that Resident 1 and Resident 2's ISPs did not document the involvement of their guardians. Manager A stated the guardians resided out of state.	M 406		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FE ADULT HOME CARE	860 ROBIN DR SUN PRAIRIE, WI 53590

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M 424	Continued From page 15	M 424		
M 424	88.06(3)(f) REVIEW OF ISP The individual service plan shall be reviewed at least once every 6 months by the licensee, the resident or the resident's guardian, the service coordinator, if any, the designated representative, if any, the placing agency with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This review is to determine continued appropriateness of the plan and to update the plan as necessary. A plan shall be updated, in writing, whenever the resident's needs or preferences change substantially or when requested by the resident or the resident's guardian. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 individual service plans (ISP) reviewed were reviewed at least once every 6 months by the licensee and the residents' guardian. Resident 1 and Resident 2's ISPs had not been reviewed since 11/12/2023. Findings include: On 11/14/2025 at approximately 8:15 a.m., Surveyor reviewed resident records provided by	M 424		

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M 424	Continued From page 16 Caregiver B. Records documented the following: - Resident 1 was admitted to the provider's facility on 11/12/2023 with diagnosis of autism. Resident 1 had a legal guardian. Resident 1's record included an ISP dated 11/12/2023. - Resident 2 was admitted to the provider's facility on 11/12/2023 with diagnosis of autism. Resident 2 had a legal guardian. Resident 2's record included an ISP dated 11/12/2023. On 11/14/2025 at approximately 9:45 a.m., Surveyor reviewed concern with Manager A that Resident 1 and Resident 2's ISPs had not been reviewed since 11/12/2023. Manager A confirmed s/he did not have an updated ISP for either resident and made a note to him/herself to update the ISPs.	M 424		
M 448	88.07(2)(b)5 MONITORING HEALTH Monitoring resident health by observing and documenting changes in each resident's health and referring a resident to health care providers when necessary. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents health was monitored. Resident 1 had not been seen by a physician since prior to 11/12/2023. Resident 2's record did not include changes in	M 448		

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M 448	Continued From page 17 his/her health that occurred on 04/06/2025. Findings include: On 11/14/2025 at approximately 8:15 a.m., Surveyor reviewed resident records provided by Caregiver B. Records documented the following: - Resident 1 was admitted to the provider's facility on 11/12/2023 with diagnosis of autism. Resident 1 had a legal guardian. Resident 1's record did not include any documentation of progress/observation notes or physician notes. - Resident 2 was admitted to the provider's facility on 11/12/2023 with diagnosis of autism. Resident 2 had a legal guardian. Resident 2's record did not include any documentation of progress/observation notes since 02/08/2024. Resident 2's record included an emergency room after visit summary, dated 04/06/2026, stating s/he was seen for a possible seizure. On 11/14/2025 at approximately 8:40 a.m., Surveyor interviewed Caregiver C. Caregiver C stated Resident 1 didn't always sleep at night and would become aggressive at times. Caregiver C stated Resident 2 would become aggressive at times, particularly when s/he didn't want to take a shower. Caregiver C stated Resident 2 also had a history of hitting him/herself in the face. On 11/14/2025 at approximately 9:45 a.m., Surveyor asked Manager A if there was any documentation of medical appointments or monitoring of Resident 1 and Resident 2's health. Manager A stated neither Resident 1, nor Resident 2 had been seen by a routine physician since admission. Manager A stated the only time one of	M 448		

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M 448	Continued From page 18 the residents had been seen by a physician was when Resident 2 was observed with his/her eyes rolling back, 911 was called and s/he was evaluated at the emergency room on 04/06/2025. Manager A stated s/he did not have any additional documentation regarding the incident other than the emergency room summary. Manager A stated the residents had not had any illnesses or injuries that required any medical visits and that caregivers did not document behavioral concerns.	M 448		
M 458	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be securely stored, shall remain in its original container as received from the pharmacy and be stored as specified by the pharmacist. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure medications were securely stored. Resident medication was stored in an unlocked cabinet. Findings include:	M 458		

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M 458	Continued From page 19 The provider is licensed to serve up to 3 residents with diagnoses including advanced age, developmentally disabled and traumatic brain injury. On 11/14/2025, Surveyor observed 2 ambulatory residents present in the home with diagnoses including autism. On 11/14/2025 at approximately 8:30 a.m., Surveyor requested to review resident medications with Caregiver B. Surveyor observed Caregiver B open an unlocked cabinet and pull-out resident medications. Surveyor asked Caregiver B if the cabinet was typically kept locked. Caregiver B replied, "No," and explained that the key was broke inside the lock. On 11/14/2025 at approximately 9:45 a.m., Surveyor reviewed concern with Manager A that medications were stored unsecured. Manager A turned to Caregiver C to question whether it was true that the lock was broke. Caregiver C nodded his/her head in agreement.	M 458		
M 464	88.07(3)(d) MEDICATION- WRITTEN ORDER Before the licensee or service provider dispenses or administers a prescription medication to a resident, the licensee shall obtain a written order from the physician who prescribed the medication specifying who by name or position is permitted to administer the medication, under what circumstances and in what dosage the medication is to be administered.	M 464		

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M 464	Continued From page 20 The licensee shall keep the written order in the resident's file. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents reviewed had an order from their physician permitting the provider's staff to administer medications. The provider did not have an order permitting the home's staff to administer Resident 1 and Resident 2's medications. Findings include: On 11/14/2025 at approximately 8:15 a.m., Surveyor reviewed resident records provided by Caregiver B. Records documented the following: - Resident 1 was admitted to the provider's facility on 11/12/2023 with diagnosis of autism. Resident 1 had a legal guardian. Resident 1's record indicated the provider's staff administered his/her medications. Resident 1's record did not include a physician order permitting the home's staff to administer medications. - Resident 2 was admitted to the provider's facility on 11/12/2023 with diagnosis of autism. Resident 2 had a legal guardian. Resident 2's record indicated the provider's staff administered his/her medications. Resident 2's record did not include a physician order permitting the home's staff to administer medications. On 11/14/2025 at approximately 9:45 a.m., Surveyor asked Manager A if s/he had obtained a	M 464		

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M 464	Continued From page 21 physician order permitting the home's staff to administer medications for Resident 1 and Resident 2. Manager A replied, "No." Manager A stated s/he had heard about an order to administer medications, but wasn't sure if the provider needed it.	M 464		
M 466	88.07(3)(e)1 MEDICATION- RECORD KEEPING The licensee shall keep a record of all prescription medications controlled, dispensed or administered by the licensee which show the name of the resident, the name of the particular medication, the date and time the resident took the medication and errors and omissions. The medication controlled by the licensee shall be kept in a locked place. This Rule is not met as evidenced by: Based on observation, interview and record review, the provider did not ensure 1 of 2 residents reviewed had accurate documentation of the administration of their medications. Resident 1's Medication Administration Record (MAR), did not document the administration of his/her Sertraline and documented administration of Trazadone 50 mg PRN that was not available. Findings include: On 11/14/2025 at approximately 8:30 a.m., Surveyor reviewed Resident 1's medications.	M 466		

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M 466	Continued From page 22 Surveyor observed the following discrepancies: - Resident 1's medication supply included Sertraline 100 mg 1.5 tablets in a punch card that indicated 14 days had been administered in November. Resident 1's MAR, dated 11/01/2025 to 11/14/2025, did not document the administration of the Sertraline. - Resident 1's MAR documented administration of Trazadone 50 mg as needed daily from 11/01/2025 to 11/14/2025. Resident 1's medication supply did not include Trazadone 50 mg. On 11/14/2025 at approximately 8:45 a.m., Surveyor reviewed Resident 1's MAR and medication supply discrepancies with Manager A. Manager A stated Resident 1's Sertraline was administered, but not documented in error. Manager A stated Resident 1 did not have a PRN medication, so the Trazadone 50 mg documentation was also an error.	M 466		
M 474	88.07(4)(c) FOOD PREPARED AND STORED SANITARY WAY Food shall be prepared and stored in a sanitary manner. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure food was stored in a sanitary manner. Findings include:	M 474		

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M 474	Continued From page 23 On 11/14/2025 at approximately 9:30 a.m., Surveyor made observations in the provider's kitchen and identified the following concerns: - The provider's oven had grease build up on the door and burnt food residue on the bottom of the oven. - There was a Ziploc bag of spaghetti squash with gray and white speckles on it. - There was an unsealed Ziploc bag with a bagel in it. - There were plastic food containers with condensation build up that were not identified or dated. - There were lunch meat containers with "Use By" dates of 09/10/2025, 10/07/2025 and 10/25/2025. - The shelves and drawers of the refrigerator and freezer had food crumbs and hardened liquid on them. As Surveyor observed food items in the refrigerator, Caregiver C stated some food was for staff and some food was for residents. Caregiver C confirmed food was not labeled to determine whether it was for residents versus staff. "Date marking is a way to control the growth of a bacteria called Listeria, which grows under refrigeration and is the third leading cause of death from foodborne illness in the United States." (Source: Wisconsin Food Code Fact Sheet, Date Marking of Ready-to-Eat Time-Temperature Control for Safety Foods, April 2022) On 11/14/2025 at approximately 9:45 a.m., Surveyor reviewed food storage concerns with Manager A. Manager A made note of Surveyor's	M 474		

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M 474	Continued From page 24 concerns.	M 474		