Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0018396	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMEIRA ORCHIDS ASSISTED LIVING	**10401 WEST BRADLEY ROAD , MILWAUKEE, Wisconsin, 53224**

(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) COMPLETION DATE
N0000	Initial Comments On 09/01/2026 with information gathered through 09/02/2026, Surveyor conducted a complaint investigation at Ameira Orchids. One deficiency was identified. One complaint was substantiated. Census: 47	N0000		
N0352	Rights of Residents: Receive medication 83.32(3)(h) 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 LICENSURE REQUIREMENT is NOT MET as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident reviewed (Resident 1) received medications in the dosage and at intervals prescribed by the practitioner. Resident 1 did not receive 12 medications as prescribed 08/01/2026 -08/31/2026. This requirement is being cited for a third time. See Statement of Deficiency (SOD) 7DFW11, dated 05/05/2025 and SOD 7DFW12, dated 02/09/2026. Findings include: The Department received a complaint on 08/12/2026 alleging residents did not receive medications as prescribed by a physician.	N0352		

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

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N0352	Continued from page 1 On 09/01/2026, at 11:30 AM, Surveyor reviewed resident records and identified the following: Resident 1 was admitted on 11/15/2024. Surveyor reviewed Resident 1's medication administration record (MAR), dated August 2026, which indicated Resident 1 was prescribed medications which included Clopidogrel 75 milligrams (mg) tablet: take 1 tablet daily, Metformin HCL 500 mg tablet: take 1 tablet every morning and take 1 tablet every evening, FT Mucus Relief ER 600 mg tablet: take 2 tablets twice daily, polyethylene Glycol 3350 powder: take 17 grams by mouth once daily, Atorvastatin 80 mg tablet: take 1 tablet by mouth at bedtime, Acetaminophen 500 mg caplet: take 2 caplets 3 times daily, hydrochlorothiazide 25 mg tablet: take 1 tablet by mouth once daily, Simvastatin 20 mg tablet: take 1 tablet at bedtime, Lidocaine 5% patch: place 1 patch onto the skin every morning, remove patch 12 hours after applying, atorvastatin 80 mg tablet: take 1 tablet every night at bedtime, Lisinopril 40 mg tablet: take 1 tablet every night at bedtime, Metformin HCL 500 mg: take one tablet by mouth every morning and take 1 tablet by mouth every evening. Resident 1's August 2026 MAR indicated the following: Clopidogrel 75 mg tablet, 8:00 AM Dose -08/01/2026 - 08/31/2026 - "Refused" 18 days and "not available" 13 days Metformin HCL 500 mg tablet, 8:00 AM dose -08/01/2026 - 08/31/2026 - "Refused" 04 days and "not available" 5 days FT Mucus Relief ER 600 mg tablet, 8:00 AM dose -08/01/2026 - 08/31/2026 - "Refused" 11 days and "not available" 19 days FT Mucus Relief ER 600 mg tablet, 8:00 PM dose -08/01/2026 - 08/31/2026 - "Refused" 18 days and "not available" 10 days	N0352		

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N0352	Continued from page 2 Polyethylene Glycol 3350 powder, 8:00 AM dose -08/01/2026 - 08/31/2026 - "Refused" 19 days and "not available" 11 days Atorvastatin 80 mg tablet, 8:00 PM dose -08/01/2026 - 08/31/2026 - "Refused" 20 days and "not available" 08 days Acetaminophen 500 mg caplet, 8:00 AM dose -08/01/2026 - 08/31/2026 - "Refused" 18 days and "not available" 12 days Hydrochlorothiazide 25 mg tablet, 8:00 AM dose -08/01/2026 - 08/31/2026 - "Refused" 18 days and "not available" 12 days Simvastatin 20 mg tablet, 8:00 AM dose -08/01/2026 - 08/31/2026 - "Refused" 19 days and "not available" 08 days Lidocaine 5% patch, 8:00 AM dose -08/01/2026 - 08/31/2026 - "Refused" 19 days and "not available" 11 days Atorvastatin 80 mg tablet, 8:00 PM dose -08/01/2026 - 08/31/2026 - "Refused" 19 days and "not available" 08 days Lisinopril 40 mg tablet, 8:00 AM dose -08/01/2026 - 08/31/2026 - "Refused" 18 days and "not available" 12 days	N0352		

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N0352	Continued from page 3 Metformin HCL 500 mg, 8:00 AM dose -08/01/2026 - 08/31/2026 - "Refused" 07 days and "not available" 03 days Metformin HCL 500 mg, 8:00 PM dose -08/01/2026 - 08/31/2026 - "Refused" 2 days and "not available" 05 days On 09/01/2026, at approximately 1:45 PM, Surveyor interviewed Executive Director A, Human Resources Director B and Life Enrichment Director C. Executive Director A reported Resident 1 had been dis-enrolled in the community care program that included medications through Medicare and no longer had funding for their prescribed medications. [Resident 1's] family had taken them to the Emergency Department and obtained 2 medications through the hospital pharmacy which they gave to the facility to administer, but [Resident 1] routinely refuses their medication. The family reported the remaining medications would be refilled when they were able to make an appointment with [Resident 1's] primary physician. On 09/02/2026 at 11:30 AM Surveyors met with Licensee G, Executive Director A and Life Enrichment Director C. Licensee G reported understanding of facility being required to supply Resident 1's medications until Medicare re-enrollment was obtained.	N0352		