STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019973	A. BUILDING: _____ B. WING _____	R-C 07/22/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEULAHGENE ASSISTANT LIVING INC 1	1706 STONEBRIDGE RD WEST BEND, WI 53095

(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 07/20/2026, Surveyor conducted a verification visit at Beulahgene Assistant Living Inc 1. Additional information gathered through 07/22/2026. As a result of the survey, previous deficiencies were corrected, 2 new deficiencies have been identified. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 2	{M 000}		
M 230	88.04(2)(f) CONDITION WHICH REPRESENTS RISK OR HARM The licensee may not permit the existence or continuation of a condition in the home which places the health, safety or welfare of a resident at substantial risk of harm. This Rule is not met as evidenced by: Based on observation, record review and interview, the licensee permitted the existence or continuation of conditions in the home which placed the health, safety and welfare of residents at substantial risk of harm. Findings include: The facility is licensed to provide care for up to 4 ambulatory residents who may be emotionally disturbed/mental illness, physically disabled, advanced age, developmentally disabled, alcohol/drug dependent, traumatic brain injury, correctional clients, terminally ill and/or irreversible dementia/Alzheimer's.	M 230		

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

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M 230	Continued From page 1 On 07/20/2026 at 3:00 PM, Surveyor arrived at the home and observed mag locks on the front and back exit doors. Surveyor interviewed Caregiver C. Caregiver C confirmed both exit doors were equipped with mag locks. Caregiver C stated s/he believed there was a remote to engage/disengage the doors. Caregiver C stated the mag locks are used for Resident 1 when s/he is behavioral. Surveyor observed the back door to be engaged, and Surveyor unable to open. Caregiver C looked and located the remote and was able to demonstrate engaging/disengaging the door lock. Surveyor observed Resident 1 in his/her room playing Wii. Resident 1 is non-verbal. On 07/20/2026 at 4:00 PM, Administrator (ADM) A arrived at the home. ADM A stated they do not use the mag locks except for when Resident 1 is behavioral. Surveyor shared observation that the back door mag lock was engaged and Resident 1 was in his/her room playing a video game. ADM A stated s/he had the mag locks approved. ADM A stated s/he would look for the approval and send to Surveyor. On 07/21/2026 at 8:00 AM, Surveyor reviewed the facility folder. Surveyor observed a waiver for the mag locks in the home for Resident 1. The waiver stated "we have a non-verbal [male/female] who really need these locks for [his/her] safety." The waiver was dated 11/02/2024. Regional Director (RD) D sent an email on 11/18/2024 at 2:21 PM stating "The attached waiver request was reviewed at today's WAVE meeting. The team did not feel this is an acceptable intervention within an assisted living setting. Mag locks are considered a restrictive measure and essentially trap a resident within a space, which can become more dangerous.	M 230		

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M 230	Continued From page 2 Assisted living is meant to be less restrictive, homelike and not institutional. If the resident is locked within the home to prevent [him/her] from exiting, [s/he] may become violent and utilize that energy against other vulnerable residents or staff within the home. With what was outlined inside the behavioral support plan, it seems the needs of this resident may be exceeding what assisted living is able to safely provide." "The determination from the WAVE Committee was to deny this request." On 07/22/2026, Surveyor received an email from ADM A that stated, "All of these rules are conflicting and contradicting is [sic] you ask me. Because members have rights but at some point it should be about the safety of the member." The licensee permitted the existence or continuation of conditions in the home which placed the health, safety and welfare of residents at substantial risk of harm.	M 230		
M 298	88.05(3)(g) WINDOWS AND VENTILATION The home shall have ventilation for health and comfort. There shall be at least one window which is capable of being opened to the outside in each resident sleeping room and each common room used by residents. Windows used for ventilation shall be screened during appropriate seasons of the year. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure at least one window was capable of being opened to the outside in Resident 1's	M 298		

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M 298	Continued From page 3 sleeping room. Findings include: On 07/20/2026 at 3:00 PM, Surveyor toured the home and observed Resident 1's bedroom windows with Plexi glass over the windows. There was an approximate 2" slit in the Plexi glass. Caregiver C stated s/he normally doesn't work at this house and Surveyor needed to wait for Administrator (ADM) A to arrive. On 07/20/2026 at 4:00 PM, ADM A arrived at the house. ADM A stated the Plexi glass was covering the windows so Resident 1 couldn't break the windows. Surveyor asked if ADM A had an approved waiver for the Plexi-glass on the windows. ADM A acknowledged s/he did not submit a waiver. Surveyor shared ADM A could submit a waiver specifically for Resident 1. On 07/20/2026 at 3:30 PM, Surveyor reviewed the facility folder. There was not a waiver for the Plexi glass to cover Resident 1's window. The provider did not ensure at least one window was capable of being opened to the outside in Resident 1's sleeping room.	M 298		