STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019445	A. BUILDING: _____ B. WING _____	08/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIGHTER DAYS LLC	N91W16756 LAUREL LN MENOMONEE FALLS, WI 53051

(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 08/06/2025, Surveyor conducted a standard licensure survey at Brighter Days LLC. Three deficiencies were identified. Census: 4	M 000		
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, 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 the Individual Service Plan (ISP) for 2 of 2 residents (Resident 2, Resident 3) records reviewed were developed together with the placing agency, the person being admitted or person's guardian / designated representative and the provider. Findings include: On 08/06/2025, Surveyor reviewed Resident 2's and Resident 3's record. Resident 2 moved into the home, 10/14/2023, and was represented by Power of Attorney (POA) C and managed care organization (MCO) Care	M 406		

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

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M 406	Continued From page 1 Manager (CM) D. Resident 2's ISP, dated 02/17/2025, was not signed by POA C. Resident 3 moved into the home 09/2024 and was represented by POA E and MCO CM F.. Resident 3's ISP, dated 3/13/2025, was not signed by POA E. On 08/06/2025, at approximately 1:30 PM, Surveyor interviewed Licensee A. Surveyor asked if Resident 2's and Resident 3's representatives had been provided a copy of the ISP for their review and given the opportunity to sign the ISP to show agreement with the guidelines. Licensee A stated s/he had not forwarded them a copy of the ISP and would ensure they had the opportunity to review the ISP.	M 406		
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.	M 424		

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M 424	Continued From page 2	M 424		

This Rule is not met as evidenced by:
Based on observation, record review and interview, the provider did not ensure 2 of 2 resident's Individual Service Plan (ISP) was reviewed when s/he experienced a change of condition.

Resident 2's ISP did not document that s/he displayed behaviors regarding bathing.
Resident 3's ISP did not document that s/he required sit-by assist with meals occasionally.

Findings include:

On 08/06/2025, Surveyor reviewed Resident 2's and Resident 3's record.

Example 1: Resident 2

Resident 2 moved into the home 10/14/2023.

Resident 2's June 2025 "Shower Log" documented s/he received a shower on 06/18, 06/22 and 06/27. The other days documented "refused" or "no shower."

Resident 2's ISP, dated 02/17/2025, documented: "Bathing - Reminders: Sometimes needs reminders on bathing, [s/he] has been cooperative with staff."

On 08/06/2025, at approximately 1:30 PM, Surveyor interviewed Licensee A. Surveyor asked for clarification on how long Resident 2 would go without a shower. Licensee A stated Resident 2 had been refusing showers and that s/he had been working with staff on how to

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M 424	Continued From page 3	M 424		

approach Resident 2. Licensee A stated, "It is all about the approach. Use rationale, like you have family coming, you want to look nice, or you have a doctor's appointment. [S/he] will usually grumble but will say okay." Licensee A stated s/he would continue to educate staff on how to ensure Resident 2 received a shower at least weekly.

Example 2: Resident 3

On 08/06/2025, at approximately 12:27 PM, Surveyor overheard Caregiver B announce to the residents, who were finishing their lunch, that s/he was taking Resident 3 his/her lunch. Surveyor walked to Resident 3's room and observed him/her lying in his/her bed.

Resident 3 moved into the home 09/2024.

Resident 3's ISP, dated 3/13/2025, documented: "Wake up around 7 AM - 8 AM, once [s/he's] awake, [s/he] lays in bed. ... Once [s/he's] up, [s/he] sometime takes [his/her] meds, eat and watch church on tv."
"Nutritional Need: None"

On 08/06/2025, at approximately 1:30 PM, Surveyor interviewed Licensee A. Surveyor asked Licensee A if Resident 3 required assistance with his/her meals, since s/he did not join the other residents during mealtime. Licensee A stated, "It will depend on [Resident 3's] mood, sometimes [s/he] will eat independently, sometimes we will have to assist him/her. [Resident 3] will let us know what [s/he] prefers." Surveyor and Licensee A reviewed Resident 3's ISP and determined that the ISP did not identify that Resident 3 could be a sit-by assist with meals. Licensee A stated s/he would

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M 424	Continued From page 4 update Resident 3's ISP. On 08/06/2025, at approximately 1:45 PM, Surveyor discussed the concern that the resident ISPs were not available to staff, they were secured in the office that was accessible only by Licensee A. Licensee A stated s/he thought only the contact sheet for the residents needed to be available.	M 424		
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 securely store medications or store medications as specified by the pharmacist for 1 of 1 resident. Resident 1's refrigerated medications were not securely stored. Findings include: On 08/06/2025, at approximately 11:35 AM and	M 458		

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M 458	Continued From page 5 1:00 PM, Surveyor observed medications stored in an unlocked medication box inside the refrigerator. Surveyor observed Resident 1's Novolog FlexPen (insulin), quantity 6 pens, and Resident 1's Insulin Glargine, quantity 3 pens. On 08/06/2025, at approximately 1:30 PM, Surveyor interviewed Licensee A. Surveyor explained that medications were to be securely stored. Licensee A stated the medication box was lockable and would discuss with staff that it was to remain locked when not in use.	M 458		