STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015739	A. BUILDING: _____ B. WING _____	C 09/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHEL OAKS MEMORY CARE HOME	**620 S GARFIELD AVENUE VIROQUA, WI 54665**

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N 000	Initial Comments On 09/09/2026, Surveyor conducted a complaint investigation and standard survey at Bethel Oaks Memory Care Home. The complaint was substantiated. Five deficiencies were identified. One of five deficiencies was a repeat deficiency. See Statement of Deficiency EIC711, dated 10/31/2024. Census: 27	N 000		
N 277	83.25 Continuing education The administrator and resident care staff shall receive at least 15 hours per calendar year of continuing education beginning with the first full calendar year of employment. Continuing education shall be relevant to the job responsibilities and shall include, at a minimum, all of the following: (1) Standard precautions; (2) Client group related training; (3) Medications; (4) Resident rights; (5) Prevention and reporting of abuse, neglect and misappropriation; (6) Fire safety and emergency procedures, including first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 caregiver received at least 15 hours of continuing education in 2025. Findings include: On 09/09/2026, Surveyor requested to review a	N 277		

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

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N 277	Continued From page 1 sample of employee records. Caregiver D was the only employee who required continuing education in 2024 and 2025. Caregiver D had a hire date of 04/13/2022. The continuing education report reviewed indicated Caregiver D received 9.25 hours of continuing education in 2025. On 09/09/2026 at approximately 4:45 PM, Surveyor interviewed Manager A, Administrator B and Nurse C about the above hours. Nurse C confirmed Caregiver D did not receive 15 hours and Administrator B indicated Caregiver C worked "on-call" status in 2025 which is why s/he may not have completed the required training hours.	N 277		
N 302	83.28(4)(a) Resident health screening and documentation Resident health screening. 1. Within 90 days before or 7 days after admission, a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse shall screen each person admitted to the CBRF for clinically apparent communicable disease, including tuberculosis, and document the results of the screening. 2. Screening for tuberculosis and all immunizations shall be conducted using centers for disease control and prevention standards. 3. The CBRF shall maintain the screening documentation in each resident ' s record.	N 302		

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N 302	Continued From page 2 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 4 residents were screened for clinically apparent communicable disease, including tuberculosis (TB) within 90 days before or 7 days after admission. Findings include: On 09/09/2026, Surveyor reviewed a sample of resident records. Resident 1 had an admission date of 05/11/2026. The record contained a TB test, dated 06/25/2026. Resident 4 had an admission date of 03/27/2026. The record contained a chest x-ray, dated 07/12/2024. The chest x-ray results indicated the following: History: cough with sputum. Hx (history) of COPD. Findings: Clear lungs. Normal cardiac size. No pleural fluid. Large hiatal hernia. Thoracolumbar scoliosis. Degenerative changes in the shoulders. High riding left humeral head likely reflects chronic rotator cuff tear. Impression: No acute cardiopulmonary disease. On 09/09/2026 at approximately 4:30 PM, Surveyor discussed the above concern with Manager A, Administrator B, and Nurse C. Manager A stated s/he would ensure these were completed as required going forward.	N 302		

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N 352	Continued From page 3	N 352		
N 352	83.32(3)(h) Rights of Residents: Receive medication 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 Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 4 received prescribed medications in the dosage and at intervals prescribed by the practitioner. Findings include: On 06/04/2026, the Department received a complaint regarding resident care. On 09/09/2026, Surveyor reviewed Resident 1's record. Resident 1 had an admission date of 05/11/2026. Resident 1's record. The medication administration record (MAR) indicated Resident 1 missed the following medications: -05/12/2026: Apsirin 81mg (miligram) tablet scheduled at 9:00 AM -05/12/2026: Cetirizine 10mg tablet scheduled at 9:00 AM -05/12/2026: Ferrous Sulfate 325mg tablet scheduled at 9:00 AM -05/11/2026: Pantoprazole 20mg tablet scheduled at 8:00 PM -05/12/2026: Pantoprazole 20mg tablet scheduled at 9:00 AM	N 352		

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N 352	Continued From page 4 -05/12/2026: Potassium Chloride 20mEq 9:00 AM -05/11/2026: Propranolol 20mg tablet scheduled at 8:00 PM -05/12/2026: Propranolol 20mg tablet scheduled at 9:00 AM On 09/09/2026 at approximately 4:30 PM, Surveyor interviewed Manager A, Administrator B and Nurse C about the above missed medications. Manager A stated the pharmacy could not fill Resident 1's medications because insurance had already filled medicaitons through the discharging facility's pharmacy. Administrator B informed Surveyor staff notified him/her the following morning on 05/12/2026 and s/he went to the discharging facility and retrieved the medications immediately.	N 352		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on record review and interview, the	N 389		

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N 389	Continued From page 5 provider did not ensure 1 of 2 resident individual service plans (ISP) were reviewed annually. This is a repeat deficiency. See Statement of Deficiency EIC711, dated 10/31/2024. Findings include: On 09/09/2026, Surveyor reviewed a sample of resident records. Resident 4 had an admission date of 03/27/2025. The record did not contain evidence the ISP had been reviewed since admission. On 09/09/2026 at approximately 4:15 PM, Surveyor interviewed Manager A and asked who was responsible for ISP reviews and updates. Manager A stated the provider typically attempts to complete ISP reviews in person so signatures can be obtained timely. Manager A stated s/he would try to locate an updated/current ISP. When asked if Resident 4 had any changes since admission, Manager A stated Resident 4 did not have any significant changes, but was noted to have a decline in abilities. The provider did not provide evidence Resident 4's ISP had been reviewed annually.	N 389		
N 393	83.35(5)(a) Initial evaluation of evacuation limitations. Initial evaluation. The CBRF shall evaluate each resident within 3 days of the resident ' s admission to determine whether the resident is able to evacuate the CBRF within 2 minutes in an unsprinklered CBRF and 4 minutes in a sprinklered CBRF without any help or verbal or physical prompting, and what type of limitations	N 393		

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N 393	Continued From page 6 that resident may have that prevent the resident from evacuating the CBRF within the applicable period of time. A form provided by the department shall be used for the evaluation. The resident ' s evaluation shall be retained in the resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 4 resident's were evaluated within 3 days of admission to determine evacuation capabilities. Findings include: On 09/09/2026, Surveyor requested to review resident records. Resident 1 had an admission date of 05/11/2026. The record contained an evacuation assessment dated 06/04/2026. Resident 2 had an admission date of 06/15/2026. The record contained an evacuation assessment dated 06/24/2026. Resident 3 had an admission date of 09/24/2025. The record contained an evacuation assessment dated 10/19/2025. On 09/09/2026 at approximately 4:00 PM, Surveyor interviewed Manager A and asked who was responsible for completing the initial evacuation assessment. Manager A stated management was responsible and s/he had been completing them. Manager A stated s/he was not aware of the requirement for the initial evacuation assessment to be completed within 3 days of admission.	N 393		

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