STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020299	A. BUILDING: _____ B. WING _____	C 08/17/2026

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LUL CARE	2748 WAYFAIR ST FITCHBURG, WI 53711

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M 000	INITIAL COMMENTS On 07/30/2026, with information gathered through 08/17/2026, Surveyor conducted a standard licensure survey and a complaint investigation at LUL Care. Eighteen deficiencies were identified. Complaint was substantiated. Census 4	M 000		
M 134	88.03(5)(e)1 SIGNIFICANT CHANGE TO THE RESIDENT Within 24 hours, a significant change in resident status, such as but not limited to an accident requiring hospitalization, missing from the home or a reportable death. A death shall be reported if there is reasonable cause to believe the death was related to use of a physical restraint or psychotropic medications, was a suicide or was accidental. This Rule is not met as evidenced by: Based on record review and interview, the provider did not report to the Department within 24 hours a significant change when Resident 1 aspirated and was hospitalized. Findings include: On 07/20/2026, the Department received a concern regarding a resident being found unresponsive with emesis (vomit) coming out of his/her mouth and tracheostomy.	M 134		

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

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M 134	Continued From page 1 On 07/30/2026, Surveyor reviewed Resident 1's record. Resident 1 moved into the home in 12/2023 with diagnoses including spastic quadriplegia, intellectual disability, and tracheostomy. Resident 1's "Incident Report," dated 06/23/2026, documented: "Threw up her feeding, belly distended. Called 911 immediately since it was alarming [s/he] threw up from [his/her] mouth with a trach." On 07/30/2026, Surveyor reviewed the provider's self-reporting file held by the Department. Surveyor found no written report(s) had been submitted to the Department for Resident 1's change in status. On 08/11/2026 at 4:35 PM, Surveyor interviewed Resident 1's Guardian C. Guardian C stated that Resident 1 was still hospitalized and could be hospitalized for an additional 30 days. On 08/17/2026 at 1:15 PM, Surveyor conducted the exit interview with Manager B. Manager B stated s/he was not aware that a written report needed to be filed with the Department. Cross Reference: 88.07(2)(b)5. M0448 Monitoring Health	M 134		
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.	M 216		

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M 216	Continued From page 2 This Rule is not met as evidenced by: Based on record review and interview, the licensee did not ensure the facility and its operation complied with all laws governing an Adult Family Home (AFH). During the initial standard licensure survey and a complaint investigation, 18 deficiencies were identified. Findings include: On 07/30/2026, with information gathered through 08/17/2026, Surveyor conducted a standard licensure survey and a complaint investigation which resulted in 18 deficiencies being identified: M0134 88.03(5)(e)1. Significant Change to the Resident M0216 88.04(2)(a) Responsibilities M0232 88.04(2)(g)1. Health Screening for Staff M0262 88.05(2)(a) Difficulty Walking M0274 88.05(2)(d) Bedroom on First Floor M0322 88.05(3)(m) 2 Exits to Grade - Bedrooms in Basement M0346 88.05(4)(d)2.b. Fire Evacuation Annual Evaluation M0380 88.06(2)(a) Admission - Health Exam M0384 88.06(2)(b) Service Agreement Except Respite M0408 88.06(3)(c) Assessment Identify Needs & Abilities M0424 88.06(3)(f) Review of ISP M0448 88.07(2)(b)5. Monitoring Health M0458 88.07(3)(a) Prescription Medication M0462 88.07(3)(c) Medication Assistance M0464 88.07(3)(d) Medication - Written Order M0466 88.07(3)(e)1. Medication - Record Keeping M0470 88.07(4)(a) Nutrition M0574 88.10(3)(n)1. Freedom From Seclusion and Restraints	M 216		

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M 216	Continued From page 3 On 07/30/2026, at approximately 1:00 PM, Surveyor interviewed Manager B. Manager B stated this was their first survey and it was a learning opportunity.	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 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 obtain documentation that 2 of 3 staff (Manager B and Caregiver D's) had been screened for communicable disease, including tuberculosis (TB), from a physician, a registered nurse or a physician's assistant within 90 days before the start of providing service. Findings include: On 07/30/2026, Surveyor reviewed Manager B's and Caregiver D's employee file, including the health screen and screening for TB.	M 232		

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M 232	Continued From page 4 Manager B was hired on 11/06/2023. Manager B's record contained a communicable disease screen dated 10/30/2024 and a TB test dated 06/14/2021. Caregiver D was hired on 08/23/2022. Caregiver D's record did not contain a communicable disease screen and a TB test dated 05/17/2021. On 08/17/2026 at 1:15 PM, Surveyor conducted the exit interview with Manager B. Manager B stated s/he would ensure staff received a communicable disease screen and TB test prior to the start of providing cares.	M 232		
M 262	88.05(2)(a) DIFFICULTY WALKING If a resident is not able to walk at all or able to walk only with difficulty, or only with the assistance of crutches, a cane, or walker or is unable to easily negotiate stairs without assistance: 1. The exits from the home shall be ramped to grade with a hard surfaced pathway with handrails. 2. All entrance and exit doors and interior doors serving all common living areas and all bathrooms and bedrooms used by a resident not able to walk at all shall have a clear opening of at least 32 inches. 3. Toilet and bathing facilities used by a resident not able to walk at all shall have enough space to provide a turning radius for the resident's wheelchair and provide accessibility appropriate to the resident's needs.	M 262		

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M 262	Continued From page 5	M 262		

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure that access within the home was provided for a resident who was unable to ambulate without the use of an assistive device.

The home did not have 2 exits ramped to grade.

Findings include:

The provider was licensed, 12/20/2024, to provide cares for up to 4 residents in the client groups: irreversible dementia/Alzheimer's, terminally ill, traumatic brain injury, developmentally disabled, physically disabled, advanced aged, and emotionally disturbed/mental illness.

On 07/30/2026, at approximately 12:15 PM, Surveyor and Manager B toured the home to observe the secondary exit. The exit was through the laundry room, which was blocked by baskets of laundry, to the garage door which had 3 standard steps to the garage floor. There was a car parked in the garage that blocked a 32-inch clear pathway to the service door. The moveable ramp that was utilized in front of the garage service door was off center and did not line up with the door. The ramp lip was over one inch in height. Manager B stated that there is a moveable ramp that can be utilized over the garage steps, but it had moved due to the amount of space it took up. Manager B stated s/he would put it back in place. Surveyor and Manager B then observed a potential secondary exit through the patio doors which led to a raised patio but had 4 standard steps down the side to reach ground

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M 262	Continued From page 6 level.	M 262		
M 274	88.05(2)(d) BEDROOM ON FIRST FLOOR Any resident who is unable to easily negotiate stairs without assistance shall have his or her bedroom, toilet and bathing facilities and all common living areas on the first floor. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure each resident who required the use of an assisted device for ambulation had their bedroom located on the first floor of the facility for 1 of 1 resident. Findings include: The provider was licensed, 12/20/2024, to provide cares for up to 4 residents in the client groups: irreversible dementia/Alzheimer's, terminally ill, traumatic brain injury, developmentally disabled, physically disabled, advanced aged, and emotionally disturbed/mental illness. On 07/30/2026, starting at approximately 11:45 AM, Surveyor observed Resident 3, who was wearing a gait belt, ambulating throughout the home, with the assistance of Caregiver E. Surveyor observed Caregiver E assist Resident 3 to his/her bedroom which was in the basement. On 07/30/2026, at approximately 11:45 PM, Surveyor and Manager B walked downstairs to observe Resident 3's bedroom. Surveyor observed a chair lift along the stairwell, which resulted in the stair space being reduced for	M 274		

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M 274	Continued From page 7	M 274		

Resident 3 to ambulate. Manager B stated the chair lift had been installed after the provider's initial licensure. The provider had assessed Resident 3 and informed his/her care team they would install a chair lift to assist him/her with ambulating the stairs.

On 07/30/2026, Surveyor reviewed Resident 3's record.

Resident 3 moved into the home, 11/20/2025, with diagnosis including epilepsy.

Resident 3's "Individualized Service Plan," dated 11/22/2025, documented:
"Mobility - Wears a gait belt and is always held when [Resident 3] walks since [s/he] gets super wobbly and is a fall risk. [Resident 3] cannot stand for long."

Resident 3's evacuation assessment, dated 11/20/2025, documented:
"Impaired Mobility: Needs Full Assistance or Very Slow - means the resident may require physical assistance from a staff member during most of the evacuation or the total time required for staff assistance and for the resident to evacuate the facility, is greater than the required evacuation time for the facility."

On 08/17/2026 at 1:15 PM, Surveyor conducted the exit interview with Manager B. Manager B stated that Resident 3's ambulation was improving and currently did not have another bedroom available on the first floor.

Cross Reference: M0322 88.05(3)(m) 2 Exits to Grade - Bedrooms in Basement

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M 322	Continued From page 8	M 322		
M 322	88.05(3)(m) 2 EXITS TO GRADE-BEDROOMS IN BASEMENT No resident may regularly sleep in a basement bedroom or in a bedroom above the second floor of a single family dwelling unless there are 2 exits to the grade from that floor level. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure there were 2 exits to grade from the basement where Resident 3 resided. Findings include: The provider was licensed, 12/20/2024, to provide cares for up to 4 residents in the client groups: irreversible dementia/Alzheimer's, terminally ill, traumatic brain injury, developmentally disabled, physically disabled, advanced aged, and emotionally disturbed/mental illness. On 07/30/2026, starting at approximately 11:45 AM, Surveyor observed Resident 3, who was wearing a gait belt, ambulating throughout the home, with the assistance of Caregiver E. Surveyor observed Caregiver E assist Resident 3 to his/her bedroom which was in the basement. On 07/30/2026, at approximately 11:45 PM, Surveyor and Manager B walked downstairs to observe Resident 3's bedroom. Surveyor asked Manager B where the secondary exit was for Resident 3. Manager B stated s/he had an egress window in his/her room. Surveyor noted the window opened to a flat surface of gravel that	M 322		

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M 322	Continued From page 9 was encased with a metal window well, which was approximately 3 feet tall. Resident 3 would then crawl over the window well to exit to grade. The egress window exits were not to grade. Surveyor asked if Resident 3 was physically capable of reaching the egress window, pulling him/herself through the window and then climbing up the stairs of the window well to the ground. Manager B stated s/he was unsure as s/he had not asked Resident 3 to display that capability. Surveyor noted there were no permanent steps in place to reach the window ledge. On 07/30/2026, Surveyor reviewed Resident 3's record. Resident 3 moved into the home, 11/20/2025, with diagnosis including epilepsy. Resident 3's "Individualized Service Plan," dated 11/22/2025, documented: "Mobility - Wears a gait belt and is always held when [Resident 3] walks since [s/he] gets super wobbly and is a fall risk. [Resident 3] cannot stand for long." On 08/15/2026, Surveyor reviewed the Department file and did not observe a waiver for an egress window. On 08/17/2026 at 1:15 PM, Surveyor conducted the exit interview with Manager B. Manager B stated s/he did not understand the requirements of egress windows and would review Chapter 88 for guidance.	M 322		
M 346	88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION	M 346		

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M 346	Continued From page 10 Each resident shall be evaluated annually for evacuation time, using the departments form. All service providers who work on the premises shall be made aware of each resident having an evacuation time of more than 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 residents reviewed were evaluated annually for evacuation time, using the Department form F-62373 Resident Evacuation Assessment. Resident 1's evacuation assessment was not completed in 2025 and 2026. Resident 2's evacuation assessment was not completed in 2024 and 2025. Resident 4's evacuation assessment was not completed in 2025. Findings include: On 07/30/2026, Surveyor reviewed Resident 2's and Resident 4's record. Example 1: Resident 1 Resident 1 moved into the home in 12/2023. Resident 1's Resident Evacuation Assessment was dated 01/19/2024. Resident 1's record did not contain "Resident Evacuation Assessment" forms stating that s/he had been reviewed annually for his/her	M 346		

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M 346	Continued From page 11 evacuation capabilities in 2025 or 2026. Example 2: Resident 2 Resident 2 moved into the home 01/24/2023. Resident 2's Resident Evacuation Assessment was dated 01/24/2023. Resident 2's record did not contain "Resident Evacuation Assessment" forms stating that s/he had been reviewed annually for his/her evacuation capabilities in 2024 or 2025. Example 3: Resident 4 Resident 4 moved into the home 12/24/2024. Resident 4's Resident Evacuation Assessment was dated 12/24/2024. Resident 4's record did not contain a "Resident Evacuation Assessment" form stating that s/he had been reviewed annually for his/her evacuation capabilities in 2025. On 08/17/2026 at 1:15 PM, Surveyor conducted the exit interview with Manager B. Manager B stated s/he did not understand that evacuation assessments were to be reviewed annually and would complete that process going forward.	M 346		
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	M 380		

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M 380	Continued From page 12 and is screened for communicable disease, including tuberculosis. Screening for communicable disease may be provided by a physician, a 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 4 of 4 resident records (Resident 1, Resident 2, Resident 3, Resident 4) reviewed had a health examination by a physician to identify health problems and receive a communicable disease screening or tuberculosis (TB) test within 90 days prior to admission to the home or within 7 days after admission. Findings include: On 07/30/2026, Surveyor and Manager B reviewed Resident 1's, Resident 2's, Resident 3's and Resident 4's record. Surveyor was unable to locate pre-admission health examinations along with communicable disease screening or TB test results. Manager B stated s/he was not aware that this was a requirement for resident admission.	M 380		
M 384	88.06(2)(b) SERVICE AGREEMENT EXCEPT RESPITE An adult family home shall have a service agreement with each person to be admitted to the home except a person being admitted for respite	M 384		

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M 384	Continued From page 13	M 384		

care. The service agreement shall be completed prior to admission and revised at least 30 days prior to any change. The service agreement shall be dated and signed by the licensee and the person being admitted or the persons guardian or designated representative. Copies shall be provided to all parties and to the placing agency, if any.
This Rule is not met as evidenced by:
Based on record review and interview, the provider did not have a signed service agreement that was dated and signed by the person being admitted or their guardian or designated representative, for 3 of 4 residents (Resident 1, Resident 3, Resident 4).

Findings include:

The provider was licensed, 12/20/2024, to provide cares for up to 4 residents in the client groups: irreversible dementia/Alzheimer's, terminally ill, traumatic brain injury, developmentally disabled, physically disabled, advanced aged, and emotionally disturbed/mental illness.

On 07/30/2026, Surveyor reviewed Resident 1's, Resident 3's and Resident 4's record.

Resident 1 moved into the home in 12/2023 and was represented by Guardian C.
Resident 1's record contained a service agreement dated 09/18/2024 and 09/18/2025 which were not signed by Guardian C.

Resident 3 moved into the home 11/20/2025 and was represented by Guardian F.
Resident 3's record contained a service

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M 384	Continued From page 14 agreement dated 11/20/2025 which was not signed by Guardian F. Resident 4 moved into the home 12/24/2024 and was represented by Guardian G. Resident 4's record contained a service agreement dated 02/01/2026 which was not signed by Guardian G. On 08/17/2026 at 1:15 PM, Surveyor conducted the exit interview with Manager B. Manager B stated s/he did not understand that admission agreements did not have to be completed annually and would ensure signatures were obtained prior to admission on the original service agreement.	M 384		
M 408	88.06(3)(c) ASSESSMENT IDENTIFY NEEDS & ABILITIES The assessment shall identify the person's needs and abilities in at least the areas of activities of daily living, medications, health, level of supervision required in the home and community, vocational, recreational, social and transportation. This Rule is not met as evidenced by: Based on record review and interview, the provider did not assess 1 of 1 resident to identify the needs and abilities in the areas of personal care.	M 408		

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Resident 1 was not assessed to identify guidelines regarding his/her history of bowel obstructions.

Findings include:

On 07/20/2026, the Department received a concern regarding a resident aspirating due to a bowel obstruction.

On 07/30/2026, Surveyor reviewed Resident 1's record.

Resident 1 moved into the home in 12/2023 with diagnoses including spastic quadriplegia cerebral palsy, intellectual disability, g-tube dependence, restrictive lung disease, epilepsy, blindness, non-verbal, constipation and chronic tracheostomy.

Resident 1's "Incident Report," dated 06/23/2026, documented:
"Threw up her feeding, belly distended. Called 911 immediately since it was alarming [s/he] threw up from [his/her] mouth with a trach."

On 07/30/2026, at approximately 1:00 PM, Surveyor interviewed Manager B. Manager B stated s/he had been informed that Resident 1 aspirated due to having a bowel obstruction. Surveyor asked for assessment paperwork that was completed by the provider to assist in assessing what cares Resident 1 required. Manager B stated s/he did not have assessment paperwork.

On 08/12/2026 at 7:28 AM, Surveyor emailed Manager B requesting Resident 1's preadmission paperwork.

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M 408	Continued From page 16 On 08/12/2026 at 9:13 AM, Manager B emailed Surveyor and stated, "We did not do a preadmission assessment on [him/her] since [Licensee A] used to work for [him/her] in the past and had a good idea of how to take care of [him/her] before admission. This exact same incident happened last year as well so it's not something new that we haven't seen." On 08/17/2026 at 1:15 PM, Surveyor conducted the exit interview with Manager B. Manager B stated s/he would review Chapter 88 to get a better understanding of what documentation is required in an adult family home.	M 408		
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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This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 4 of 4 resident's (Resident 1, Resident 2, Resident 3, Resident 4) Individual Service Plans (ISP) were reviewed at least once every six months or when there was a change of condition by the licensee, the resident and/or resident's guardian, and the placing agency.

Findings include:

The provider was licensed, 12/20/2024, to provide cares for up to 4 residents in the client groups: irreversible dementia/Alzheimer's, terminally ill, traumatic brain injury, developmentally disabled, physically disabled, advanced aged, and emotionally disturbed/mental illness.

On 07/30/2026, Surveyor reviewed Resident 1's, Resident 2's, Resident 3's and Resident 4's record.

Resident 1 moved into the home in 12/2023 and was represented by Guardian C.
Resident 1's record contained an "Individualized Service Plan (ISP)" dated 09/18/2024 which was not signed by Guardian C.
The ISP 6-month reviews should have occurred approximately in 03/2025, 09/2025, and 03/2026.

Resident 2 moved into the home 10/12/2023 and was represented by Guardian H.
Resident 2's record contained an ISP dated 10/12/2023 which was not signed by Guardian H.
The ISP 6-month reviews should have occurred approximately in 04/2024, 10/2024, 04/2025, 10/2025, and 04/2026.

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M 424	Continued From page 18 Resident 3 moved into the home 11/20/2025 and was represented by Guardian F. Resident 3's record contained an ISP dated 11/25/2025 which was not signed by Guardian F. The ISP 6-month review should have occurred approximately in 05/2026. Resident 4 moved into the home 12/24/2024 and was represented by Guardian G and a managed care organization (MCO) care manager (CM). Resident 4's record contained an ISP dated 01/15/2025 which was not signed by Guardian G nor the MCO CM. The ISP 6-month reviews should have occurred approximately in 07/2025, 01/2026 and 07/2026. On 08/17/2026 at 1:15 PM, Surveyor conducted the exit interview with Manager B. Manager B stated s/he would review Chapter 88 to get a better understanding of what documentation is required in an adult family home.	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 monitor 1 of 1 resident's (Resident 1) health by monitoring his/her bowel movements. Findings include:	M 448		

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M 448	Continued From page 19 On 07/20/2026, the Department received a concern regarding a resident aspirating due to a bowel obstruction. On 07/30/2026, Surveyor reviewed Resident 1's record. Resident 1 moved into the home in 12/2023 with diagnoses including spastic quadriplegia, intellectual disability, and tracheostomy. Resident 1's "Incident Report," dated 06/23/2026, documented: "Threw up [his/her] feeding, belly distended. Called 911 immediately since it was alarming [s/he] threw up from [his/her] mouth with a trach." Resident 1's June 2026 Medication Administration Record (MAR) documented: Senna 8.6 MG (milligram) daily for constipation, documented as administered as prescribed. Docusate 50 MG/ML (milliliter) daily for constipation, documented as administered as prescribed. Polyethylene Glycol 3350 Powder daily for constipation, documented as administered as prescribed. Reguloid 28.3% Powder daily for constipation, documented as administered as prescribed. Bisacodyl 10 MG Suppository daily for constipation, was not documented as administered. On 07/30/2026, at approximately 12:30 PM, Surveyor interviewed Manager B. Manager B stated s/he had been informed by the hospital that Resident 1's aspiration was caused by a bowel obstruction. Surveyor requested Resident 1's bowel monitoring documentation if s/he was	M 448		

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M 448	Continued From page 20	M 448		

required to be monitored. Manager B stated Resident 1's bowel movements were monitored but not documented as Licensee A was aware of when Resident 1 had a bowel movement.

On 08/11/2026, Surveyor reviewed Resident 1's medical documentation submitted by the emergency department which documented: "06/23/2026 2258 (10:58 PM) - When EMS arrived patient had copious vomit coming from trach site and mouth concerning for severe aspiration. Upon arrival patient's oxygen saturation approximately 70%, after copious amount of suctioning were unable to improve oxygen saturations. Given this concern EMS called med control and pulled trach and intubated through stoma with a 6 0 ET tube. Oxygen saturation improved to mid 80s following this."
"Presented on 6/23/26 after being found unresponsive at group home in large pool of emesis with witnessed massive aspiration through mouth/nose/trach site for which [s/he] required emergent endotracheal intubation through stoma and admission to ICU (intensive care unit), found to have partial bowel obstruction as cause. Course complicated by recurrent bowel function/pseudo-obstruction (a medical condition that mimics a physical bowel blockage, but testing reveals no actual mechanical obstruction)."
"Patient has chronic abdominal distension/pseudo-obstruction, though continues to be intermittently worse relative to baseline and has continued to require red rubber rectal tube. Rectal tube has needed to be replaced now three times due to worsening abdominal distension while out. Red rubber rectal tube removed on 08/05, though needed to be reinserted on 08/08 due to worsening abdominal distention. EGS (emergency general surgery) reconsulted on

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M 448	Continued From page 21 08/08 due to worsening abdominal distention, continuing to follow at this time and monitoring serial abdominal exams." On 08/17/2026 at 1:15 PM, Surveyor conducted the exit interview with Manager B. Manager B stated that the provider did not receive a physician order but was informed by Resident 1's physician that if s/he did not have a bowel movement in a couple of days that the provider should reach out to the physician. Manager B could not inform Surveyor how they were tracking Resident 1's bowel movements to ensure s/he was not constipated. Cross Reference: M0408 DHS 88.06(3)(c) Assessment Identify Needs & Abilities Cross Reference: M0462 DHS 88.07(3)(c) Medication Assistance	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, record review and	M 458		

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M 458	Continued From page 22	M 458		

interview, the provider did not store medications as specified by the pharmacist for 1 of 1 residents.

Resident 2 had expired prescription Ciprofloxacin and Dexamethasone (medication for ear), Ofloxacin Ophthalmic (medication for ear or eye), and Butrans Transdermal System medications stored with his/her current medications.

Findings include:

On 07/30/2026, at approximately 12:00 PM, Surveyor observed Resident 2's medications in the med closet. Surveyor observed:
-A bottle of Ciprofloxacin and Dexamethasone with a label that stated "Instill 4 drops into left ear twice daily for ten days. Dispensed Date: 05/15/2026."
-A bottle of Ciprofloxacin and Dexamethasone with a label that stated "Instill 4 drops into each ear twice daily for 5 days. Dispensed Date: 02/04/2026."
-A bottle of Ofloxacin Ophthalmic Solution with a label that stated, "Instill (10) drops into left ear once daily for ten days. Dispensed Date: 05/15/2026."
-A box of Butrans 5 MCG/HR (micrograms per hour). Apply 1 patch once weekly on Friday. Remove old patch before applying. Dispensed Date: 01/07/2026."

On 07/30/2026, Surveyor reviewed Resident 2's Medication Administration Records (MARs), dated 06/01/2026 through 07/30/2026 which did not document that Resident 2 had a prescription for Ciprofloxacin and Dexamethasone, Ofloxacin Ophthalmic Solution or Butrans.

On 08/17/2026 at 1:15 PM, Surveyor conducted

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M 458	Continued From page 23 the exit interview with Manager B. Manager B stated s/he would organize the med closet so that only current medications were readily available to staff.	M 458		
M 462	88.07(3)(c) MEDICATION ASSISTANCE If the licensee or service provider assists a resident with prescription medication, the licensee or service provider shall help the resident securely store the medication, take the correct dosage at the correct time and communicate effectively with his or her physician. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 1 of 1 resident received prescribed medications in the proper dosage. Resident 1 did not receive his/her Bisacodyl (suppository) and Diazepam (medication to treat anxiety, seizures, muscle spasms) as prescribed. Findings include: On 07/20/2026, the Department received a concern regarding a resident who aspirated due to bowel blockage. On 07/30/2026, at approximately 12:00 PM, Surveyor observed Resident 1's Diazepam in the med closet. Surveyor observed 2 60 ML	M 462		

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M 462	Continued From page 24	M 462		

(milliliter) bottles dated 06/09/2025 and 10/21/2025, which appeared to be full. Surveyor observed a package of suppositories.

On 07/30/2026, Surveyor reviewed Resident 1's record.

Resident 1 moved into the home in 12/2023 with diagnoses including spastic quadriplegia, intellectual disability, and tracheostomy.

Resident 1's June 2026 Medication Administration Record (MAR) documented:
-Bisacodyl 10 MG (milligram) suppository. Unwrap and insert 1 suppository rectally once daily at 8:00 AM.
The MAR did not document that the medication had been given.
-Diazepam 5 MG/ML - Take 5 ML (5MG) via g-tube every morning. Scheduled at 8:00 AM.
A 60 ML bottle would last approximately 12 doses (60 ML divided by 5 ML [dose] = 12)
-Diazepam 2.5 ML (2.5 MG) via g-tube every evening and at bedtime (Do not start before 03/22/2026). Scheduled at 5:00 PM and 8:00 PM.
The MAR documented that all scheduled doses had been administered.
A 60 ML bottle would last approximately 24 doses (60 ML divided by 2.5 ML [dose] = 24)

On 08/17/2026 at 1:15 PM, Surveyor conducted the exit interview with Manager B. Manager B stated that the Bisacodyl order had been amended to a PRN (as needed) medication. Manager B stated s/he did not have a physician order that documented that. Manager B could not explain when the 2 bottles of Diazepam had been opened but understood that it appeared the medication had not been administered as

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M 462	Continued From page 25 prescribed.	M 462		
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. The licensee shall keep the written order in the resident's file. This Rule is not met as evidenced by: Based on observation, record review, and interview, prior to dispensing or administering medications to a resident, the facility did not 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 for 4 of 4 residents (Resident 1, Resident 2, Resident 3, Resident 4). Findings include: On 07/30/2026, at approximately 12:00 PM, Surveyor observed Resident 1's, Resident 2's, Resident 3's, and Resident 4's medications in the med closet. Surveyor requested the written order from the physician who prescribed the medications for each resident. Manager B stated	M 464		

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M 464	Continued From page 26 s/he did not have that documentation as it was not identified as a requirement when s/he filed his compliance statement. Manager B stated s/he would review Chapter 88 and familiarize him/herself with the documentation requirements of an adult family home.	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 record review and interview, the provider did not ensure accurate records were kept of all prescription medications administered for 1 of 2 residents. Resident 2's medications were documented as administered on the Medication Administration Records (MARs) before the medications were administered. Findings include: On 07/30/2026, Surveyor reviewed Resident 2's record. Resident 2 moved into the home 01/24/2023.	M 466		

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M 466	Continued From page 27 Resident 2's July 2025 MAR documented: -Baclofen 10 MG (milligram) Tablet. Scheduled at 8:00 PM. Documented as administered on 07/30/2026. -Calcium Antacid 500 MG. Scheduled at 8:00 PM. Documented as administered on 07/30/2026. -Norethindrone 5 MG Tablet. Scheduled at 8:00 PM. Documented as administered on 07/30/2026. -Trazadone 100 MG Tablet. Scheduled at 8:00 PM. Documented as administered on 07/30/2026. -Trazadone 50 MG Tablet. Scheduled at 8:00 PM. Documented as administered on 07/30/2026. -Gabapentin 300 MG Capsule. Scheduled at 8:00 AM. Documented as administered on 07/31/2026. -Petrolatum 42% Ointment. Scheduled at 8:00 PM. Documented as administered on 07/30/2026. On 07/30/2026, at approximately 1:00 PM, Surveyor interviewed Manager B. Manager B stated staff should not be documenting med administration prior to med pass and would discuss the concern with staff.	M 466		
M 470	88.07(4)(a) NUTRITION A licensee shall provide each resident with a quantity and variety of foods sufficient to meet the resident's nutritional needs and preferences and to maintain the resident's health.	M 470		

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M 470	Continued From page 28 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure each resident received a variety of food that met their individual preferences and maintained resident health. Findings include: On 07/30/2026, at approximately 11:35 AM, Surveyor was observing the food in the upstairs refrigerator and noted food was not properly sealed. Manager B stated that the food in that refrigerator was staff food. Manager B explained that Resident 1 and Resident 2 resided upstairs and relied on g-tube feedings and Resident 3 and Resident 4 resided downstairs and their food was kept in the pantry and downstairs. Surveyor and Manager B walked downstairs and observed the food that was available in the downstairs refrigerator. There was no food in the refrigerator except for applesauce, orange juice and some condiments. The freezer had a box of corn dogs, ice cream sandwiches, chicken nuggets and pre-packed rice and chicken bowls. Surveyor observed 8 bags of organic turmeric rice, 8 bags of fruit gummy snacks, several bags of individual sized potato chip bags, 30 pack box of sweet treats and a box of saltine crackers, a box of pop tarts, and a box of cereal. Surveyor expressed concern on the nutritional value of the food that was available to the residents. Manager B explained that staff would prepare food for the residents and bring it down to them. Manager B stated that food was also stored in the freezer in the garage. Surveyor followed Manager B to the garage. The Surveyor could not easily reach the freezer as there were numerous items blocking the path.	M 470		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020299	A. BUILDING: _____ B. WING _____	C 08/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUL CARE	2748 WAYFAIR ST FITCHBURG, WI 53711

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M 470	Continued From page 29 On 07/30/2026, at approximately 1:15 PM, Surveyor commented to Manager B that s/he did not observe staff preparing a meal for Resident 3 and Resident 4. Manager B asked Caregiver E what s/he had prepared for the residents. Caregiver E stated one of the microwavable rice dishes. On 08/17/2026 at 1:15 PM, Surveyor conducted the exit interview with Manager B. Surveyor discussed the concern about nutritional meals. Manager B stated that they had to limit the food that was readily available to Resident 3 and Resident 4 because Resident 3 was known to overeat. Surveyor asked for clarification as to why a large amount of processed sugary foods would be readily available to a resident that over eats. Manager B did not have a response. Manager B then stated that Resident 3 prefers rice for his/her meals. Surveyor reviewed Resident 3's individualized service plan (ISP) with Manager B. Surveyor stated that the ISP, dated 11/25/2025, documented, "Nutritional Needs - Lactose Intolerant." The ISP did not document that Resident 3 preferred rice for. Manager B followed up with Resident 3 enjoyed a variety of food. Surveyor reviewed Resident 4's ISP with Manager B. Surveyor stated that the ISP, dated 01/15/2025, documented, "Nutritional Needs - No specific dietary requirements." Manager B stated that there was additional food in the pantry.	M 470		
M 574	88.10(3)(n)1 Freedom From Seclusion and Restraints Except as provided in subd. 2, to be free from seclusion and from all physical and chemical restraints, including the use of an as-necessary	M 574		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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M 574	Continued From page 30 (PRN) order for controlling acute, episodic behavior. This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not keep residents free from physical restraints and seclusion. Resident 2 was not allowed to go in and out of his/her room due to a gate being placed in the doorway. Findings include: The provider was licensed, 12/20/2024, to provide cares for up to 4 residents in the client groups: irreversible dementia/Alzheimer's, terminally ill, traumatic brain injury, developmentally disabled, physically disabled, advanced aged, and emotionally disturbed/mental illness. On 07/30/2026, at approximately 11:50 AM, Surveyor observed a baby gate across the doorway of Resident 2's bedroom. Surveyor looked into Resident 2's bedroom and noted that there was a bed and dresser in the room, along with a mattress on the floor. On 07/30/2026, Surveyor reviewed Resident 2's record. Resident 2 moved into the home 01/24/2023. Resident 2's "Individualized Service Plan," dated 10/12/2023, documented: "[Resident 2] is on a wheelchair and is transferred by walking with support from staff. [S/he] needs	M 574		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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M 574	Continued From page 31 staff support to transfer from [his/her] bed to [his/her] wheelchair to [his/her] walker to [his/her] bath chair. [S/he] has a manual wheelchair that needs to be pushed by [his/her] caregiver." On 08/17/2026 at 1:15 PM, Surveyor conducted the exit interview with Manager B. Manager B explained that Resident 2's guardian had requested that his/her doorway be blocked with a child's gate since Resident 2 rolls around a lot and "scoots" and s/he could exit the bedroom. Manager B explained that is why Resident 2 also has a mattress on the floor. The guardian felt it was safer if Resident 2 remained in his/her bedroom when s/he wasn't in his/her wheelchair. Surveyor asked if the home was staffed with awake staff. Manager B stated staff were required to be awake. Manager B expressed that s/he had concerns that the child's gate could be considered a restraint but it was what the guardian wanted.	M 574		