

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0020637	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 09/15/2026
NAME OF PROVIDER OR SUPPLIER DIMENSIONS LIVING FITCHBURG		STREET ADDRESS, CITY, STATE, ZIP CODE 5765 CHAPEL VALLEY RD FITCHBURG, WI 53711		
(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
{N 000}	Initial Comments On 09/14/2026, Surveyor conducted a complaint investigation, verification visit, and standard survey at Dimensions Living Fitchburg. Eighteen (18) deficiencies were identified. Two (2) of the deficiencies were repeats from statement of deficiency (SOD) RZV912, dated 05/28/2026. The complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Chapter 50, a \$200 revisit fee is being assessed. Census: 19	{N 000}		
N 196	83.14(2)(a) Licensee ensures facility complies with laws The licensee shall ensure the CBRF and its operation comply with all laws governing the CBRF. This Rule is not met as evidenced by: Based on record review and interview, the licensee did not ensure the CBRF and its operation comply with all laws governing the CBRF. Findings include: On 09/14/2026, Surveyor conducted a verification visit, complaint investigation and standard licensing survey. The facility has a class CNA (non-ambulatory) probationary license, effective 11/21/2025, as a community based residential facility (CBRF) able to serve up to 20 residents within the client groups of irreversible	N 196		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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N 196	Continued From page 1 dementia/Alzheimer's and advanced age. Surveyors have conducted the following surveys since the change of ownership on 11/21/2025: Statement of deficiency (SOD) RZV911, dated 02/02/2026 Complaint investigation. The complaint was substantiated and the survey resulted in the following deficiencies: -N0431 DHS 83.38(1)(g) Health Monitoring SOD RZV912, dated 05/28/2026 Complaint investigation, self-report investigation, and verification visit. The complaint was substantiated and the survey resulted in the following deficiencies: -N0352 DHS 83.32(3)(h) Rights Of Residents: Receive Medication -N0389 DHS 83.35(3)(d) Service Plans Updated Annually Or On Changes -N0415 DHS 83.37(2)(d) Documentation of Medication Administration -N0416 DHS 83.37(2)(e) Other Administration Given Or Delegated By Rn -N0430 DHS 83.38(1)(f) Communication Skills -N0481 DHS 83.43(1) Environment Safe, Clean, And Comfortable SOD RZV913, dated 09/15/2026 A verification visit, complaint investigation and standard survey. The complaint was unsubstantiated and the survey resulted in the following deficiencies: -N0196 DHS 83.14(2)(a) Licensee Ensures Facility Complies with Laws -N0220 DHS 83.17(2)(a) Employees Screened for Communicable Disease Screen -N0243 DHS 83.21(1)-(3) All Employee	N 196		

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N 196	Continued From page 2 Training -N0247 DHS 83.22(1)-(4) Task Specific Training -N0389 DHS 83.35(3)(d) Service Plans Updated Annually or on Changes - repeat -N0406 DHS 83.37(1)(g)2 Disposition of Medications -N0416 DHS 83.37(2)(e) Other Administration Given or Delegated by the RN - repeat -N0419 DHS 83.37(3)(c) Medication Storage: Locked Cabinet -N0427 DHS 83.38(1)(c) Leisure Time Activities -N0431 DHS 83.38(1)(g) Health Monitoring -N0450 DHS 83.41(2)(c) Nutrition: Menus -N0452 DHS 83.41(3)(b) Food Safety -N0481 DHS 83.43(1) Environment Safe, Clean, And Comfortable -N0499 DHS 83.45(3) Toxic Substances -N0507 DHS 83.46(1)(f) Combustibles -N0525 DHS 83.47(2)(d) Fire Drills -N0637 DHS 83.59(1)(g) Proper Exit Locations, Sidewalks -N0640 DHS 83.59(2)(b) Solid Core Wood Doors or Equivalent On 09/14/2026 at approximately 3:00 p.m., Surveyor reviewed the above concerns with Nurse E and Administrator M. Nurse E stated s/he was aware that facility had a probationary license and would have to come into compliance to receive a regular license.	N 196		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse	N 220		

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N 220	Continued From page 3 indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 3 employees reviewed were screened for communicable disease by a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse. Caregiver N did not have documentation of a communicable disease screen. Findings include: On 09/14/2026, Surveyor reviewed Caregiver N's employee record. Caregiver N had a hire date of 05/28/2026 and was working at the time of the survey. There was no evidence in Caregiver N's record s/he was screened for communicable disease including tuberculosis within 90 days before the start of employment. On 09/14/2026 at approximately 3:00 p.m., Surveyor reviewed the above concerns with Nurse E and Administrator M. Nurse E and Administrator M stated they would continue to look for Caregiver N's communicable disease screen and tuberculosis test. Surveyor stated if	N 220			

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N 220	Continued From page 4 the provider was able to find evidence of Caregiver N's communicable disease screen and/or tuberculosis test to send it to the Surveyor by 3:00 p.m. on 09/15/2026. On 09/15/2026 at 10:38 a.m., Administrator M stated, "We do not have a record of [his/her] TB test. I contacted Concentra, and they do not have any record of it either. As a result, I am having [him/her] complete a new TB test today."	N 220		
N 243	83.21(1)-(3) All employee training. The CBRF shall provide, obtain or otherwise ensure adequate training for all employees in all of the following: Resident rights. Training shall include general rights of residents including rights as specified under s. DHS 83.32(3). Training shall be provided as applicable under ss. 50.09 and 51.61 and chs. 54, 55, and 304, Stats., and ch. DHS 94, depending on the legal status of the resident or service the resident is receiving. Specific training topics shall include house rules, coercion, retaliation, confidentiality, restraints, self-determination, and the CBRF 's complaint and grievance procedures. Residents ' rights training shall be completed within 90 days after starting employment. Client Group. Training shall be specific to the client group served and shall include the physical, social and mental health needs of the client group. Specific training topics shall include, as applicable: characteristics of the client group served, activities, safety risks, environmental considerations, disease processes, communication skills, nutritional needs, and vocational abilities. Client group specific training shall be completed within 90 days after starting	N 243		

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N 243	Continued From page 5 employment. Client Group. In a CBRF serving more than one client group, employees shall receive training for each client group. Recognizing, preventing, managing, and responding to challenging behaviors. Specific training topics shall include, as applicable: elopement, aggressive behaviors, destruction of property, suicide prevention, self-injurious behavior, resident supervision, and changes in condition. Challenging behaviors training shall be completed within 90 days after starting employment. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 3 employees reviewed obtained all training as required within 90 days after starting employment. Caregiver O did not have training in recognizing, preventing, managing and responding to challenging behaviors or training in client groups within 90 days after starting employment. Findings include: On 09/14/2026, at approximately 11:45 a.m., Surveyor conducted a review of employee records to verify compliance with all employee training requirements. Surveyor identified the following: -Caregiver O was hired on 06/02/2026 and was working at the time of the survey. There was no	N 243			

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N 243	Continued From page 6 evidence Caregiver O received training in recognizing, preventing, managing and responding to challenging behaviors or client groups or met an exemption. On 09/14/2026 at approximately 3:00 p.m., Surveyor reviewed the above concerns with Nurse E and Administrator M. Nurse E stated that the provider is switching companies for training, so s/he would look further into the documentation. Surveyor stated if the provider was able to find evidence of Caregiver O's having received training in challenging behaviors or client groups, to send it to the Surveyor by 3:00 p.m. on 09/15/2026. On 09/15/2026 at 10:38 a.m., Administrator M stated, "The trainings submitted are the only ones [s/he] has completed so far. I am having [him/her] complete the remaining required trainings as soon as possible and will send the documentation once they are finished."	N 243			
N 247	83.22(1)-(4) Task specific training. The CBRF shall provide, obtain or otherwise ensure adequate training for employees performing job duties in all of the following: Assessment of residents. All employees responsible for resident assessment shall successfully complete training in the assessment of residents prior to assuming these job duties. Specific training topics shall include: assessment methodology, assessment of changes in condition, sources of assessment information, and documentation of the assessment. Individual service plan development. All employees responsible for service plan development shall successfully complete training	N 247			

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N 247	Continued From page 7 in individual service plan development prior to assuming these job duties. Specific training topics shall include: identification of the resident 's needs and desired outcomes, development of goals and interventions, service plan evaluation and review of progress. Provision of personal care. All employees responsible for providing assistance with activities of daily living shall successfully complete training prior to assuming these job duties. Specific training topics shall include, as appropriate: bathing, eating, dressing, oral hygiene, nail and foot care, toileting and incontinence care, positioning and body alignment, and mobility and transferring. Dietary training. All employees performing dietary duties shall complete dietary training within 90 days after assuming these job duties. Specific training topics shall include: determining nutritional needs, menu planning, food preparation and food sanitation. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 3 employees reviewed obtained all task-specific training as required. Caregiver O, who performed dietary duties, did not have training in dietary services within 90 days after assuming these job duties. Caregiver P, who performed dietary duties, did not have training in dietary services within 90 days after assuming these job duties.	N 247		

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N 247	Continued From page 8 Findings include: On 09/14/2026, Surveyor conducted a review of 3 employees to verify compliance with task-specific training requirements. Surveyor requested training records from Administrator M for Caregiver O, and Caregiver P. Dietary On 09/14/2026 at approximately 9:15 a.m., Surveyor observed Caregiver Q in the kitchen preparing food. Caregiver Q stated that s/he is a caregiver, not a cook, but that the facility does not have a cook so everyone takes turns cooking. On 09/14/2026 at approximately 9:30 a.m., Caregiver R confirmed that the caregivers are responsible for cooking, cleaning and activities along with caregiver duty's. The record for Caregiver O, hired 06/02/2026, did not contain evidence of training or evidence of meeting an exemption for dietary training. The record for Caregiver P, hired 06/03/2026, did not contain evidence of training or evidence of meeting an exemption for dietary training. On 09/14/2026 at approximately 3:00 p.m., Surveyor reviewed the above concerns with Nurse E and Administrator M. Nurse E stated that the provider had switched training companies and would look into these trainings. Surveyor stated if the provider was able to find evidence of dietary training for Caregiver O or Caregiver P to send it to the Surveyor by 3:00 p.m. on 09/15/2026. On 09/15/2026 at 10:38 a.m., Administrator M confirmed that Caregiver O and Caregiver P will	N 247		

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N 247	Continued From page 9 need to complete the required trainings, as the trainings previously submitted are the only ones that had been completed to date. Administrator M stated s/he is working with the caregivers to ensure the remaining required trainings are completed as soon as possible.	N 247		
{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 observation, record review and interview, the provider did not update individualized service plans (ISP) when there was a change in the residents needs and abilities as well as the program services, frequency and approaches. Resident 3's ISP was not updated to include frequency and approaches to address leaving the facility independently, laundry, house keeping, and food safety.	{N 389}		

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{N 389}	Continued From page 10 This is a repeat deficiency from statement of deficiency (SOD) RZV912, dated 05/28/2026. Findings include: On 09/14/2026, Surveyor conducted a verification visit, complaint investigation and standard licensing survey. The facility has a class CNA (non-ambulatory) probationary license, effective 11/21/2025, as a community based residential facility (CBRF) able to serve up to 20 residents within the client groups of irreversible dementia/Alzheimer's and advanced age. On 09/14/2026 at 10:00 a.m., Surveyor observed Resident 3 is his/her room. Surveyor observed the room was cluttered with mounds of laundry on the side of the bed, at the end of the bed, on a chair, on the floor of the closet and in the shower. Surveyor observed 3 cups of liquid laying on the floor as well as a container of food. Resident 3 stated that s/he has food and cups on the floor because s/he eats on the floor. Surveyor observed a bag of Doritos and a tub a butter on the ground with a can of Raid insect killer leaning against it. Resident 3 confirmed that the container had butter in it and that s/he has it out because s/he used it on his/her breakfast this morning. Resident 3 stated s/he eats in his/her room and caregivers will leave the food and the tray in his/her room all day. Surveyor observed a refrigerator in Resident 3's room and asked if s/he could see what was inside. Resident 3 requested that Surveyor not look in the refrigerator because, "The food is spoiled and s/he needs to take it out." Surveyor observed several flies in Resident 3's room and 3 bottles of insect remover. Resident 3 stated that s/he had clogged the toilet a few weeks ago and it remained clogged and since then the flies have,	{N 389}		

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{N 389}	Continued From page 11 "taken over." Surveyor observed Resident 3's bathroom with fecal matter on the floor between the toilet and the litter box. Resident 3 stated s/he just changed the litter box so everything should be clean in the bathroom. Resident 3 stated that the staff are responsible for laundry, "But my shirts are moldy because they won't wash them." Surveyor asked Resident 3 to identify which clothes are clean and which are soiled. Resident 3 stated that s/he knows s/he has to organize and put things away but has not gotten around to it. Surveyor observed that Resident 3's bed was not made and only contained a mattress protector. Resident 3 stated that the staff are supposed to wash his/her bedding and make his/her bed but they don't. Resident 3 stated s/he does not have a designated laundry day so often it does not get done. Resident 3 stated that when his/her sheets are washed that s/he will ask the caregivers several times to make the bed but when they do make the bed, it is sloppy so the caregiver will say that s/he refused to let them make the bed. Resident 3 stated that the caregivers are supposed to clean his/her room because s/he can't but also stated s/he can be particular and doesn't always want staff touching his/her things. Resident 3 identified that s/he has a cat but that s/he has not been able to find the cat in the room and told Surveyor that the caregiver's claim the cat has been aggressive towards them. Surveyor reviewed the record of Resident 3. Resident 3 was admitted to the provider on 02/16/2026 with diagnoses including major depressive disorder, insomnia, and anxiety. Surveyor reviewed Resident 3's progress notes which documented: -06/29/2026, Paramedic reported that Resident 3 was found outside of his/her scooter and laying	{N 389}		

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{N 389}	Continued From page 12 on the sidewalk near McDonald's. Emergency medical services (EMS) stated that s/he could transport his/her to the hospital, but Resident 3 refused. Resident 3 stated s/he hit his/her head on the pavement but still denied care for it, s/he said s/he feels fine. -09/11/2026, A caregiver entered Resident 3's apartment to provide assistance and was physically attacked by his/her cat. -09/11/2026, Resident 3 left the community without notifying staff of his/her departure. Law enforcement had contact the community to notify them that Resident 3 had been seen traveling in the wrong direction down the road on his/her scooter. The officers advised they would not transport Resident 3 back to the community; however, they agreed to escort him/her by following behind him/her as s/he traveled on his/her scooter to ensure his/her safety. Surveyor reviewed Resident 3's ISP, dated 05/16/2026, which documented: -Behaviors; Patient room cluttered at time as s/he likes to reorganize. Encourage and offer assistance weekly and as needed. Unit required de-cluttering staff to offer 1x per week and PRN -Behaviors; Will refuse assistance with ADLs (activities of daily living), staff to continue to offer assistance with all cares. -Behaviors; Demonstrates anxious/paranoid or suspicious behavior. -Behaviors; History of harming self/others/property while driving his/her electric wheelchair. -Housekeeping; Requires assistance: weekly housekeeping and as needed. -Laundry; Requires assistance for: weekly laundry needs (doing linen laundry, making bed and changing sheets) and as needed -Eating/meals/nutrition; Meal Location: prefers to	{N 389}		

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{N 389}	Continued From page 13 have meals delivered to apartment. On 09/14/2026, at approximately 3:00 p.m. Surveyor reviewed the above concerns with Nurse E and Administrator M. Nurse E stated that s/he understands the concern for the lack of services and interventions for Resident 3 and stated that it has been difficult because staff have not been documenting his/her behaviors and Resident 3 is his/her own legal decision maker, so it has been hard to redirect things like Resident 3 leaving the facility independently or caring for his/her cat because s/he insists on it. Nurse E stated s/he is aware of the concerns with the cat, laundry, food safety, cleanliness, and safety on his/her scooter and understands why it needs to be documented in the ISP.	{N 389}		
N 406	83.37(1)(g) Disposition of medications. Disposition of medications. 1. When a resident is discharged, the resident ' s medications shall be sent with the resident. 2. If a resident ' s medication has been changed or discontinued, the CBRF may retain a resident ' s medication for no more than 30 days unless an order by a physician or a request by a pharmacist is written every 30 days to retain the medication. 3. The CBRF shall develop and implement a policy for disposing unused, discontinued, outdated, or recalled medications in compliance with federal, state and local standards or laws. The CBRF shall arrange for the stored medications to be destroyed in compliance with standard practices. Medications that cannot be returned to the pharmacy shall be separated from other medication in current use in the facility and stored in a locked area, with access limited to the administrator or designee. The administrator or	N 406		

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N 406	Continued From page 14 designee and one other employee shall witness, sign, and date the record of destruction. The record shall include the medication name, strength and amount. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that Resident 4's medications were not retained for more than 30 days after discharge. Findings include: On 09/14/2026, at 9:30 a.m., Surveyor observed the medication room with Caregiver O. Surveyor observed a pile of medication cards and asked why they were separated from the medications in the medication cart. Caregiver O stated that those medications are either from discharged residents or medication waiting to be destroyed because the provider's medication destruction bin was full. Surveyor observed the following medications for Resident 4: -Ondansetron ODT 4 mg tablet; 47 tablets -Senexon 8.6 mg tablet; 4 tablets -Reguloid Capsule; 30 capsules -Acetaminophen 325 mg tablet; 30 tablets Surveyor asked Caregiver O if Resident 4 still lived at the facility. Caregiver O stated no, s/he was discharged 3 or 4 months ago, so s/he does not know why his/her medications are still here. On 09/16/2026 at 2:36 p.m., Nurse E confirmed Resident 4 had been discharged on 06/30/2026 and that his/her medications have been removed.	N 406		

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{N 416}	Continued From page 15	{N 416}		
{N 416}	83.37(2)(e) Other administration given or delegated by RN Other administration. Injectables, nebulizers, stomal and enteral medications, and medications, treatments or preparations delivered vaginally or rectally shall be administered by a registered nurse or by a licensed practical nurse within the scope of their license. Medication administration described under sub. (2)(e) may be delegated to non-licensed employees pursuant to s. N 6.03(3). This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure staff were delegated to administer vaginal medications by the provider's current registered nurse (RN) within the scope of their license. Two (2) of 2 caregivers who had administered Estradiol Vaginal cream did not have documentation of RN delegation to administer vaginal medication. This is a repeat deficiency from statement of deficiency (SOD) RZV912, dated 05/28/2026. Findings include: On 09/14/2026, Surveyor conducted a verification visit, complaint investigation and standard licensing survey. The facility has a class CNA (non-ambulatory) probationary license, effective 11/21/2025, as a community based residential facility (CBRF) able to serve up to 20 residents within the client groups of irreversible dementia/Alzheimer's and advanced age. On 09/14/2026, Surveyor reviewed the record of	{N 416}		

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{N 416}	Continued From page 16 Resident 3. Resident 3 was admitted to the provider on 02/16/2026 with diagnoses including major depressive disorder, insomnia, and anxiety. Surveyor reviewed Resident 3's physician orders for estradiol vaginal cream 0.1 mg/gm to insert 2 gram vaginally in the morning every Monday for hormone replacement/urological. On 09/14/2026 at 10:00 a.m., Surveyor observed Resident 3 in his/her bedroom. Surveyor observed Resident 3's estradiol cream in the bathroom. Resident 3 stated that the staff assist him/her with that medication and identified Caregiver O and Caregiver D as having administered it. Surveyor reviewed Resident 3's individualized service plan (ISP), dated 05/16/2026, which documented that Resident 3 requires assistance from staff in medication administration and, "Requires nurse delegation of medication administration to a non-licensed staff." Surveyor reviewed Resident 3's August and September medication administration record (MAR). The MAR documented that Resident 3's estradiol was administered by the following: 08/24/2026 - Caregiver O 08/31/2026 - Caregiver O 09/07/2026 - Caregiver O 09/14/2026 - Caregiver O On 09/14/2026 at approximately 3:00 p.m., Nurse E and Administrator M stated they would continue to look for documentation of RN delegation. Surveyor stated if the provider was able to find evidence of Caregiver O or Caregiver D's RN delegation to send it to the Surveyor by 3:00 p.m. on 09/15/2026.	{N 416}		

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{N 416}	Continued From page 17 On 09/15/2026 at 9:21 a.m., Nurse E provided Surveyor with RN delegation. Caregiver D's RN delegation was signed by Nurse E on 06/10/2026 and did not include delegation for vaginal administration of medication. Caregiver O's RN delegation was signed by Nurse E on 06/10/2026 and did not include delegation for vaginal administration of medication. Surveyor asked if either caregiver had documentation that they were delegated to administer vaginal medication. On 09/15/2026 at 10:31 a.m., Nurse E stated, "This is the form that [provider] uses, I review with them all aspects of medication administration options. Are you stating that the form needs to include vaginal medication administration?" Nurse E stated s/he would delegate caregivers as soon as possible for vaginal administration of medication.	{N 416}		
N 419	83.37(3)(c) Medication storage: locked cabinet. Administered by facility. The CBRF shall keep medicine cabinets locked and the key available only to personnel identified by the CBRF. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure medications were in a locked medication cabinet with the key available only to personnel identified by the CBRF staff. Resident 3 had medications in his/her room and unmarked pills and capsules were sitting on the table in the activity room.	N 419		

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N 419	Continued From page 18 Findings include: On 09/14/2026, Surveyor conducted a verification visit, complaint investigation and standard licensing survey. The facility has a class CNA (non-ambulatory) probationary license, effective 11/21/2025, as a community based residential facility (CBRF) able to serve up to 20 residents within the client groups of irreversible dementia/Alzheimer's and advanced age. On 09/14/2026 at 9:45 a.m., Surveyor observed a plastic bag that contained 2 unmarked pills and 5 unmarked capsules. The bag was unattended, sitting on the table in the activity area next to the living room. Resident's had independent access to the unlocked pills/capsules. On 09/14/2026 at 10:00 a.m., Surveyor observed Resident 3's room. Surveyor observed 2 tubes of estradiol cream in his/her bathroom, and a bottle of antacid and bottle of vitamin D sitting by his/her bedside. Surveyor reviewed the record of Resident 3. Resident 3 was admitted to the provider on 02/16/2026 with diagnoses including major depressive disorder, insomnia, and anxiety. Surveyor reviewed Resident 3's physician orders for: -Estradiol vaginal cream 0.1 mg/gm to insert 2 gram vaginally in the morning every Monday for hormone replacement/urological -Opeprazole oral tablet delayed release 20 mg -Vitamin D3 50MCG (2000U) SFTG (100EA) capsule Surveyor reviewed Resident 3's August and September medication administration record (MAR). The MAR documented that Caregiver's	N 419		

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N 419	Continued From page 19 are signing the MAR that staff administered Resident 3's estradiol, opeprazole and vitamin 3 on a daily basis. Surveyor reviewed Resident 3's individualized service plan (ISP), dated 05/16/2026, which documented that Resident 3 requires assistance from staff in medication administration and, "Requires nurse delegation of medication administration to a non-licensed staff." On 09/14/2026 at approximately 3:00 p.m., Surveyor reviewed the above concerns with Nurse E and Administrator M. Nurse E stated that Resident 3 can purchase over the counter medications and brings things into his/her room that don't belong. Nurse E and Administrator M were both unaware of who the pills/capsules belong to or why they were left out on the facility table.	N 419			
N 427	83.38(1)(c) Leisure time activities. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Leisure time activities. The CBRF shall provide a daily activity program to meet the interests and capabilities of the residents. Employees shall encourage and promote resident participation in the activity program. The CBRF shall develop and post the activity schedule in an area available to residents.	N 427			

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N 427	Continued From page 20 This Rule is not met as evidenced by: Based on observation, interview and record review, the provider did not ensure a daily activity program was provided to meet the needs and interests of residents. Findings include: The provider is licensed to serve up to 20 residents with primary diagnoses including advanced age and irreversible dementia/Alzheimer's. On 09/14/2026 at approximately 9:00 a.m., Surveyor reviewed an activity calendar posted on a dry erase board that was dated April 2025. Written on the dry erase board for Moday activities was Bring from 10:00-11:00 a.m. On 09/14/2026 at approximately 9:30 a.m., Caregiver R confirmed that there is no specific activity staff, that caregivers are responsible for activities. On 09/14/2026 at approximately 3:00 p.m., Surveyor reviewed the above concerns with Nurse E and Administrator M, that from approximately 8:30 a.m. to 3:00 p.m., Surveyor did not observe any activities provided to residents. Nurse E acknowledged that s/he did not observe any activities and stated they would work on updating the activity calendar.	N 427			
N 431	83.38(1)(g) Health monitoring. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident 's highest level of functioning. In	N 431			

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N 431	Continued From page 21 addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Health monitoring. 1. The CBRF shall monitor the health of residents and make arrangements for physical health, oral health or mental health services unless otherwise arranged for by the resident. Each resident shall have an annual physical health examination completed by a physician or an advanced practice nurse as defined in s. N 8.02(1), unless seen by a physician or an advanced practice nurse as defined in s. N 8.02(1) more frequently. 2. When indicated, a CBRF shall observe residents ' food and fluid intake and acceptance of diet. The CBRF shall report significant deviations from normal food and fluid intake patterns to the resident ' s physician or dietician. 3. The CBRF shall document communication with the resident ' s physician and other health care providers, and shall record any changes in the resident ' s health or mental health status in the resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not provide or arrange services adequate to meet the needs of Resident 4. The provider did not observe Resident 4's food intake and acceptance of diet and did not report significant deviations from normal food intake patterns to Resident 4's physician. The provider did not monitor Resident 4's bowels in accordance with his/her care plan. Findings include:	N 431		

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N 431	Continued From page 22 On 09/14/2026, Surveyor reviewed the record of Resident 4. Resident 4 was admitted to the provider on 03/04/2022 with diagnoses including nonpsychotic mental disorder. Example 1 - Weight Surveyor reviewed Resident 4's individual service plan (ISP) dated, 05/11/2026. The ISP documented that monthly weights and vitals are to be documented. Under eating/meals/nutrition, the ISP documented that Resident 4's goal is to be able to meet appropriate weight and nutritional status with assistance and should have his/her weight documented monthly. Surveyor reviewed Resident 4's progress notes which documented that on 07/07/2026, Resident 4 stated s/he was having difficulty chewing many of the regular meals served due to having no teeth. S/he required softer food options to be available. Surveyor reviewed Resident 4's monthly weights which documented: 01/13/2026 - 164 pounds 02/01/2026 - 169 pounds 03/01/2026 - 162.8 pounds 05/01/2026 - 164 pounds 05/07/2026 - 165 pounds 07/01/2026 - 159 pounds On 09/14/2026, at approximately 3:00 p.m., Surveyor asked Nurse E what the provider's policy was on weight loss/gain and when to report to the resident's physician. Nurse E stated s/he believes it's a 10 pound difference but stated s/he would need to check the policy. Surveyor reviewed Resident 4's weights with Nurse E and asked if the 10 pound weight loss from February	N 431			

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N 431	Continued From page 23 to July was intentional for Resident 4 and whether or not it was reported to his/her physician. Nurse E stated s/he was unaware of the weight loss and stated s/he understands the concern for weight monitoring and reporting to the physician if necessary. Example 2 - Bowel monitoring Surveyor reviewed Resident 4's individual service plan (ISP) dated, 05/11/2026. The ISP documented that Resident 4 is incontinent of bowels with a goal to maintain/improve bowel function with assistance. Surveyor reviewed Resident 4's electronic record and identified that staff were to be documenting bowel monitoring each shift. Surveyor asked to review Resident 4's bowel movement documentation. Surveyor reviewed Resident 4's progress notes which documented: -08/17/2026, Resident wanted to be sent out due to having bad stomach pains and stated s/he is constipated. Gave miralax and prune juice. POA (power of attorney) is aware. -08/17/2026, Resident was sent out due to abdominal pain. Resident does have UTI (urinary tract infection) and antibiotic... Surveyor reviewed a hospital discharge summary dated 08/17/2026 that documented Resident 4 was treated for an acute UTI and constipation. On 09/14/2026 at approximately 3:00 p.m., Nurse E stated that the staff should be documenting whether or not Resident 4 has had a bowel movement on each shift, however, the documentation has not been completed so there	N 431		

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N 431	Continued From page 24 is no documentation of monitoring his/her bowels.	N 431		
N 450	83.41(2)(c) Nutrition: menus. Menus. 1. The CBRF shall make reasonable adjustments to the menu for individual resident ' s food likes, habits, customs, conditions and appetites. 2. The CBRF shall prepare weekly written menus and shall make menus available to residents. Deviations from the planned menu shall be documented on the menu. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure a weekly menu was available to residents and that deviations from the planned menu were documented. Findings include: On 09/14/2026 at approximately 9:00 a.m., Surveyor toured the facility and was unable to locate documentation of a menu. Surveyor observed a white board located near the kitchen that documented it was Monday, September 14th, 2026, and had breakfast, lunch and dinner, but no food items listed. On 09/14/2026 at approximately 9:15 a.m., Surveyor observed Caregiver Q in the kitchen preparing food. Caregiver Q stated that s/he is a caregiver, not a cook, but that the facility does not have a cook so everyone takes turns cooking. Caregiver Q stated that if there is a menu, s/he was unaware of it and s/he is making sloppy joes for lunch because that is what the facility had	N 450		

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N 450	Continued From page 25 ingredients for. On 09/14/2026 at approximately 11:00 a.m., Surveyor observed that the white board continued to be blank and list menu items.	N 450		
N 452	83.41(3)(b) Food safety. Food safety. Whether food is prepared at the CBRF or off-site, the CBRF shall store, prepare, distribute and serve food under sanitary conditions for the prevention of food borne illnesses, including food prepared off-site, according to all of the following: 1. The CBRF shall refrigerate all foods requiring refrigeration at or below 40°F. Food shall be covered and stored in a sanitary manner. 2. The CBRF shall maintain freezing units at 0°F or below. Frozen foods shall be packaged, labeled and dated. 3. The CBRF shall hold hot foods at 140°F or above and shall hold cold foods at 40°F or below until serving. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure food was stored in sanitary conditions. Food was not marked with the date of opening and left over food was left open to air with the potential to negatively effect 19 of 19 residents.	N 452		

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N 452	Continued From page 26 Findings include: On 09/14/2026 at approximately 9:15 a.m., Surveyor observed Caregiver Q in the kitchen preparing food. Caregiver Q stated that s/he is a caregiver, not a cook, but that the facility does not have a cook so everyone takes turns cooking. Surveyor observed the following concerns in the provider's kitchen: - There was an open container of ham deli meat that was not dated in the provider's refrigerator. - There was an open contain of ham deli meat that was dated 08/16/2026. The instructions on the package state to use within 7 days of opening. - There was an open package of cheddar cheese and an open package of mozzarella cheese that was not dated. - There a bowl of mixed ingredients with a piece of tin foil loosely covering it. The container did not have a label or date and was open to air. - There was food wrapped in tin foil that Caregiver Q identified as being hamburgers that were served on 09/12/2026. The hamburgers were not in an air tight container. - The refrigerator in the medication room had an open container of yogurt that was not dated and was left open to air. "Date marking is a way to control the growth of a bacteria called Listeria, which grows under refrigeration and is the third leading cause of death from foodborne illness in the United States." (Source: Wisconsin Food Code Fact Sheet, Date Marking of Ready-to-Eat Time-Temperature Control for Safety Foods, April 2022) On 09/14/2026 at 3:00 p.m., Nurse E stated s/he	N 452		

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N 452	Continued From page 27 has been reminding staff to date food.	N 452		
N 481	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a living environment that is clean, comfortable, and homelike. Findings include: On 09/14/2026 at approximately 9:15 a.m., Surveyor toured the facility with Caregiver R and observed the following concerns: - Laundry basket overflowing with folded laundry sitting outside room #2. Caregiver R stated that it is a different resident's laundry and s/he does not know why it's on the floor in the hallway outside room #2. - 2 bags of garbage sitting on the hallway floor outside of room 17. - Resident 3's bedroom had used dishes from previous meals throughout the room, there was several flies in the room, the bed sheets were soiled, food was left out and on the floor, Resident 3 identified that the food stored in his/her refrigerator was moldy, there was soiled and clean laundry in mounds around the bedroom and bathroom including on the floor of the	N 481		

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N 481	Continued From page 28 shower, and there was fecal matter on the floor between the toilet and the litter box. On 09/14/2026 at 3:00 p.m., Nurse E stated the provider has been trying to work with Resident 3 on the cleanliness of his/her room.	N 481		
N 499	83.45(3) Toxic substances. Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all cleaning compounds were stored in secure areas. The provider had cleaning compounds, insecticides, and toxic substances unsecured and accessible to residents. Findings include: On 09/14/2026, Surveyor conducted a verification visit, complaint investigation and standard licensing survey. The facility has a class CNA (non-ambulatory) probationary license, effective 11/21/2025, as a community based residential facility (CBRF) able to serve up to 20 residents within the client groups of irreversible dementia/Alzheimer's and advanced age. On 09/14/2026 at approximately 9:00 a.m., Surveyor toured the provider's facility with Caregiver R. Surveyor observed the following concerns:	N 499		

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N 499	Continued From page 29 -1 of 2 laundry rooms was unsupervised with the door kept ajar. Inside the laundry room Surveyor observed a self of cleaning compounds including 5 bottles of disinfectant with bleach, 3 bottles of Windex, and 2 bottles of toilet bowl cleaner. -The maintenance closet, across from the administrators office, was not secured. Stored in the maintenance closet, Surveyor observed the facility's cleaning cart including 2 bottles of Windex. -A hallway closet was not secured and had two bottles of indoor and perimeter insect killer. -Resident 3's bedroom had Raid insect killer that was not secured and was leaning against a container of butter that Resident 3 identified s/he had eaten this morning. In Resident 3's closet, that was not secured, Surveyor observed a can of WD-40 and 3 bottles of furniture polish. On 09/14/2026 at 10:56 a.m., Surveyor observed the laundry room remained propped open with cleaning compounds and toxic substances unsecured and accessible. On 09/14/2026 at 3:00 p.m., Nurse E stated s/he had ensured the laundry room door was closed and secured when s/he arrived at the facility.	N 499		
N 507	83.46(1)(f) Combustibles. Combustible materials shall not be placed within 3 feet of any furnace, boiler, water heater, fireplace or other similar equipment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure combustible materials were not within 3 feet of the furnace and hot water heater.	N 507		

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N 507	Continued From page 30 Findings include: On 09/14/2026 at approximately 9:00 a.m., Surveyor toured the provider's facility with Caregiver R, including the facility's maintenance closet. Surveyor observed a plastic cleaning cart with plastic bags, cleaning compounds and mop heads on, touching the hot water heater and a plastic watering can and 2 plastic laundry baskets approximately 6 inches from the hot water heater. On 09/14/2026 at 3:00 p.m., Nurse E stated s/he will remind the maintenance staff not to store combustibles within 3 feet of the hot water heater.	N 507		
N 525	83.47(2)(d) Fire drills. Fire drills. 1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of the drill and the CBRF 's total evacuation time. The CBRF shall record residents having an evacuation time greater than the time allowed under s. HFS 83.35(5) and the type of assistance needed for evacuation. Fire evacuation drills may be announced in advance. 2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleeping hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the employees scheduled to work during the residents ' normal sleeping hours. This Rule is not met as evidenced by:	N 525		

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N 525	Continued From page 31 Based on record review and interview, the provider did not ensure documentation of fire drills included the date and time of the drill and the CBRF's total evacuation time. Findings include: On 09/14/2026, Surveyor conducted a verification visit, complaint investigation and standard licensing survey. The facility has a class CNA (non-ambulatory) probationary license, effective 11/21/2025, as a community based residential facility (CBRF) able to serve up to 20 residents within the client groups of irreversible dementia/Alzheimer's and advanced age. On 09/14/2026, at approximately 11:00 a.m., Surveyor requested the facility's fire drills from 2025 and 2026 from Administrator M. Administrator M stated that the maintenance staff was out today but s/he would do his/her best to look through the system for the reports. On 09/14/2026 at approximately 3:00 p.m., Surveyor stated if the provider was able to find the facility's 2025 and 2026 fire drills, to send it to the Surveyor by 3:00 p.m. on 09/15/2026. On 09/15/2026 at 11:31 a.m., Nurse E emailed Surveyor the facility's fire drills. The drills were dated as being completed on 07/31/2026; 4/30/2026; 1/31/2026; and 10/31/2025. Four of 4 fire drills did not include the time of the drill or the CBRF's total evacuation time. The CBRF did not record any residents having an evacuation time greater than 4 minutes and the type of assistance needed for evacuation. On 09/15/2026 at approximately 1:00 p.m., Surveyor reviewed the above concerns with	N 525		

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N 525	Continued From page 32 Administrator M and Nurse E. Nurse E stated s/he will remind the maintenance staff what documentation is required in a fire drill.	N 525			
N 637	83.59(1)(g) Proper exit locations, sidewalks, driveways. All habitable floors shall have at least 2 exits providing unobstructed travel to the outside. Small class AA CBRFs licensed on or before the effective date of this section with no more than 2 habitable floors may have one exit from the second floor. Exits, sidewalks and driveways used for exiting shall be kept free of ice, snow, and obstructions. For facilities serving only ambulatory residents, the CBRF shall maintain a cleared pathway from all exterior doors to be used in an emergency to a public way or safe distance away from the building. For facilities serving semi-ambulatory and non-ambulatory residents, a CBRF shall maintain a cleared, hard surface, barrier-free walkway to a public way or safe distance away from the building for at least 2 primary exits from the building. All other required exits shall have at least a cleared pathway maintained to a public way or safe distance from the building. An exit door or walkway to a cleared driveway leading away from the CBRF also meets this requirement. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all exits were kept free from obstruction. Two wheelchairs were stored in the hallway leading to an exit.	N 637			

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N 637	Continued From page 33 Findings include: On 09/14/2026, Surveyor conducted a verification visit, complaint investigation and standard licensing survey. The facility has a class CNA (non-ambulatory) probationary license, effective 11/21/2025, as a community based residential facility (CBRF) able to serve up to 20 residents within the client groups of irreversible dementia/Alzheimer's and advanced age. On 09/14/2026 at approximately 9:00 a.m., Surveyor toured the provider's facility with Caregiver R. Surveyor observed an exit near room 20, where the passageway and door was blocked by two wheelchairs. On 09/14/2026 at 3:00 p.m., Nurse E stated that the wheelchairs are no longer there and that s/he had ensured the exits were cleared when s/he arrived at the facility.	N 637		
N 640	83.59(2)(b) Solid core wood doors or equivalent A solid core wood door or an equivalent fire resistive door shall be provided at any interior stair between the basement and the first floor. The door shall have a positive latch and an automatic closing device and normally shall be kept closed. Enclosed furnace and laundry areas with self-closing doors in a split level home may substitute for the self-closing door between the first and second levels. Enclosed furnace and laundry areas shall have self-closing solid core wood doors or an equivalent fire resistive door when located on a common level with resident bedrooms. This Rule is not met as evidenced by:	N 640		

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N 640	Continued From page 34 Based on observation and interview, the provider did not ensure all enclosed furnace and laundry areas had a door with a positive latch that was kept closed. Findings include: On 09/14/2026 at approximately 9:00 a.m., Surveyor toured the provider's facility with Caregiver R. Surveyor observed the following concerns: -The laundry room door was propped open with a door stop, when Surveyor removed the door stop, the door closed but did not latch. -The furnace room door was closed but did not have a positive latch. On 09/14/2026 at 10:56 a.m., Surveyor observed the laundry room was propped open with a door stop. On 09/14/2026 at 3:00 p.m., Nurse E stated s/he had ensured the laundry room door was closed and secured when s/he arrived at the facility and will remind staff not to prop the doors.	N 640			