STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018161	A. BUILDING: _____ B. WING _____	C 06/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOPE REALITY LLC	5510 FORGE DRIVE MADISON, WI 53716

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N 000	Initial Comments On 06/15/2026 to 06/17/2026, Surveyor conducted a complaint investigation at Hope Reality LLC. Three deficiencies were identified. One of 3 deficiencies was a repeat violation. See Statement of Deficiency (SOD) L8W611, dated 08/15/2022. The complaint was substantiated. Census: 3	N 000		
N 357	83.32(3)(m) Rights of Residents: Recording and filming In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Recording, filming, photographing. Not be recorded, filmed or photographed without informed, written consent by the resident or resident ' s legal representative. The CBRF may take a photograph for identification purposes. The department may photograph, record or film a resident pursuant to an inspection or investigation under s. 50.03(2), Stats., without his or her written informed consent. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure residents were free from being recorded, filmed or photographed. Resident 1 was recorded without his/her consent. Findings include:	N 357		

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

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N 357	Continued From page 1 On 05/14/2026, the Department received a complaint alleging concerns the provider's staff recorded a resident. On 06/15/2026, Surveyor conducted a complaint investigation and identified the following: Resident 1 was admitted to the facility on 11/28/2025 with a diagnosis of attention-deficit/hyperactivity disorder. Resident 1 was his/her own decision maker. Resident 1 discharged on 06/04/2026. Resident 1's individual service plan (ISP) dated 12/19/2025 documented: "Cognitive Functions: [Resident 1] is alert and fully oriented to person, place, time, environment, and situation. Aggressive behavior towards staff. Staff will update care team to decide ways to solve this problem. Calling staff derogatory names like [explicit]." On 06/15/2026 at 10:45 AM, Surveyor interviewed Caregiver B regarding allegations Resident 1 was filmed without his/her consent. Caregiver B stated s/he was the staff member who was involved in the incident. Caregiver B stated on 05/09/2026, Resident 1 started to get mad about food available in the garage and started to escalate calling me foul names. Caregiver B reported s/he did not know what to do, s/he felt threatened, and s/he did not want Resident 1 to lie about what s/he said, so s/he voice recorded Resident 1 using his/her phone. Caregiver B reported s/he only voice recorded Resident 1 and sent the recording to Licensee A. Caregiver B showed the recording to the Surveyor which was dated 05/09/2026. Caregiver B played the recording which was 4 minutes long and verified the resident speaking on the recording was Resident 1. Caregiver B denied	N 357		

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N 357	Continued From page 2 playing the recording after the incident and only sharing with Licensee A. Surveyor requested a copy of the recording. Caregiver B stated s/he would have Licensee A provide a copy. On 06/16/2026 at 10:02 AM, Licensee A provided a copy of the recording. Surveyor observed a voice recording of Resident 1 that was approximately 4 minutes, and 6 seconds long dated 05/09/2026. On 06/17/2026, Surveyor reviewed Caregiver B's employee record. Caregiver B was hired 12/21/2020. Caregiver B received resident rights training on 02/19/2021. On 06/17/2026 at 10:01 AM, Surveyor conducted an exit conference and shared findings with Licensee A. Surveyor voiced concern that Resident 1's rights were violated when Caregiver B recorded him/her without his/her consent. Licensee A acknowledged the concern and stated Caregiver B felt threatened and did not want Resident 1 to lie about what was said. Licensee A stated Caregiver B was retrained after the incident.	N 357		
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	N 389		

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N 389	Continued From page 3 resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the Individual Service Plan (ISP) was updated when there was a change in needs and physical or mental condition for 1 of 1 resident reviewed. Resident 1's ISP was not updated to include interventions for his/her non-compliance with medications. This is a repeat deficiency. See Statement of Deficiency (SOD) L8W611, dated 08/15/2022. Findings include: On 06/15/2026, Surveyor reviewed Resident 1's record and identified the following: Resident 1 was admitted to the facility on 11/28/2025 with a diagnosis of attention-deficit/hyperactivity disorder (ADHD). Resident 1 was his/her own decision maker. Resident 1 discharged on 06/02/2026. Resident 1's individual service plan (ISP) dated 12/19/2025 documented: "Medical Conditions: ADHD, staff will continue to administer prescribed medications. Staff will encourage [Resident 1] to be consistent with routines. Specific Medication Monitoring: [Provider name] handles medication management including administration." The ISP did not include interventions for Resident 1's non-compliance with medications.	N 389		

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N 389	Continued From page 4	N 389		

Resident 1's physician orders included:
"-Doxepin 25mg with instructions to take 3 capsules (75mg) by mouth at bedtime, with a start date of 12/23/2025.
-Hydroxyzine 50mg with instructions to take 1 tablet at bedtime, with a start date of 02/18/2026.
-Lurasidone 20mg with instructions to take 1 tablet by mouth once daily with meal, with a start date of 12/23/2025.
-Metformin 500mg with instructions to take 1 tablet by mouth once daily for weight stabilization, with a start date of 02/19/2026.
-Adderall 10mg with instructions to take 1 tablet by mouth twice daily after breakfast and after lunch for ADHD, with a start date of 02/05/2026."

Resident 1's record included a medication self-administration evaluation dated 11/28/2025: "the facility administers meds."

Resident 1's April to May 2026 medication administration record (MARs) documented:
-April: the key code "O"=community outing was recorded on the following dates for all medications: 04/25 and 04/26. In addition, a "O" was recorded on 04/12 for Resident 1's 12:30 PM Adderall. The following notation was included "missed [his/her] Adderall 4/12/26 noon meds because [s/he] was out.
-May: "O" was recorded on the following dates for all medications: 05/15, 05/16, 05/17, 05/22, 05/23, 05/24. In addition, a "O" was recorded on 05/01 and 05/29 for Resident 1's Doxepin and Hydroxyzine. "O" was recorded on 05/30 for Resident 1's Lurasidone, Metformin, and AM dose of Adderall.

Resident 1's managed care organization (MCO) case notes documented:

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N 389	Continued From page 5	N 389		

"-03/16/2026: member did not receive [his/her] afternoon medications on 03/13. [Licensee A] updated IDT that staff attempted at 12, reminding member of [his/her] scheduled 12:30? p.m. medication. Member was found sleeping, and staff informed [him/her] that [his/her] medication was due at 1:22 p.m., staff returned to provide a second reminder and observed [him/her] playing a computer game. Member told staff to get out of [his/her] room. Attempts by the administrator to explain the medication administration window were met with continued aggression.

-04/27/2026: member's provider reported that member left the facility on Friday at 4/24 at 5pm and has not returned home. Staff reported that member left the home without letting them know where [s/he] was going. Later that night, around, midnight, staff called member and questioned [him/her] when [s/he] would be returning. Member told them that [s/he] would return the next morning (Saturday), however, member had not returned as of Sunday 4/26, when provider reported the elopement.

-04/30/2026: ...Member, provider, and member's CSP have been educated on the dangers of elopement and missed medications. Member understood. Risk Reduction Agreement dated 4/30/2026 has been created."

Resident 1's MCO member centered plan dated 01/02/2026 documented: "Medication administration: member requires reminders to take medications from facility staff due to cognitive impairments."

On 06/17/2026 at 10:01 AM, Surveyor conducted an exit conference and shared findings with Licensee A via phone. Licensee A acknowledged

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N 389	Continued From page 6 Resident 1's ISP was not updated when s/he continued to be non-compliant with medication administration times. Licensee A reported Resident 1 would often go into the community without telling staff when s/he was returning resulting in missed medications. Surveyor noted Resident 1 missed at least 8 days of medications including single doses on other dates. Licensee A reported s/he shared the concern with Resident 1's MCO team and educated Resident 1 on med administration. On 06/17/2026 at 3:30 PM, Surveyor interviewed Care Manager C via phone. Care Manager C stated s/he was aware of Resident 1's medication concerns and Resident 1 had been educated several times on this topic. Care Manager C reported due to Resident 1's diagnosis s/he required assistance with medication management and administration.	N 389		
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.	N 452		

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N 452	Continued From page 7	N 452		

This Rule is not met as evidenced by:
Based on observation, record review, and interview, the provider did not ensure food was stored to prevent food borne illness. The provider did not properly seal food, or maintain labels or dates on open food. This had the potential to affect 3 residents.

Findings include:

On 05/14/2026, the Department received a complaint alleging concerns with the provider's food availability.

On 06/15/2026 at 9:17 AM, Surveyor toured the kitchen at the facility and observed the following:

Refrigerator:
-2 heads of lettuce unsealed and had a brown appearance.
-1 gallon of homogenized milk with a best by date of 06/08/2026.
-5 small to medium Tupperware containers with unknown cooked food items, not dated.
-1 small Tupperware container of cooked spaghetti, not dated.
-1 medium bowl of cooked white rice, not dated.
-1 roasted chicken half eaten, not dated.

Freezer:
-2lb container of hamburger meat was opened to the air, appeared freezer burn, not dated with date opened.

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N 452	Continued From page 8	N 452		

Resident 1's managed care organization (MCO) case notes documented:
"-01/22/2026 3. Describe any concerns reported from the member regarding staff/caregivers (formal and/or informal) including verbalizations of mistreatment or concerns regarding staffing shortages ... .Member also reported that staff will keep food out and kitchen dirty for hours after meals are served. [S/he] reported that meals left out are never labeled and served to residents regardless of how long it is left out. CM did witness that left over foods in the fridge were not labeled and noted that the food supply was low. Upon questioning the provider for groceries, [s/he] stated that [s/he] does not have a set schedule for grocery shopping and will shop as needed. Provider will work with staff on educating them on food safety protocols"

On 06/15/2026 at 9:17 AM, Surveyor interviewed Caregiver B. Caregiver B reported Resident 2 often cooks for him/herself and does not like staff to throw away his/her food. Caregiver B acknowledged staff were responsible for maintaining food items stored within the kitchen and to educate Resident 2 about food safety.

On 06/17/2026 at 10:01 AM, Surveyor conducted an exit conference and shared findings with Licensee A via phone. Licensee A acknowledged staff were responsible for maintaining food items stored within the facility. Licensee A confirmed Resident 2 likes to cook for him/herself, but noted staff should come behind him/her to ensure food items are properly stored and labeled. Licensee A stated s/he would provide reeducation on food safety.

According to the Wisconsin Food Code, the Federal Department of Agriculture's Food Code,

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N 452	Continued From page 9 and ServSafe standards, date marking is necessary to indicate when food must be consumed or discarded. These standards indicate refrigerated, read to eat (RTE), potentially hazardous food (PHF), and time/temperature controlled for safety (TCS) foods that are removed from manufacturer packaging and/or prepared for consumption must be date marked and discarded within 7 days. Refrigerated, RTE, PHF, and TCS foods prepared and packaged in a food processing plant shall also be date-marked when opened in the facility (date not to exceed 7 days). (ServSafe Coursebook, 7th Ed., 2017, p. 5-23)	N 452		