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	0016397	A. BUILDING: _____ B. WING _____	C 05/05/2026

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OAK PARK PLACE OF GREEN BAY	421 ERIE RD GREEN BAY, WI 54311

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N 000	Initial Comments On 04/29/2026, with information gathered through 05/05/2026, Surveyors conducted a standard survey and 1 complaint investigation at Oak Park Place of Green Bay. One (1) of 1 complaints were substantiated. As a result of the survey, 7 deficiencies will be issued. Census: 53	N 000		
N 165	83.12(4)(c) Reporting incidents with serious injury A CBRF shall send a written report to the department within 3 working days after any of the following occurs: Any incident or accident resulting in serious injury requiring hospital admission or emergency room treatment of a resident. This Rule is not met as evidenced by: Based on record review and interview, the provider did not send a written report to the department within 3 working days after an incident or accident resulting in serious injury for 1 of 1 (Resident 1) resident reviewed. Resident 1 experienced a fall on 02/01/2026 which resulted in a laceration requiring stitches at the hospital. The provider did not send the department notification of this incident. Findings Include: On 02/11/2026, the department received a complaint regarding resident falls.	N 165		

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

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N 165	Continued From page 1 On 04/29/2026, Surveyor conducted an onsite visit to the facility. A sample of resident files were selected for review, including Resident 1. Resident 1 was admitted to the facility on 06/04/2025 with diagnoses to include alzheimer's disease, paraplegia and iron deficiency. Resident 1's ISP (individualized service plan) indicated Resident 1 is at risk for falls. A physician communication form dated 02/02/2026 stated, "Patient resides at Oak Park Place and was last seen by [physician] 10/31/25. During Epic review, noted patient was seen in the ED [emergency department] 2/1/26 for a laceration repair..." Resident 1's record did not contain any further documentation of the incident. Surveyor reviewed the department's facility folder and did not locate a facility self-report to notify the department. On 04/29/2026 at approximately 2:30 PM, Surveyor interviewed Director of Housing A. Director of Housing A stated s/he was able to review the facility internal communication logs and there was a note in the communication log that Resident 1 did sustain a fall and was sent out to the hospital. Director of Housing A stated Resident 1 received 7 stitches and returned to the facility. Director of Housing A stated s/he was out on leave during this time. Director of Housing A confirmed the facility did not send a facility self report to the department regarding the incident.	N 165		
N 277	83.25 Continuing education The administrator and resident care staff shall receive at least 15 hours per calendar year of	N 277		

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N 277	Continued From page 2 continuing education beginning with the first full calendar year of employment. Continuing education shall be relevant to the job responsibilities and shall include, at a minimum, all of the following: (1) Standard precautions; (2) Client group related training; (3) Medications; (4) Resident rights; (5) Prevention and reporting of abuse, neglect and misappropriation; (6) Fire safety and emergency procedures, including first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 employees (Caregiver D and E) received at least 15 hours of continuing education per calendar year which included standard precautions, resident rights, preventing and reporting of abuse, neglect and misappropriation, medication administration, and fire safety and first aide. Caregiver D was hired on 06/13/2024. Caregiver D's employee record did not contain 15 hours of continuing education in 2025 including education in standard precautions, medication administration, fire safety and first aide. Caregiver E was hired on 04/14/2023. Caregiver E's employee record did not contain 15 hours of continuing education in 2024 and 2025 including education in standard precautions, resident rights, preventing and reporting of abuse, neglect and misappropriation, medication administration, fire safety and first aide. Findings Include:	N 277		

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N 277	Continued From page 3 On 04/29/2026, Surveyor conducted an employee record review as part of the standard survey process. A sample of employees was selected, including the employee records of Caregiver D and E. Caregiver D was hired on 06/13/2024. Surveyor noted Caregiver D's employee file did not include any continuing education in 2025 related to standard precautions, medication administration, fire safety and first aide. In addition, Caregiver D's record only continued 7 hours of continuing education training in 2025. Caregiver E was hired on 04/04/2023. Surveyor noted Caregiver E's employee file did not include any continuing education in 2024. In addition, Caregiver E's employee file did not include any continuing education in 2025 related to standard precautions, medication administration, fire safety and first aide. Caregiver E's record only continued 1 hour of continuing education training in 2025. On 04/29/2026 at approximately 2:00 PM, Surveyor interviewed Director of Housing A regarding continuing education training for Caregiver D and E. Director of Housing A verified Caregiver D and E did not receiving training in standard precautions, resident rights, preventing and reporting of abuse, neglect and misappropriation, medication administration, and fire and first aide in 2024 and 2025. Director of Housing A verified Caregiver D and E did not receive the required number of hours for continuing education in 2024 and 2025.	N 277		
N 302	83.28(4)(a) Resident health screening and documentation	N 302		

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N 302	Continued From page 4 Resident health screening. 1. Within 90 days before or 7 days after admission, a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse shall screen each person admitted to the CBRF for clinically apparent communicable disease, including tuberculosis, and document the results of the screening. 2. Screening for tuberculosis and all immunizations shall be conducted using centers for disease control and prevention standards. 3. The CBRF shall maintain the screening documentation in each resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 (Residents 2 and 3) residents reviewed were screened within 90 days before or 7 days after admission by a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse for clinically apparent communicable disease, including tuberculosis (TB) and documented the results of the screening. Resident 2 was admitted to the facility on 01/05/2026. Resident 2's medical record did not contain documentation of TB screen/test, within 90 days before or 7 days after admission to the facility. Resident 3 was admitted to the facility on 04/20/2018. Resident 3's medical record did not contain documentation of a communicable disease screen, including TB, within 90 days before or 7 days after admission to the facility.	N 302		

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N 302	Continued From page 5 Findings Include: Resident 2 was admitted to the facility on 01/05/2026. Resident 2's record did not contain documentation of a TB screen/test, within 90 days before or 7 days after admission to the facility. Resident 2's record did contain a communicable disease screen dated 09/15/2023 but no TB test was completed at that time. Resident 3 was admitted to the facility on 04/20/2018. Resident 3's medical record did not contain documentation of a communicable disease screen, including TB, within 90 days before or 7 days after admission to the facility. On 05/04/2026, at approximately 12:30 PM, Surveyor interviewed Director of Housing A. Director of Housing A stated Resident 2 was residing at the RCAC (Residential Care Apartment Complex), which is connected to the CBRF (Community Based Residential Facility) since 2023. Director of Housing A stated Resident 2 recently moved to the CBRF in January 2026. Director of Housing A stated they do not conduct another TB test or communicable disease screen when a person moves from the RCAC to the CBRF because they are staying under the same roof. Director of Housing A confirmed s/he was unable to find the communicable disease screen for Resident 3. Director of Housing A stated s/he was able to find the TB test that was administered to Resident 3, however, s/he could not locate the results.	N 302		
N 386	83.35(3)(a) Comprehensive Individualized Service Plan	N 386		

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N 386	Continued From page 6 Comprehensive individual service plan. Scope. Within 30 days after admission and based on the assessment under sub. (1), the CBRF shall develop a comprehensive individual service plan for each resident. The individual service plan shall include all of the following: 1. Identify the resident ' s needs and desired outcomes. 2. Identify the program services, frequency and approaches under s. HFS 83.38(1) the CBRF will provide. 3. Establish measurable goals with specific time limits for attainment. 4. Specify methods for delivering needed care and who is responsible for delivering the care. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure within 30 days after admission a comprehensive ISP (individual service plan) was developed for 2 of 2 (Resident 2 and 8) residents reviewed. Resident 2 has a catheter. Resident 2's ISP did not reflect catheter care needs. In addition, Resident 2's ISP did not include Resident 2's needs for ADLs (Activities of Daily Living). Resident 8 had multiple falls and a wound on his/her coccyx. Resident 8's ISP did not reflect fall interventions or wound care services. In addition, Resident 8's ISP did not include Resident 8's needs for ADLs. Findings Include: On 02/11/2026, the department received a complaint regarding resident ISP.	N 386		

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N 386	Continued From page 7 On 04/29/2026, Surveyors conducted an onsite visit to the facility. A sample of residents was selected including the records of Resident 2 and 8. Resident 2 Resident 2 was admitted to the facility on 01/05/2026 with diagnoses to include heart failure, hypothyroidism, hypercholesterolemia and hypertension. Resident 2's admission assessment with an effective date of 01/05/2026 and signed by Director of Healthcare Services B on 01/05/2026 indicated the following: -Resident does not manage his/her own medications; Resident needs assistance up to 4x(times) a day with medications; Resident is unable to self -administer own medications -Resident is not at risk for skin breakdown -Resident has general diet -Resident is independent with eating and/or the use of adaptive equipment -Resident is independent with all showering/bathing needs -Resident is independent with dressing and does not require assistance. -Resident is independent with all grooming needs -Resident requires catheter and/or ostomy care (Home Health required) -Resident has an indwelling catheter -Resident is in need of occasional assistance of 1 with transferring Surveyor reviewed Resident 2's progress notes and the following was noted: -04/14/2026 Home Health agency note stated, "Patient is a 95 year old [fe/male] referred to home health SN[skilled nursing] due to long term	N 386		

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N 386	Continued From page 8 indwelling urinary catheter management and maintenance..."patient requires a form of home health services, as mandated by [his/her] insurance provider to facilitate monthly catheter changes..." Resident 2's most recent ISP, with no date, stated, "[Resident 2] has impaired hearing function r/t[related to] advanced age...[Resident 2] is at risk for falls r/t history of falls...My story... [Resident 2] requires housekeeping services (weekly)...[Resident 2] requires assistance with laundry services...[Resident 2] is able to self-administer [his/her] own medications... [Resident 2] is unable to self-administer [his/her] own medications r/t weakness and preference...The resident has an indwelling catheter [with interventions of] offer and encourage fluid intake at meals, with activities and with medication administration times [and] when providing assistance with care, promptly report to nurse if resident complains of any pain/discomfort, or if there is any redness, odor or drainage on or around the catheter dressing site." The ISP does not mention Resident 2's catheter care needs are to be met by home health agency or if caregivers will be emptying the catheter bag throughout the day. In addition, the ISP does not address Resident 2's needs related to ADLs. Resident 8 Resident 8 was admitted to the facility on 01/28/2026 with diagnoses to include hypertension and asthma. Resident 8 discharged from the facility on 04/17/2026. Resident 8's admission assessment with an effective date of 01/08/2026 and signed by Director of Healthcare Services B on 03/19/2026 indicated the following:	N 386		

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-Resident is not at risk for skin breakdown
-Resident has regular diet with thin liquids
-Resident is independent with eating and/or the use of adaptive equipment
-Resident is independent with all showering/bathing needs
-Resident requires assistance, prompting or guidance for selecting clothing, use of zippers, buttons, shoes or tying shoes or the removal of clothing on a routine basis
-Resident is independent with all grooming needs
-Resident is incontinent of bowel and/or bladder. Resident needs minimal assistance with incontinence supplies or personal hygiene needs
-Resident is in need of occasional assistance of 1 with transferring

Surveyor reviewed Resident 8's progress notes and the following was noted:
-01/28/2026 "...Resident is alert and oriented to self only...[S/he] has a regular diet and thin liquids. Staff to administer medications whole with water. Resident ambulates independently with a cane and walker, and likes to wander at times. [S/he] is incontinent at times and wears briefs. [S/he] will need reminders to toilet and is mostly independent with showering, but again will need reminders. [S/he] can dress [him/herself] and is independent with grooming. Skin is dry and intact except for a small red open spot at the coccyx that hasn't been evaluated yet by a provider..."
-01/28/2026 "Resident arrived today at approx[approximately] 1100. Skin check was performed. [S/he] has redness with a yeasty smell [on chest] and an open sore on [his/her] coccyx that is small and red and approx 2cm[centimeters]. It is classified as a small red weeping lesion without pain present. Both knees are red and slightly swollen from a fall that occurred this am[morning] before [s/he] arrived at

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the facility. [S/he] denied pain."
-03/11/2026 "Resident had unwitnessed fall in the hallway next to [his/her] room. [S/he] was found in front of [his/her] door with [his/her] head facing the door and [his/her] feet facing [his/her] wheelchair which was behind [her]. [S/he] was laying on [his/her] left side on the floor with [his/her] stomach on the ground. [S/he] appeared to be self-transferring in the hallway and had [his/her] shoes on. Resident denies hitting [his/her] head. Pendant light was not activated. [His/her] skin was intact but complained of left arm pain..."
-03/13/2026 "...Resident does have left arm fracture and is currently in an arm sling on the left side."
-04/01/2026 "Resident had unwitnessed fall on 03/31/2026 at 10:30am. Resident was found by [home health agency] physical therapist and notified staff. Upon entering room resident was sitting in front of [his/her] recliner with [his/her] legs extended out towards the door and [his/her] back resting against the recliner. Resident did not have [his/her] sling on [his/her] left arm but [his/her] shoes were on. (Verified with staff that when getting dressed earlier that morning, [his/her] left arm sling was applied on [his/her] arm. [His/her] wheelchair was beside [him/her] at the time of fall...Resident was taken to ED[emergency department] to be evaluated by family r/t[related to] resident hitting head."
-04/06/2026 "Resident had an unwitnessed fall on 04/03/2026 around 1910. Staff heard loud noise coming from the MC[memory care] living room and someone call for help. [Resident 8] was found in the living room area of memory care with [his/her] head on the lower part of the end table. [S/he] was laying on [his/her] left side of [his/her] body with [his/her] feet were facing towards the hallway. Resident landed on [his/her] left hip and

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N 386	Continued From page 11 did hit [his/her] head on the end table. Resident was not wearing grippy socks or shoes and was just in regular socks. [Resident 8's] wheelchair was next to her and resident looked to be attempting to use another resident's walker..." -04/06/2026 "Resident was admitted to [hospital] due to left femur fracture..." Resident 8's most recent ISP, with no date, stated, "The resident has bladder incontinence r/t...The resident is at risk for falls r/t...Resident requires housekeeping services...Resident requires assistance with laundry services." The ISP does not mention Resident 8's wound care needs and interventions, Resident 8's multiple falls and interventions such as grippy socks, nor does the ISP address any of Resident 8's ADL needs and interventions. On 05/05/2026 at 2:15 PM, Surveyor interviewed Director of Healthcare Services B. Director of Healthcare Services B stated s/he started at the facility at the beginning of October 2025. Director of Healthcare Services B stated s/he was overwhelmed at the start due to not being familiar with the facility electronic records system. Director of Healthcare Services B stated if the ISP is not updated or complete, "it's on me." Director of Healthcare Services B acknowledged the ISPs for Resident 2 and 8 were not comprehensive and would review them to ensure they were updated with the correct information.	N 386		
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	N 389		

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service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not review and revise the ISP (Individual service plan) annually or when there was a change in the resident's needs, abilities or physical or mental condition for 2 of 2 (Resident 9 and Resident 10) residents reviewed.

Resident 9 was admitted to hospice on 01/23/2026. Resident 9's ISP was not updated to reflect the additional service.

Resident 10's ISP was not updated when s/he experienced a change in his/her needs related to diet, mobility, transfers, catheter care and had physical and occupational therapy and skilled nursing care.

Findings include:

On 02/11/2026, the Department received a complaint regarding resident care plans not be updated.

On 04/29/2026, Surveyors conducted an onsite visit to the facility. A sample of residents was selected, including the resident records for

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Resident 9 and Resident 10. The following was noted:

RESIDENT 9

Resident 9 was admitted to the facility on 10/12/2024 with diagnoses to include alzheimer's disease, iron deficiency anemia and hypothyroidism. Resident 9 passed away on 04/03/2026.

A hospice "Plan of Care" report dated 01/29/2026, indicated Resident 9 started hospice services on 01/23/2026.

Resident 9's most recent ISP, not dated, indicated Resident 9 had a decline in cognition related to Alzheimer's disease, required 1-2 caregivers to assist with showering/bathing, was unable to administer own medications, had bladder and bowel incontinence, had behaviors of agitation and resistance to care and received psychotropic medications for the behaviors. The ISP did not indicate Resident 9 received hospice services.

On 04/29/2026 at 2:30 PM, Surveyor interviewed Director of Housing A. Director of Housing A verified Resident 9 started hospice services on 01/23/2026 and the ISP was not updated to reflect Resident 9 receiving those services.

RESIDENT 10

Resident 10 was admitted to the facility on 01/14/2025 with diagnoses to include type 2 diabetes, stage 4 chronic kidney disease, congestive heart failure, cellulitis of left lower limb, non-pressure chronic ulcer of left foot and acute respiratory failure with hypoxia. Resident 10

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was his/her own decision maker and was identified as a fall risk.

Review of Resident 10's progress notes from 01/01/2026 to 03/12/2026 read in part:

-- 01/07/2026, [Home Health Agency F] note: " ... saw [Resident 10] today for recertification for wound and urinary assessment and care ... weaker and requires more assistance from staff with standing and toileting ... continues with scalp incisional wound from skin cancer removal ... gradually improving ... new injury to right medial shin ... observed scabbed area with bruising ... no further open areas or skin breakdown observed ... utilize barrier cream to prevent skin breakdown ... PLAN: Skilled Nursing ... visits for change in condition, catheter management if urinary catheter is non-functional, or pulled out, and prevent of [emergency room] visit or hospitalization ... wound assessment and care and urinary catheter management and maintenance ..."

-- 01/16/2026, [Director of Healthcare Services (DOHS) B]: Resident 10 returned from the hospital "where [s/he] was sent [emergency medical services] on 1/8/2026 for dehydration and [Acute Kidney Injury] ... [His/her] mobility is an issue as [s/he] is a 2-assist currently and will be working with PT/OT. Caregivers will be instructed to use a 2-assist through the weekend and we will re-evaluate after therapy works with [him/her] ... [s/he] will be placed on a lactose free diet ..."

-- 02/17/2026, [Home Health Agency F] note: " ... transfer training bed to and from wheelchair with [4-wheeled walker] with cues for sequencing and placement of feet and hands with [Resident 10]

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needing Mod A [sic] to stand to walker once up able to pivot with walker ... will continue to work on gait, transfers, strength and [range of motion] ..."

02/25/2026, [Home Health Agency F] note: " ... seen today for [occupational therapy] discharge ... initially referred following hospitalization ... has made little progress ... performing [his/her] stand-pivot transfers with 1x moderate assist due to unsteadiness of lower extremities ... continues to require maximum assist to total assist for [his/her] toileting needs ... impaired standing balance ..."

03/12/2026, [Home Health Agency F] note: " ... continue to work on strength, transfers and walking ... requires 1 assist but at times requires 2-3 person assist ... will consider mechanical lift ... [Resident 10] will assist to obtain a new wheelchair ..."

Review of Resident 10's most recent ISP, with a print date of 04/29/2026, noted the following:

-- Transfers: " ... requires minimal assist of 1 and a walker for transfers and ambulation."

-- Catheter: " ... indwelling ...when providing assistance with care, promptly report to nurse if [Resident 10] complains of any pain/discomfort, or if there is any redness, odor or drainage on or around the catheter dressing site."

-- Bathroom Assistance: "Encourage [Resident 10] to participate as much as possible to promote independence ... needs assistance from 1 caregiver for toileting for transferring on/off toilet."

-- Eating: "[Resident 10] is independent for eating.

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Encourage [Resident 10] to eat in an upright position, to eat slowly, and to chew each bite thoroughly before attempting to swallow."

-- Skin Integrity: "[Resident 10] has potential for impairment to skin integrity. Observe skin. Keep skin clean and dry. Hydrate skin with lotion as needed. Report any skin alterations to nurse."

Resident 10's ISP did not indicate s/he received physical and occupational therapy, and skilled nursing care for catheter maintenance and wound care. Additionally, Resident 10's ISP did not identify his/her needs for a lactose-free diet, a wheelchair for mobility or the additional staff assistance s/he may require for transfers and toileting.

On 04/29/2026 at 1:40 PM, Surveyor interviewed Caregiver G who confirmed Resident 10 is a pivot and 2-assist for transfers. S/he stated Resident 10 ambulates with a 4-wheeled walker and uses a wheelchair for longer distances. Caregiver G reported, "[S/he] had a change in condition a couple months ago. [S/he] was really weak and didn't even want to get out of bed. [S/he] is a lot easier to transfer now." Caregiver G also confirmed Resident 10 receives skilled nursing visits for wound care and catheter maintenance. S/he stated staff also assist with Resident 10's catheter care by emptying and changing out the catheter bags. Caregiver G also confirmed Resident 10 has occasional bowel incontinence.

On 05/04/2026 at 2:05 PM, Surveyor interviewed DOHS B who acknowledged Resident 10's ISP was not updated when s/he experienced a change in condition related to diet, mobility, transfers, catheter care and physical and occupational therapy and skilled nursing care.

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N 389	Continued From page 17 DOHS B stated Resident 10 was admitted to the hospital in January for a "kidney issue." S/he stated, "[Resident 10] was bed bound in the hospital and required a Hoyer lift for transfers." DOHS B confirmed when Resident 10 was released from the hospital s/he was a 2-assist for transfers. S/he reported "[Resident 10] is slowly getting back to baseline. [S/he] is a 1-assist pivot transfer and uses a wheelchair. I am not sure of [his/her] walker use currently." DOHS B also confirmed Resident 10 is receiving home health services for physical therapy, wound care and catheter maintenance.	N 389		
N 415	83.37(2)(d) Documentation of medication administration. Documentation of medication administration. As required under s. DHS 83.42(1)(o), at the time of medication administration, the person administering the medication or treatment shall document in the resident record the name, dosage, date and time of medication taken or treatments performed and initial the medication administration record. Any side effects observed by the employee or symptoms reported by the resident shall be documented. The need for any PRN medication and the resident ' s response shall be documented. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure at the time of medication administration, the person administering the medication documented and initialed the MAR (Medication Administration Record), for 4 of 4 (Resident 4, Resident 5, Resident 6 and Resident	N 415		

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N 415	Continued From page 18 7) residents reviewed. Resident 4's January 2026 MAR contained 3 days where staff did not document if s/he received medications. Resident 5's January 2026 MAR contained 1 day where staff did not document if s/he received medications. Resident 6's January 2026 MAR contained 2 days where staff did not document if s/he received medications. Resident 7's January 2026 MAR contained 3 days where staff did not document if s/he received medications. Findings include: On 02/11/2026, the Department received a complaint alleging concerns with medication administration. On 04/29/2026 and 05/04/2026, Surveyors conducted onsite visits to the facility. A sample of resident records were requested including Resident 4, Resident 5, Resident 6 and Resident 7. On 04/29/2026 at 2:30 PM, Surveyor reviewed Resident 4, Resident 5, Resident 6 and Resident 7's MAR's for January 2026. Review of the MAR's showed days where medication administration was not documented as indicated by no medication passer's initials on specific dates. The missing documentation was noted as follows: RESIDENT 4:	N 415		

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N 415	Continued From page 19 Omega 3 Capsule 1000 mg [milligrams], take 1 capsule by mouth 3 times a day, scheduled for 7:00 AM, 12:00 PM and 4:00 PM. - 12:00 PM dose on 01/06/2026, 01/17/206 and 01/19/2026 Tylenol Extra Strength Tablet 500 mg (Acetaminophen), take 1 tablet by mouth 3 times a day, scheduled for 7:00 AM, 12:00 PM and 4:00 PM. - 12:00 dose on 01/06/2026, 01/17/2026 and 01/19/2026 RESIDENT 5: Acetaminophen Tablet 325 mg, take 2 tablets by mouth 3 times a day, scheduled for 7:00 AM, 12:00 PM and 4:00 PM. - 12:00 PM dose on 01/21/2026 RESIDENT 6: Colestipol HCl Oral Tablet 1 gm, take 2 tablets 1 time a day, scheduled for 12:00 PM. - 12:00 PM dose on 01/21/2026 Mirtazapine Oral Tablet 15 mg, take 1 tablet by mouth at bedtime, scheduled for 7:00 PM. - 7:00 PM dose on 01/27/2026 Pravastatin Sodium Oral Tablet 40 mg, take 1 tablet by mouth at bedtime, scheduled for 7:00 PM. - 7:00 PM dose on 01/27/2026 Tramadol HCl Oral Tablet 50 mg, take 1 tablet by mouth 3 times a day, scheduled for 7:00 AM, 12:00 PM and 7:00 PM. - 12:00 PM dose on 01/21/2026 - 7:00 PM dose on 01/27/2026	N 415		

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N 415	Continued From page 20 Colchicine Oral Tablet 0.6 mg, take one-half tablet by mouth 2 times a day, scheduled for 7:00 AM and 7:00 PM. - 7:00 PM dose on 01/27/2026 RESIDENT 7: Hydrocodone-Acetaminophen Oral Tablet 5-325 mg, take 1 tablet by mouth 3 times a day, scheduled for 7:00 AM, 12:00 PM and 7:00 PM. - 12:00 PM dose on 01/06/2026, 01/17/2026 and 01/19/2026 Lorazepam Oral Tablet 0.5 mg, take 1 tablet by mouth 3 times a day, scheduled for 7:00 AM, 12:00 PM and 7:00 PM. - 12:00 PM dose on 01/06/2026, 01/17/2026 and 01/19/2026 On 05/04/2026 at 2:05 PM, Surveyors interviewed Director of Healthcare Services (DOHS) B. DOHS B verified the January 2026 MAR's for Resident 4, Resident 5, Resident 6 and Resident 7 did not contain staff initials on the dates listed above.	N 415		
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	N 525		

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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:
Based on record review and interview, the provider did not ensure quarterly fire drills were conducted with both employees and residents and included documentation of the date and time of the drills and the CBRF's (Community Based Residential Facility) total evacuation time in 2025 and 2026.

Findings include:

The facility is licensed as a Class CNA (nonambulatory) CBRF (Community Based Residential Faciity) to provide services for up to 61 residents who may be physcially disabled, advanced aged, terminally ill and/or have irreversible dementia and/or Alzheimer's.

On 04/29/2026, Surveyor requested the fire evacuation drills for the years 2025 and 2026 from Director of Housing A.

Maintenance C provided Surveyor with documentation. The following was noted:
- Fire drills were conducted in January, February, March, April, May, June, July, August, September, October, November and December 2025, however, no evacuation time was recorded for any of the drills

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N 525	Continued From page 22 - Fire drills were conducted in January, February, March and April 2026, however, no evacuation time was recorded for any of the drills. On 04/29/2026 at approximately 1:00 PM, Surveyor interviewed Maintenance C. Maintenance C stated s/he conducts the drills with employees each month. Maintenance C indicated the facility has horizontal evacuation so s/he talks with employees about moving the residents to the correct evacuation compartment. Maintenance C stated employees do not physically move the residents during the drill and no residents take part in the drill. Maintenance C indicated s/he did not want to disrupt the residents. Maintenance C stated s/he was unaware to document the evacuation time for the drills and will talk with management about how to update the system to keep track of the evacuation time for each drill.	N 525		