STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019389	A. BUILDING: _____ B. WING _____	R-C 06/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOUSING MATTERS 2 LLC	21470 LEES CT BROOKFIELD, WI 53045

(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 06/04/2026 with information gathered through 6/12/2026, Surveyor conducted a standard survey and 1 verification visit at Housing Matters 2 LLC. Ten deficiencies were identified. Two of 2 deficiencies from Statement Of Deficiency (SOD) WFRD11, dated 11/10/2025 were substantially corrected. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 7	N 000		
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 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 documentation was obtained from a physician, physician assistant, clinical nurse practitioner or a licensed registered	N 220		

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

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N 220	Continued From page 1	N 220		

nurse indicating all employees had been screened for clinically apparent communicable disease including tuberculosis (TB) within 90 days prior to start of employment for 1 of 2 employees reviewed.

Caregiver C's TB test and communicable disease screen were not completed within 90 days prior to start of employment.

Findings include:

The facility is licensed as a Class AA (ambulatory) CBRF able to serve up to 8 residents within the client groups of advanced age, traumatic brain injury, emotionally disturbed/mental illness, physically disabled, irreversible dementia/Alzheimer's and developmentally disabled.

On 06/04/2026, Surveyor reviewed Caregiver C's record. S/he was hired 02/01/2026.

Caregiver C's TB test and communicable disease screen was dated 08/11/2022.

On 06/09 2026 at 3:29 PM, Surveyor interviewed Administrator A who stated Caregiver C was initially hired in August 2022 then left employment. Administrator A stated Caregiver C was most recently rehired 02/01/2026. Administrator A stated s/he did not remember when Caregiver C left first left employment after August 2022 but at 1 point between August 2022 and 02/01/2026, Caregiver C was not an employee for greater than 6 months.

On 06/11/2026 at 4:00 PM, Surveyor discussed concern of Caregiver C's TB test and communicable disease screen not completed

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N 220	Continued From page 2 within 6 months of rehire on 02/01/2026 with Administrator A. Administrator A stated s/he did not have Caregiver C retested for TB and communicable disease August 2022 and 02/01/2026.	N 220		
N 230	83.19 Orientation Before an employee performs any job duties, the CBRF shall provide each employee with orientation training which shall include all of the following: (1) Job responsibilities; (2) Prevention and reporting of resident abuse, neglect and misappropriation of resident property; (3) Information regarding assessed needs and individual services for each resident for whom the employee is responsible; (4) Emergency and disaster plan and evacuation procedures under s. HFS 83.47(2); (5) CBRF policies and procedures; (6) Recognizing and responding to resident changes of condition. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure before an employee performed any job duties, s/he was provided orientation on recognizing and responding to resident changes of condition and emergency and disaster plan and evacuation procedures Findings include: The facility is licensed as a Class AA (ambulatory) CBRF able to serve up to 8 residents within the client groups of advanced age, traumatic brain injury, emotionally disturbed/mental illness,	N 230		

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N 230	Continued From page 3 physically disabled, irreversible dementia/Alzheimer's and developmentally disabled. On 06/04/2026, Surveyor reviewed the Department's Facility Face Sheet. A probationary license was issued 08/25/2023. On 06/04/2026 at 8:00 AM, Surveyor arrived at the facility. Caregiver C was working alone. On 06/04/2026, Surveyor reviewed Caregiver C's employee record. S/he was hired 02/01/2026. His/her record did not include orientation training in recognizing and responding to changes in resident condition or emergency and disaster plan and evacuation procedures. On 06/09/2026 at 3:29 PM, Surveyor interviewed Administrator A who stated Caregiver C was initially hired for the attached adult family home in August 2022, left employment and was most recently rehired 02/01/2026 for both the AFH and CBRF. Administrator A stated at 1 point from August 2022 to 02/01/2026, Caregiver C was not employed by the AFH or CBRF for greater than 6 months, and s/he did not know why Caregiver C did not complete all required orientation training. Cross Reference: N0239 DHS 83.20(2)(a)-(d) Department Approved Training Courses N0277 DHS 83.25 Continuing Education	N 230		
N 239	83.20(2)(a)-(d) Department-approved training courses. Standard Precautions. All employees who may be occupationally exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and	N 239		

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N 239	Continued From page 4 excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions before the employee assumes any responsibilities that may expose the employee to such material. Fire safety. Within 90 days after starting employment, all employees shall successfully complete training in fire safety. First aid and choking. Within 90 days after starting employment, all employees shall successfully complete training in first aid and procedures to alleviate choking. Medication administration and management. Any employee who manages, administers or assists residents with prescribed or over-the-counter medications shall complete training in medication administration and management prior to assuming these job duties. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 employees reviewed obtained all department approved training as required. Caregiver D, who had responsibilities for medication administration, did not have training in medication administration and management prior to assuming these duties. Findings include: On 06/04/2026, Surveyor conducted a review of Caregiver D' record to verify compliance with department approved training requirements.	N 239		

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N 239	Continued From page 5 Medication Administration On 06/04/2026, Surveyor reviewed Caregiver D's employee record. The record for Caregiver D, hired 06/16/2023, did not contain evidence of training or evidence of meeting an exemption for medication administration. On 06/04/2026, at approximately 10:00 AM, Surveyor interviewed Administrator A. Administrator A confirmed Caregiver D was responsible for medication administration duties. Administrator A confirmed the provider did not have evidence Caregiver D completed or met an exemption for medication management training prior to assuming these job duties. On 06/04/2026, Surveyor verified Caregiver D was not on the Community-Based Care and Treatment training registry for medication administration. Cross Reference: N0230 DHS 83.19 Orientation N0277 DHS 83.25 Continuing Education	N 239		
N 277	83.25 Continuing education The administrator and resident care staff shall receive at least 15 hours per calendar year of continuing education beginning with the first full calendar year of employment. Continuing education shall be relevant to the job responsibilities and shall include, at a minimum, all of the following: (1) Standard precautions; (2) Client group related training; (3) Medications; (4) Resident rights; (5)	N 277		

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N 277	Continued From page 6 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 each resident care staff received at least 15 hours per calendar year of continuing education beginning with the first full calendar year of employment including at a minimum, all of the following: standard precautions; client group related training; medications; resident rights; prevention and reporting of abuse, neglect and misappropriation; and fire safety and emergency procedures, including first aid. Caregiver E had not completed any 2024 or 2025 annual training. Findings include: The facility is licensed as a Class AA (ambulatory) CBRF able to serve up to 8 residents within the client groups of advanced age, traumatic brain injury, emotionally disturbed/mental illness, physically disabled, irreversible dementia/Alzheimer's and developmentally disabled. On 06/04/2026, Surveyor reviewed Caregiver E's employee record. S/he was hired 06/16/2023. The record contained no annual 2024 or 2025 annual training. On 06/04/2026 at 2:23 PM, Surveyor interviewed Administrator A who stated s/he would submit Caregiver D's 2024 and 2025 annual training to	N 277		

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N 277	Continued From page 7 Surveyor by noon on 06/05/2025. As of noon on 06/05/2026, the training was not received by the Department. On 06/09/2026 at 3:29 PM, Surveyor interviewed Administrator A who stated s/he was confident Caregiver D completed 2024 and 2025 annual training but was unable to find the documentation. On 06/11/2026 at 4:00 PM, Surveyor discussed concern regarding annual training with Administrator A who stated s/he had not started annual training for Caregiver D until 2026 and Caregiver D did not complete 2024 or 2025 annual training. Cross Reference: N0230 DHS 83.19 Orientation N0239 DHS 83.20(2)(a)-(d) Department Approved Training Courses	N 277		
N 381	83.35(1)(a) Pre-admission and ongoing assessments. Scope. The CBRF shall assess each resident ' s needs, abilities, and physical and mental condition before admitting the person to the CBRF, when there is a change in needs, abilities or condition, and at least annually. The assessment shall include all areas listed under par. (c). This requirement includes individuals receiving respite care in the CBRF. For emergency admissions the CBRF shall conduct the assessment within 5 days after admission.	N 381		

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N 381	Continued From page 8 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure an assessment was completed before admitting a person to the CBRF and at least annually for 1 of 2 residents reviewed. Preadmission and annual assessments were not completed for Resident 2. Findings include: On 06/04/2026, Surveyor reviewed the Department's Facility Face Sheet. The CBRF was issued a probationary license 08/25/2023. The resident roster, received from Administrator A on 06/04/2026, identified Resident 2 was admitted 04/01/2022. On 06/04/2026, Surveyor reviewed Resident 2's record. The record did not contain a preadmission assessment or 2024 and 2025 annual assessments and subsequently, the record did not contain an individualized service plan (ISP). On 06/04/2026 at approximately 11:00 AM, Surveyor interviewed Administrator A who stated Resident 2's assessment was completed when s/he was admitted to the adjoined adult family home (AFH) in April 2022. Administrator A stated Resident 2 then transferred to the CBRF but s/he could not remember the date. Administrator A stated s/he would look for Resident 2's assessment and ISP and submit it to Surveyor. On 06/09/2026 at 2:24 PM, Surveyor received Resident 2's managed care organization (MCO)	N 381		

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N 381	Continued From page 9 Member Care Plan dated 02/01/2026. On 06/11/2026 at 4:00 PM, Surveyor discussed concern of no CBRF assessments and no ISP with Administrator A who stated s/he thought the MCO Care Plan sufficed as the facility assessment and ISP. Cross Reference: N0387 DHS 83.35(3)(b) Service Plan Development: Parties Involved	N 381		
N 387	83.35(3)(b) Service plan development: parties involved Development. The CBRF shall involve the resident and the resident ' s legal representative, as appropriate, in developing the individual service plan and the resident or the resident ' s legal representative shall sign the plan acknowledging their involvement in, understanding of and agreement with the plan. If a resident has a medical prognosis of terminal illness, a hospice program or home health care agency, as identified in s. HFS 83.38(2) shall, in cooperation with the CBRF, coordinate the development of the individual service plan and its approval under s. HFS 83.38 (2) (b). The resident ' s case manager, if any, and any health care providers, shall be invited to participate in the development of the service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the resident or resident's legal representative signed the individual service	N 387		

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N 387	Continued From page 10 plan (ISP) acknowledging their involvement in, understanding of and agreement with the plan. Resident 3's ISP was not signed. Findings include: On 06/04/2026, Surveyor reviewed Resident 3's record. S/he was admitted 11/09/2025 and did not have a legal representative. The record contained a "Pre-move-in Assessment" dated 11/07/2025 and a "30 Day Assessment" dated 12/05/2025. The record did not contain an individual service plan. On 06/04/2026 at approximately 11:00 AM, Sruveyor interviewed Administrator A who stated s/he would email Surveyor Resident 3's ISP. On 06/09/2024 at 2:24 PM, Surveyor received Resident 3's managed care organization (MCO) care plan signed and dated 03/03/2026 via email from Administrator A. On 06/11/2026 at 4:00 PM, Surveyor discussed concern of no facility ISP for Resident 3. Administrator A stated s/he was told the MCO care plan and facility ISP were the same thing. On 06/11/2026 at 4:24 PM, Surveyor received Resident 3's ISP dated 03/03/2026 via email from Administrator A. The signature page was blank. Cross Reference: N0381 DHS 83.35(1)(a) Pre-Admission And Ongoing Assessments	N 387		

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N 404	Continued From page 11	N 404		
N 404	83.37(1)(e) Medication regimen, administration review. Medication Regimen Review. 1. If residents ' medications are administered by a CBRF employee, the CBRF shall arrange for a pharmacist or a physician to review each resident ' s medication regimen. This review shall occur within 30 days before or 30 days after the resident ' s admission, whenever there is a significant change in medication, and at least every 12 months. 2. At least annually, the CBRF shall have a physician, pharmacist, or registered nurse conduct an on-site review of the CBRF ' s medication administration and medication storage systems. 3. The CBRF shall obtain a written report of findings under subds. 1. and 2., and address any irregularities for appropriate action. When the review is done by someone other than the prescribing practitioner, the prescribing practitioner shall receive a copy of the report when there are irregularities identified with the resident's medication regimen, which may need physician involvement to address. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a physician, pharmacist, or registered nurse conducted an on-site review of the CBRF ' s medication administration and medication storage systems at least annually. Pharmacy reviews were not conducted in 2024 or 2025. Findings include: The facility is licensed as a Class AA (ambulatory)	N 404		

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N 404	Continued From page 12 CBRF able to serve up to 8 residents within the client groups of advanced age, traumatic brain injury, emotionally disturbed/mental illness, physically disabled, irreversible dementia/Alzheimer's and developmentally disabled. On 06/04/2026 at approximately 8:30 AM, Surveyor requested the 2024 and 2025 annual pharmacy reviews from Administrator A. Administrator A provided Surveyor with a pharmacy review dated 02/19/2026. On 06/04/2026 at 1:43 PM, Surveyor interviewed Administrator A who stated s/he could not find the 2024 and 2025 pharmacy reviews, and s/he would send them to Surveyor by noon on 06/05/2026. As of noon on 06/05/2026, Surveyor had not received 2024 and 2025 pharmacy reviews. On 06/11/2026 at 4:00 PM, Surveyor discussed concern regarding no 2024 and 2025 annual pharmacy reviews with Administrator A who stated s/he had 2024's and 2026's but had missed 2025's.	N 404		
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	N 415		

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N 415	Continued From page 13	N 415		

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, staff documented in the resident record all dates and times of medication administered for 2 of 2 records reviewed.

From 05/01/2026-06/03/2026, staff did not consistently document whether or not Resident 2's and Resident 3's scheduled physician ordered medications were administered, documented administration of Resident 2's Metamucil Smooth Packets and chlorohexidine mouthwash after the medications ran out due to expired physician orders, and documented administration of Resident 3's polyethylene glycol after it ran out due to no physician refill order(s).

Findings include:

The facility is licensed as a Class AA (ambulatory) CBRF able to serve up to 8 residents within the client groups of advanced age, traumatic brain injury, emotionally disturbed/mental illness, physically disabled, irreversible dementia/Alzheimer's and developmentally disabled.

Example 1- Resident 2
Resident 2 was admitted 04/01/2022.

Scheduled physician ordered medications included: levetiracetam 500 MG 3 tablets twice daily (start date 06/12/2025); phenobarbital 32.4

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N 415	Continued From page 14 MG 1 tablet in AM and noon, and 1 ½ tablet (48.6 MG) at bedtime (start date 10/19/2024); senna docusate 8.6-50 MG 1 tablet at bedtime (start date 09/15/2024); pravastatin sodium 40 MG 1 tablet at bedtime (start 04/16/2025); Senior Tabs multivitamin 1 tablet in AM (start date 10/04/2024); vitamin D3 2,000 UNIT 1 capsule in AM (start date 04/02/2025); acetaminophen 500 MG 2 tablets twice daily (start date 02/24/2026). From 05/01/2026-06/3/2026, staff did not document whether or not medications were administered for: 5/01/2026- all AM medications 05/02/2026- all AM and PM medications, and noon phenobarbital 05/03/2026- all PM medications 05/05/2026- senna-docusate 05/06/2026- all PM medications 05/07/2026- all PM Medications 05/10/2026- all AM and PM medications 05/11/2026- all PM medications 05/14/2026- 8:00 PM senna-docusate and pravastatin sodium 05/16/2026- all 8:00 AM phenobarbital, Senior Tabs, and vitamin D3 05/17/2026- all 8:00 PM medications 05/21/2026- all 8:00 PM medications 05/26/2026- noon phenobarbital 05/30/2026- all AM, noon, and 8:00 PM medications 05/31/2026- noon phenobarbital, and all 8:00 PM medications 06/01/2026- all PM medications Medications listed on MAR with expired orders included: chlorhexidine gluconate 0.12% rinse with ½ ounce for 30 seconds twice daily (start date 09/05/2024, no end date); Metamucil Smooth Packets 1 packet in 8 ounces of liquid in	N 415		

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evening (start date 04/02/2025, no end date). From 05/01/2026-06/3/2026 staff documented Metamucil was administered 8 times and chlorhexidine gluconate mouth rinse was administered 20 times.

Example 2- Resident 3
Resident 3 was admitted 11/09/2025.

Scheduled physician ordered medications included: Dimethyl fumarate 240 MG 1 capsule twice daily (start dated 02/15/2026); D-Mannose 500 MG 1 capsule in AM (start dated 02/15/2026); fexofenadine HCL 180 MG 1 tablet daily in AM (start dated 02/15/2026); Folbee Plus 5 MG 1 tablet in AM (start dated 02/15/2026); melatonin 10 MG 1 capsule at bedtime (start dated 02/15/2026); Primrose oil 500 MG 2 capsules at bedtime (start date 05/05/2026); multivitamin with minerals 4.6 MG iron (start date 02/18/2026) in AM; vitamin D3 1000 Unit 5 tablets in AM (start date 02/18/2026); Gemtesa 75 MG 1 tablet in AM (start date 05/01/2026); and D-Mannose 75 MG 1 tablet in AM (start date 02/15/2026).

From 05/01/2026-06/3/2026, staff did not document whether or not medications were administered for:
5/01/2026- all AM medications
05/02/2026- all AM and PM medications
05/03/2026- all PM medications
05/06/2026- all PM medications
05/07/2026- all PM Medications
05/10/2026- all AM and PM medications
05/11/2026- all PM medications
05/14/2026- all PM medications
05/17/2026- all PM medications
05/18/2026- all PM medications
05/20/2026- all PM medications

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05/30/2026- all AM and PM medications
05/31/2026- all PM medications
06/01/2026- 8:00 PM dimethyl fumarate, melatonin and primrose

The MAR identified polyethylene glycol 3350 drink 17 grams mixed in 8 ounces of liquid daily (start date 02/18/2026, no end date). From 05/01/2026-06/03/2026 staff documented administration of polyethylene glycol 6 times.

On 06/04/2026 at 9:48 AM, Surveyor interviewed Administrator A who stated at the beginning of May 2026, pharmacy mandated provider immediately switch from using paper MARs to electronic MAR in the electronic medical record. Administrator A stated there was a steep learning curve and pharmacy would not provide a backup paper MAR for to use when struggling with electronic MAR.

On 06/11/2026 at 4:00 PM, Surveyor discussed concern of missing medication administration documentation with Administrator A who stated switching from paper MARs to electronic MAR was a confusing and chaotic process because s/he had to teach him/herself the system. Administrator A stated the pharmacy instructed him/her to print backup paper MARs from the electronic medical record, but it was very laborious. Administrator A stated s/he continues to work closely with the pharmacy and electronic medical record company.

On 06/12/2026 at 10:03 AM, Surveyor interviewed Pharmacy Tech D who stated MD orders for Resident 2's Metamucil and chlorhexidine mouthwash were expired, the last delivery for Metamucil was 28 packets on 02/19/2026 and last delivery of chlorohexidine

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mouthwash was 16 day's worth on 03/10/2026. Pharmacy Tech D stated Resident 3's polyethylene glycol was ordered on 11/05/2025, pharmacy last delivered a 30-day supply on 11/05/2025. Pharmacy Tech D stated on 11/05/2025 the MD did not order refills and pharmacy was currently waiting for the MD to order refill(s).

Based on record review and interview, the provider did not ensure at the time of medication administration, staff documented in the resident record all dates and times of medication administered for 2 of 2 records reviewed.

From 05/01/2026-06/03/2026, staff did not consistently document whether or not Resident 2's and Resident 3's scheduled physician ordered medications were administered, documented administration of Resident 2's Metamucil Smooth Packets after MD order had expired, documented administration of Resident 2's chlorohexidine mouthwash after it ran out due to expired physician orders, and documented administration of Resident 3's polyethylene glycol after it ran out due to no physician refill order(s).

Findings include:
The facility is licensed as a Class AA (ambulatory) CBRF able to serve up to 8 residents within the client groups of advanced age, traumatic brain injury, emotionally disturbed/mental illness, physically disabled, irreversible dementia/Alzheimer's and developmentally disabled.

Example 1- Resident 2
Resident 2 was admitted 04/01/2022.

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N 415	Continued From page 18 Scheduled physician ordered medications included: levetiracetam 500 MG 3 tablets twice daily (start date 06/12/2025); phenobarbital 32.4 MG 1 tablet in AM and noon, and 1 ½ tablet (48.6 MG) at bedtime (start date 10/19/2024); senna docusate 8.6-50 MG 1 tablet at bedtime (start date 09/15/2024); pravastatin sodium 40 MG 1 tablet at bedtime (start 04/16/2025); Senior Tabs multivitamin 1 tablet in AM (start date 10/04/2024); vitamin D3 2,000 UNIT 1 capsule in AM (start date 04/02/2025); acetaminophen 500 MG 2 tablets twice daily (start date 02/24/2026). Medications listed on MAR with expired orders included: chlorhexidine gluconate 0.12% rinse with ½ ounce for 30 seconds twice daily (start date 09/05/2024, no end date); Metamucil Smooth Packets 1 packet in 8 ounces of liquid in evening (start date 04/02/2025, no end date). (Note: MD orders for chlorhexidine gluconate 0.12% rinse and Metamucil Smooth Packets expired on 04/17/2026.) From 05/01/2026-06/3/2026 staff documented Metamucil was administered 8 times and chlorhexidine gluconate mouth rinse was administered 20 times. From 05/01/2026-06/3/2026, staff did not document whether or not the following medications were administered: 5/01/2026- all AM medications 05/02/2026- all AM and PM medications, and noon phenobarbital 05/03/2026- all PM medications 05/05/2026- senna-docusate 05/06/2026- all PM medications 05/07/2026- all PM Medications 05/10/2026- all AM and PM medications 05/11/2026- all PM medications	N 415		

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05/14/2026- 8:00 PM senna-docusate and pravastatin sodium
05/16/2026- all 8:00 AM phenobarbital, Senior Tabs, and vitamin D3
05/17/2026- all 8:00 PM medications
05/21/2026- all 8:00 PM medications
05/26/2026- noon phenobarbital
05/30/2026- all AM, noon, and 8:00 PM medications
05/31/2026- noon phenobarbital, and all 8:00 PM medications
06/01/2026- all PM medications

Resident 2's record did not contain a facility assessment or individual service plan (ISP). His/her managed care organization's (MCO) Member Care Plan dated 02/01/2026 identified s/he required staff assistance in: activities of daily living (ADL's); instrumental ADL's; supervision; physical health and wellness needs; and mental/behavioral health wellness needs. The MCO care plan did not identify s/he administered his/her own medications.

Example 2- Resident 3
Resident 3 was admitted 02/15/2026.

Scheduled physician ordered medications included: Dimethyl fumarate 240 MG 1 capsule twice daily (start dated 02/15/2026); D-Mannose 500 MG 1 capsule in AM (start dated 02/15/2026); fexofenadine HCL 180 MG 1 tablet daily in AM (start dated 02/15/2026); Folbee Plus 5 MG 1 tablet in AM (start dated 02/15/2026); melatonin 10 MG 1 capsule at bedtime (start dated 02/15/2026); Primrose oil 500 MG 2 capsules at bedtime (start date 05/05/2026); multivitamin with minerals 4.6 MG iron (start date 02/18/2026) in AM; polyethylene glycol 3350 17 grams dissolved in 8 ounces liquid in AM (start

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date 02/18/2026); vitamin D3 1000 Unit 5 tablets in AM (start date 02/18/2026); Gemtesa 75 MG 1 tablet in AM (start date 05/01/2026); and D-Mannose 75 MG 1 tablet in AM (start date 02/15/2026).

From 05/01/2026-06/3/2026, staff did not document whether or not the following medications were administered:
5/01/2026- all AM medications
05/02/2026- all AM and PM medications
05/03/2026- all PM medications
05/06/2026- all PM medications
05/07/2026- all PM Medications
05/10/2026- all AM and PM medications
05/11/2026- all PM medications
05/14/2026- all PM medications
05/17/2026- all PM medications
05/18/2026- all PM medications
05/20/2026- all PM medications
05/30/2026- all AM and PM medications
05/31/2026- all PM medications
06/01/2026- 8:00 PM dimethyl fumarate, melatonin and primrose

The MAR identified polyethylene glycol 3350 drink 17 grams mixed in 8 ounces of liquid daily (start date 02/18/2026). From 05/01/2026-06/03/2026 staff documented administration of polyethylene glycol 6 times.

ISP dated 03/03/2026 (received from Licensee A via email on 06/11/2026 at 4:24 PM):
In the area of Medication Management: "
...Resident's Needs/Preferences: Needs assistance administering medications. Resident's Desired Goals & Outcomes: To receive assistance from staff administering medications
..."

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N 415	Continued From page 21 On 06/04/2026 at 9:48 AM, Surveyor interviewed Administrator A who stated at the beginning of May 2026, pharmacy mandated provider immediately switch from using paper MARs to electronic MAR in the electronic medical record. Administrator A stated there was a steep learning curve and pharmacy would not provide a backup paper MAR for to use when struggling with electronic MAR. On 06/04/2026 at 1:55 PM, Surveyor interviewed Resident 2 who stated his/her prescribed mouthwash ran out a couple weeks prior to 06/04/2026 and/she needed to use it due to side effects of his/her medications. On 06/11/2026 at 4:00 PM, Surveyor discussed concern of missing medication administration documentation with Administrator A who stated switching from paper MARs to electronic MAR was a confusing and chaotic process because s/he had to teach him/herself the system. Administrator A stated the pharmacy instructed him/her to print backup paper MARs from the electronic medical record, but it was very laborious. Administrator A stated s/he continues to work closely with the pharmacy and electronic medical record company. On 06/12/2026 at 10:03 AM, Surveyor interviewed Pharmacy Tech D who stated MD orders for Resident 2's Metamucil and chlorhexidine mouthwash expired on 04/17/2026, the last delivery for Metamucil was 28 packets was 02/19/2026 and last delivery of chlorohexidine mouthwash was 16 day's worth on 03/10/2026. Pharmacy Tech D stated Resident 3's polyethylene glycol was ordered on 11/05/2025, pharmacy last delivered a 30-day supply on 11/05/2025. Pharmacy Tech D stated on 11/05/2025 the MD did not order refills and	N 415		

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N 415	Continued From page 22 pharmacy was currently waiting for the MD to order refill(s).	N 415		
N 443	83.39(5) Pets vaccinated. The CBRF shall ensure that pets are vaccinated against diseases, including rabies, if appropriate. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure all pets were vaccinated against diseases, including rabies for 1 of 2 cats living in the home. Findings include: On 06/04/2026, Surveyor reviewed vaccination records for the 2 cats. The cat named "Gretchen" received a 1-year rabies vaccination on 05/03/2024. The vaccination record identified the next rabies vaccination was due 05/03/2025. On 06/04/2026 at 9:34 AM, Surveyor interviewed Administrator A who stated s/he had never owned a pet and was unaware they needed to be vaccinated.	N 443		
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.	N 481		

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N 481	Continued From page 23 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the CBRF was clean and homelike. Findings include: The facility is licensed as a Class AA (ambulatory) CBRF able to serve up to 8 residents within the client groups of advanced age, traumatic brain injury, emotionally disturbed/mental illness, physically disabled, irreversible dementia/Alzheimer's and developmentally disabled. Example 1- Front porch On 06/04/2026 at 8:00 AM, Surveyor observed a glass storm door lying on the front porch on top of dead dried leaves (Photo 16). On 06/04/2026 at 2:29 PM, Surveyor toured the home with Caregiver C. Example 2- Basement bathroom The tub and white nonslip tub mat were heavily soiled with soap scum and the mat was discolored an amber/rust color (Photo 1). Hair was observed in the tub (Photo 2). Example 4- Basement refrigerator The freezer door on the side-by-side refrigerator did not completely close due to ice build up on the bottom floor of the freezer (Photo 3). Example 4- Kitchen The kitchen refrigerator had a bottom freezer. A brown substance was spilled on the top of the freezer door, visible when the (top) refrigerator door was open (Photo 4).	N 481		

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The garbage can was set in a corner of the bottom cupboard and adjoining wall. A line of 7 drips of a hard brown substance ran from the countertop to the top of the garbage. The wall above the garbage can was soiled with dark brown splatters (Photo 5).
Two large nonstick frying pans were hanging in the kitchen. The nonstick material of the cooking surfaces of both pans was significantly scratched and scraped off (Photos 6 and 7).

Example 5- Main floor bathroom
On both sides of the door, the finish around the door handle was worn off and multiple scrapes and scuffs were observed. On the inside of the door, there was a nickel sized hole at the bottom of the door (Photos 8 and 9).
Finish was scraped off and scratched on the edge of the door (Photo 10).
A sprinkler pipe ran through the bathroom above the door and there were areas of rust visible on the pipe (Photo 11).
7 square non-slip mats were lying on the floor of the shower with 4 mats overlapping other mats causing a tripping risk. The shower floor and mats and built in shower shelves were soiled with soap scum. The shower drain was covered with hair (Photos 12 and 13).

Example 6- Main floor hallway
The heat vent across from the bathroom was rusted and heavily soiled with dust (Photo 14).

Example 7- Resident 3's room
There were 2 large areas (approximately 3' long by 15" wide each) of white scrapes in the floor's dark finish (Photo 15).

On 06/04/2026 at 2:23 PM, Surveyor interviewed Administrator A who stated the latches (on the

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N 481	Continued From page 25 storm door lying on front porch) need replacing and the door had been lying on the front porch for approximately 6 months. On 06/14/2026 during the tour at 2:29 PM, Surveyor interviewed Caregiver C who stated the scrapes on Resident 3's floor were from the previous residents office chair (Note: According to the roster, Resident 3 was admitted 11/09/2025.) Caregiver C stated staff still cooked with the 2 nonstick frying pans hung in the kitchen and the ice block preventing the basement refrigerator freezer from completely closing must have built up that morning as it was not there when s/he opened the freezer door that morning (Note: food in the freezer was still frozen). Caregiver C stated Resident 3, Resident 4, and Resident 5 had bedrooms in the basement and used the basement shower. On 06/12/2026 at 8:30 AM, Surveyor discussed environmental concerns with Administrator A who stated the shower and bathtub are constantly cleaned but the soap scum is difficult to remove due to hard water. Administrator A stated staff used a metal scouring pad on the nonstick pans and the storm door was moved and hallway vents cleaned since 06/04/2026.	N 481		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure tornado, flooding, or other	N 526		

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N 526	Continued From page 26 emergency or disaster evacuation drills were conducted at least semi-annually. No other emergency evacuation drills were conducted in 2024 or 2025. Findings include: The facility is licensed as a Class AA (ambulatory) CBRF able to serve up to 8 residents within the client groups of advanced age, traumatic brain injury, emotionally disturbed/mental illness, physically disabled, irreversible dementia/Alzheimer's and developmentally disabled. On 06/04/2026 at approximately 8:30 AM, Surveyor requested 2024 and 2025 other emergency evacuation drills from Administrator A. On 06/04/2026 at 1:28 PM, Surveyor interviewed Administrator A who stated other emergency evacuation drills were not completed in 2024 or 2025. On 06/11/2026 at 4:00 PM, Surveyor discussed concern of not conducting other emergency evacuation drills with Administrator A who stated they were not conducted due to his/her lack of understanding of the regulations and forgetting to conduct them.	N 526		