STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014318	A. BUILDING: _____ B. WING _____	10/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
2ND STREET	3111 2ND ST S WISCONSIN RAPIDS, WI 54494

(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
M 000	INITIAL COMMENTS On 10/13/2025, Surveyor conducted an abbreviated survey at 2nd Street Adult Family Home. As a result of the survey, one (1) new deficiency was found. Census: 4	M 000		
M 436	88.07(2)(a) SERVICES The licensee shall provide or arrange for the provision of individualized services specified in a resident's individual service plan that are the licensee's responsibility. This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility did not ensure Resident 1 received services as specified per the Individual Service Plan (ISP) that are the licensee's responsibility. Findings include: On 10/13/2025 at 10:00 A.M., while reviewing the medication storage system with Program Lead A, Surveyor observed a medication card labeled for Resident 1 which contained 11 multivitamin tablets. The card contained 31 numbered slots, each with space for an individual dose. The medication card indicated a 17 day supply beginning on 10/03/2025, with a pharmacy label indicating one (1) tablet to be administered daily in the morning. Surveyor observed the following:	M 436		

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

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M 436	Continued From page 1 -- Slots 3,4,5, and 6 were empty where the pill had been removed. -- Slots 7,8,9, and 10 were each sealed and intact containing one red circular pill -- Slot 11 was empty where a pill had been removed. -- Slot 12 was sealed and intact containing one red circular pill -- Slot 13 was empty where a pill had been removed -- Slots 14 through 19 were each sealed and intact containing one red circular pill -- Slots 20 through 31 were each sealed, empty, and intact On 10/13/2025 a 10:03 A.M., Program Lead A acknowledged Surveyors observation of Resident 1's medication card and stated, "there should be ten (10) gone." Program Lead A counted the slots on the medication card that had been utilized to administer the multivitamin. S/he stated, "only six (6) gone ...someone is marking it and not giving it." On 10/13/2025 at 11:04 A.M., Surveyor interviewed Resident 1. S/he explained that staff assist with managing his/her medications and recalled at least three days during the previous week where s/he did not receive his/her scheduled multivitamin in the morning. S/he stated, "I didn't ask, and they didn't give it." On 10/13/2025 at 11:45 A.M., Surveyor reviewed the Medication Administration Record (MAR) for Resident 1 which indicated the prescribed daily multivitamin was documented as administered 10 times from 10/03/2025 through 10/13/2025. On 10/13/2025 a 11:50 A.M., Surveyor reviewed Resident 1's most recent Individualized Service	M 436		

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M 436	Continued From page 2 Plan (ISP) dated 10/13/2025 which indicated his/her need for staff to manage and administer medications per physician orders. On 10/13/2025 at 12:24 A.M., Division Administrator B provided Resident 1's current physician orders which read in part, " ...MULTIVITAMIN DAILY TABLET ...Take 1 Tablet by Mouth Once Daily ...7:00 AM ..." On 10/13/2025 at 12:30 P.M., Surveyor interviewed Division Administrator B and Program Lead A. Division Administrator B acknowledged that scheduled medications are removed from the numbered slot correlating with the date given. Administrator B and Program Lead A both acknowledged that Resident 1 had missed his/her scheduled multivitamin doses on a least 3 occasions during the previous week and were looking into means to address it.	M 436		