STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014921	A. BUILDING: _____ B. WING _____	06/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE PARTNERS ASSISTED LIVING ANTIGO I	1417 10TH AVENUE ANTIGO, WI 54409

(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 06/23/2026, Surveyor conducted a self-report investigation at Care Partners Assisted Living Antigo I. Data collection continued through 06/24/2026. One deficiency was identified. Census: 13	N 000		
N 426	83.38(1)(b) Supervision. 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: Supervision. The CBRF shall provide supervision appropriate to the resident's needs. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure adequate supervision for Resident 1. Resident 1 eloped on 06/11/2026. Findings include: On 06/11/2026, the Department received a self-report indicating Resident 1 eloped at 8:00 AM on 06/11/2026 and law enforcement returned Resident 1 to the facility at approximately 8:40 AM. The provider is licensed to serve up to 16	N 426		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014921	A. BUILDING: _____ B. WING _____	06/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE PARTNERS ASSISTED LIVING ANTIGO I	1417 10TH AVENUE ANTIGO, WI 54409

(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 426	Continued From page 1	N 426		

residents in the client groups advanced aged, physically disabled, irreversible dementia/Alzheimer's disease and terminally ill. The facility is located in a populated residential area a few blocks from a high school.

On 06/23/2026, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 04/06/2026. Resident 1 was diagnosed with dementia and his/her health care power of attorney (HC-POA) was activated. Resident 1's individual service plan (ISP) noted that Resident 1 required 24-hour supervision. In regards to wandering, the ISP indicated that Resident 1 "Goes around facility and into others [sic] rooms, Will wander outside, Redirection helps but doesn't understand due to [his/her] dementia, Frequent checks by staff." According to a self-report, dated 06/11/2026, Resident 1 eloped at 8:00 AM on 06/11/2026. The self-report indicated, "A short time later, staff received a call from local law enforcement advising that [Resident 1] had been located on Western Avenue near the high school. A passerby had found [him/her] and transported [him/her] to the police department. Law enforcement subsequently returned [Resident 1] safely to the facility, arriving at approximately 8:40 AM."

On 06/23/2026 at approximately 10:24 AM, Surveyor interviewed Director A. Surveyor asked about Resident 1's elopement on 06/11/2026. Director A verified that Resident 1 eloped on 06/11/2026 and was located a few blocks away from the facility near the high school.

On 06/23/2026 at approximately 11:23 AM, Surveyor interviewed Caregiver B. Surveyor asked about Resident 1's elopement on 06/11/2026. Caregiver B reported that Resident 1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014921	A. BUILDING: _____ B. WING _____	06/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE PARTNERS ASSISTED LIVING ANTIGO I	1417 10TH AVENUE ANTIGO, WI 54409

(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 426	Continued From page 2	N 426		

eloped "just before breakfast" on 06/11/2026. Caregiver B stated that Caregiver B and Caregiver C were in Resident 2's room when the facility door alarm sounded. Caregiver B indicated that Caregiver B left Resident 2's room and witnessed Resident 1 trying to exit the facility. Caregiver B stated that Caregiver B redirected Resident 1 back to the dining room and then Caregiver B returned to Resident 2's room to assist Caregiver C with Resident 2's cares. Caregiver B reported that Caregiver B and Caregiver C finished Resident 2's cares and started preparing for breakfast. Caregiver B indicated that while preparing breakfast, staff noticed Resident 1 was missing around 8:00 AM. Caregiver B stated that staff searched the facility and looked outside for Resident 1. Caregiver B stated, "I went outside to check for [him/her]. I checked next door for [Resident 1]. We got a call from the police department. They asked if we had a missing resident. The police brought [him/her] back about 15 minutes later." Caregiver B commented that Resident 1 was fully clothed and the weather was nice outside when Resident 1 eloped. Caregiver B reported that Resident 1 was an "elopement risk" and Resident 1 wore a wanderguard on his/her left ankle. Caregiver B indicated that 2 caregivers worked each shift and there were at least 2 residents that required the assistance of 2 staff with cares and at any given time, 2 caregivers could be assisting these residents (2 assist residents) every hour to every hour and a half. Caregiver B commented that 2 caregivers could be assisting these residents from a few minutes up to 20 minutes at a time which would leave the other residents without staff supervision.

On 06/23/2026 at approximately 11:47 AM, Surveyor interviewed Caregiver C. Surveyor

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014921	A. BUILDING: _____ B. WING _____	06/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE PARTNERS ASSISTED LIVING ANTIGO I	1417 10TH AVENUE ANTIGO, WI 54409

(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 426	Continued From page 3	N 426		

asked about Resident 1's elopement on 06/11/2026. Caregiver C reported that Caregiver C and Caregiver B were in Resident 2's room before breakfast on 06/11/2026. Caregiver C stated, "We heard the door alarm. [Caregiver B] left [Resident 2's] room and redirected [Resident 1] into the dining room. [Caregiver B] came back by me in [Resident 2's] room. Within 10 minutes after helping [Resident 2], I noticed [Resident 1] was missing. I checked rooms. [Caregiver B] and I looked outside and checked next door. The police called within 10 to 15 minutes of us searching and brought [Resident 1] back to the facility." Caregiver C indicated that there were 2 residents that required the assistance of 2 caregivers for cares and transfers. Caregiver C commented that at any given time during a shift, 2 caregivers could be assisting these residents (2 assist residents) every hour or so which would leave the other residents without staff supervision.

On 06/23/2026 at approximately 2:19 PM, Surveyor interviewed Family Member (FM) D. Surveyor asked about Resident 1's elopement on 06/11/2026. FM D stated, "Normally they catch [him/her]; It's not their fault, [Resident 1] is sneaky." FM D indicated that staff "do their best" to redirect Resident 1. FM D stated that Resident 1 "was getting good care," but family was concerned about Resident 1's safety and elopements. FM D reported that Resident 1 wore a wanderguard on his/her left ankle and the facility door "chimes" when you enter and exit the facility.

On 06/23/2026 at approximately 2:25 PM, Surveyor interviewed FM E via telephone. FM E verified that FM E was Resident 1's HC-POA. Surveyor asked about Resident 1's elopement on

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014921	A. BUILDING: _____ B. WING _____	06/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARE PARTNERS ASSISTED LIVING ANTIGO I	1417 10TH AVENUE ANTIGO, WI 54409

(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 426	Continued From page 4 06/11/2026. FM E stated that FM E had concerns about Resident 1 getting out of the facility. FM E stated, "Staff call when [Resident 1] tries to leave or gets out of the building. [S/He] has gotten out at least three times since [his/her] admission." FM E commented that apart from Resident 1's elopement on 06/11/2026 and attempts of elopement, FM E did not have care concerns for Resident 1. The provider did not ensure adequate supervision for Resident 1.	N 426		