STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0021404	A. BUILDING: _____ B. WING _____	C 10/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDEN VISTA OF GREENDALE II	**6771 S 68TH ST FRANKLIN, WI 53132**

(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 10/07/2026, Surveyor concluded a standard survey and a complaint investigation at Eden Vista of Greendale II. One deficiency was identified. One complaint was unsubstantiated. Census: 15	N 000		
N 489	83.44(2)(a) Rooms clean and free from odors. The CBRF shall keep all rooms clean and shall make reasonable attempts to keep all rooms free from odors. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 1 of 1 resident's (Resident 1's) bedroom was clean. Resident 1's bedroom floor contained small pieces of paper and food crumbs. Under Resident 1's bed, Surveyor observed an accumulation of dust up against the base board and wall. The nightstand contained clutter, the bathroom shower was dirty and contained small pieces of dirt, particles, and an upside-down mop bucket. The floor contained approximately 1 inch by 1 inch smudge of brown matter. Findings include: On 10/07/2026 at 3:40 p.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's home on 04/21/2023, with diagnoses including diabetes chronic obstructive pulmonary disease, depressive disorder, anxiety, chronic cough and depression. Resident 1 had a medical durable power of attorney for healthcare	N 489		

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
	0021404	A. BUILDING: _____ B. WING _____	C 10/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDEN VISTA OF GREENDALE II	6771 S 68TH ST FRANKLIN, WI 53132

(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 489	Continued From page 1	N 489		

(POA). Resident 1 was enrolled in hospice services. Resident 1 was enrolled in services with a managed care organization (MCO) and was assigned case managers.

On 10/07/2026 at 3:45 p.m., Surveyor reviewed Resident 1's individualized service plan, dated and signed by POA E on 04/09/2026. Resident 1's ISP, under vulnerability: self and/or others, read, "Keep environment clean and free of safety hazards."

On 10/07/2026 at 10:10 a.m., Surveyor toured the facility with Maintenance Director (MD) B and observed Resident 1's room.

Resident 1's room floor contained small pieces of paper and food crumbs. Under Resident 1's bed, Surveyor observed an accumulation of dust up against the base board and wall. In between Resident 1's recliner chair and nightstand, Surveyor observed small pieces of paper and food crumbs and an upside down, open book. The nightstand contained clutter, including multiple cards scattered on nightstand, two photo frames lying flat and one small photo frame standing upwards, two fake flowers in a paper cup and an oxygen mask and tubing that coiled around and led down to the oxygen condenser sitting next to the nightstand.

Resident 1's bathroom shower was dirty. It contained small pieces of dirt and particles and an upside-down mop bucket. The floor contained approximately 1 inch by 1 inch smudge of brown matter.

On 10/07/2026 at 12:10 p.m., Surveyor interviewed MD B, who looked under Resident 1's bed and stated, "That needs attention." MD B

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0021404	A. BUILDING: _____ B. WING _____	C 10/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EDEN VISTA OF GREENDALE II	6771 S 68TH ST FRANKLIN, WI 53132

(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 489	Continued From page 2 stated, "[Housekeeper C] is off today, but this room should be cleaned every day. S/He is supposed to clean every resident room, every day." MD B was unable to pull records to identify the last time Resident 1's was cleaned by Housekeeper C. MD B stated the facility did not have a system of tracking what rooms get cleaned and when. MD B stated, "[Housekeeper C] is supposed to sweep, mop, dust, vacuum and take out the trash for every resident room, every day. I'm not sure why it is not getting done. Our building is not even at full capacity." On 10/07/2026 at approximately 4:20 p.m., Surveyor interviewed Executive Director (ED) A and Regional Director of Wellness (RDOW) D. ED A stated they were aware of the housekeeping issues and were actively looking for a new housekeeper. RDOW D stated they would work on a better tracking system for when rooms were cleaned.	N 489		