

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0019967	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 06/18/2024
NAME OF PROVIDER OR SUPPLIER EDGEWOOD		STREET ADDRESS, CITY, STATE, ZIP CODE 1007 N WISCONSIN DR HOWARDS GROVE, WI 53083		
(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 06/18/2024, Surveyors conducted a complaint investigation at Edgewood. As a result, one new deficiency was identified. Complaint: Substantiated. Census: 4	M 000		
M 276	88.05(3)(a) HOME ENVIRONMENT An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the home was safe and well-maintained and was a homelike environment. Findings Include: On 03/11/2024, the Department received a complaint alleging concerns with the safety and maintenance of the home. On 06/18/2024 from approximately 8:10 AM through 8:40 AM, Surveyors made the following observations: Surveyors reviewed 2 out of 2 ramps. Both ramps were wooden with wood railing and vertical spindles from the top of the railing to the ramp. The West ramp, identified on the facility's floor	M 276		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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M 276	Continued From page 1 plan, had 6 uneven planks leading from the door to the pavement. The ramp's railing had several loose vertical spindles attached to the railing. The bottom of the ramp was also obstructed by a gray/black full-size Craftsman garden rake, a small hand-held black shovel, a large bag of soil, a medium-sized, red garden tool, a long black slender case, and a black and silver garden hose handle. The East ramp, identified on the facility's floor plan, had 9 loose vertical spindles and the railing was loose. Observation of the wooden staircase revealed it was attached to the back deck. The home is a one-story building but there was a hill under the deck. The staircase led from the deck to the bottom of the hill. The staircase had several fragile and loose steps. The staircase was very unstable, and Surveyors were able to shake the staircase from left to right. Note: The back deck leading to the staircase are not labeled as an emergency exit; however, the structure is not in good repair. On 06/18/2024, at approximately 8:10 AM, Surveyors interviewed House Manager (HM B). HM B reported no one uses them and it is gated off. Residents all use walkers and cannot use stairs. HM B also stated s/he has been asking for this to be fixed. On 06/18/2024, at approximately 9:15 AM, HM B confirmed knowledge of the railings being loose. On 06/18/2024, at approximately 10:30 AM, Surveyors interviewed Director of Operations (DO A). DO A acknowledged his/her awareness of the	M 276		

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M 276	Continued From page 2 issues with the staircase and stated the provider has attempted to obtain contractors to make the repairs. DO A explained, it has been difficult to find one that can do it soon. DO A also acknowledged understanding of the ramp railing being loose.	M 276			