STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014996	A. BUILDING: _____ B. WING _____	R-C 01/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOLOMON HILL RESIDENTIAL CARE	N5903 238TH STREET MENOMONIE, WI 54751

(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 01/24/2024, Surveyor conducted a verification visit at Solomon Hill Residential Care. One violation was identified. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 3	{M 000}		
M 574	88.10(3)(n)1 Freedom From Seclusion and Restraints Except as provided in subd. 2, to be free from seclusion and from all physical and chemical restraints, including the use of an as-necessary (PRN) order for controlling acute, episodic behavior. This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not ensure Resident 1 was free from restraints when Resident 1 was in bed. Resident 1's bed had full side rails. Findings include: On 01/24/2024 at 11:45 AM, Surveyor interviewed Resident 1 in his/her room. Resident 1 was seated in his/her wheelchair next to his/her bed. Surveyor observed Resident 1's bed to have a full side rail that was in the lowered position. Surveyor asked Resident 1 if the rails were ever raised when s/he was in bed. Resident 1 stated staff put the rails up at night. At 11:58 AM, Surveyor interviewed Caregiver A.	M 574		

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
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M 574	Continued From page 1 Caregiver A stated Resident 1's bed rails were raised at night to keep Resident 1 from rolling out of bed. Surveyor reviewed Resident 1's record. Resident 1 was admitted on 09/16/2019. His/her record did not include a waiver. On 01/24/2024, Surveyor reviewed the provider's correspondence with the Department and found no evidence of a waiver request for Resident 1.	M 574		