Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	310698	A. BUILDING: _____ B. WING _____	R-C 10/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIDGESTONE VILLAGE LTD	1025 S SECOND ST DELAVAN, WI 53115

(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 10/05/2023, Surveyor conducted two verification visits at Ridgestone Village LTD. One deficiency was identified. One of 1 deficiencies was a repeat violation (see Statement of Deficiency (SOD) 2OO511). Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 13	{N 000}		
{N 676}	83.62(1)(a) Wisconsin Commercial Building Code The following codes and standards are adopted as part of these rules and incorporated by reference: Wisconsin Commercial Building Code, chs. Comm 61 to 66, current edition. This Rule is not met as evidenced by: Based on record review and interview, the facility did not ensure compliance with the Wisconsin Commercial Building Code, ch. SPS 361-366, current edition related to an alteration within an existing building. The facility underwent an alteration project which reduced the building's safety to less than what was required in its original condition. This is a repeat deficiency. See Statement of Deficiency (SOD) 2OO511, dated 02/28/2023. Findings include: The facility is licensed by the Department as a class CNA (residents who are ambulatory, semi-ambulatory or non-ambulatory, but one or more of whom are not physically or mentally	{N 676}		

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

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{N 676}	Continued From page 1 capable of responding to a fire alarm by exiting without help or verbal or physical prompting) CBRF (Community-Based Residential Facility) with a capacity of 20 residents who are advanced aged, terminally ill or have irreversible dementia/Alzheimer's. According to the SPS 366.0701 "An existing building may not be altered such that the building becomes less safe than was required in its existing condition." On 10/05/2023, Surveyor reviewed the email documentation, dated 02/24/2023, that the Department of Health Services received regarding the existing building condition. "[City] Building & Zoning (BZ D) emailed the provider: The original prints for Ridge Stone shows that there should be 2 firewalls installed in the attic area of this structure. It appears that at some point these 2 firewalls were removed without proper permission and need to be reinstalled to meet the specifications of the original State Approved plans. ..." On 10/05/2023, at approximately 1:30 PM, Surveyor interviewed Director F and Assistant Director G. Surveyor asked for documentation showing that the identified violation had been corrected. Director F and Assistant Director G stated they had been waiting for additional guidance from the state engineer and had requested that a state engineer inspect their facility in person to provide additional guidance.	{N 676}		