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
	0018305	A. BUILDING: _____ B. WING _____	R-C 09/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABRIDGE CARE COTTAGE OF CHILTON	323 FIELD LANE CHILTON, WI 53014

(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 09/17/2025, with information gathered through 09/18/2025, Surveyor conducted 3 complaint investigations at Abridge Care Cottage in Chilton. One (1) of 3 complaint investigations were substantiated. As a result, one (1) deficiency will be issued. Census:19	{N 000}		
N 381	83.35(1)(a) Pre-admission and ongoing assessments. Scope. The CBRF shall assess each resident ' s needs, abilities, and physical and mental condition before admitting the person to the CBRF, when there is a change in needs, abilities or condition, and at least annually. The assessment shall include all areas listed under par. (c). This requirement includes individuals receiving respite care in the CBRF. For emergency admissions the CBRF shall conduct the assessment within 5 days after admission. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not assess each resident's needs, abilities and physical and mental condition when there was a change in condition for 1 of 1 (Resident 1) residents reviewed. Resident 1 was observed sitting in a wheelchair with a seatbelt across his/her lap. Resident 1's record did not contain an assessment for use of a	N 381		

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

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N 381	Continued From page 1 seatbelt. Findings Include: On 09/17/2025, Surveyor conducted an onsite visit to the facility. A sample of residents was selected, including the record of Resident 1. Resident 1 was admitted to the facility on 06/14/2025 with diagnoses to include traumatic brain injury (TBI), type 2 diabetes mellitus, dementia and depression. Resident 1's Individualized Service Plan (ISP) with a print date of 09/17/2025 indicated Resident 1 is able to ambulate with use of wheelchair but requires supervision when ambulating with walker due to repeated falls. In addition, Resident 1 requires full assistance from staff for all transfers, however, Resident 1 will often put self on the floor (not falling) and prefers to stay on the floor until s/he is ready to get up. Lastly, the ISP indicates Resident 1 regularly slides down in his/her wheelchair and requires staff to help him/her boost back up. Resident 1's ISP does not indicate any use of a seatbelt while in the wheelchair. On 09/17/2025, at approximately 11:00 AM, Surveyor observed Resident 1 sitting in dining room in wheelchair with a seatbelt around his/her stomach area. On 09/17/2025 at approximately 11:15 AM, Surveyor interviewed Director A. Director A verified Resident 1 does wear a seatbelt while in wheelchair. Director A stated Resident 1's family member put it on the wheelchair and Resident 1 is able to manipulate the button to take it off/on. Director A stated the facility staff "do not do anything with it." Director A stated staff transfer Resident 1 to the wheelchair but Resident 1 then	N 381		

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N 381	Continued From page 2 puts seatbelt on. Director A stated the facility did not have any assessment for use of the seatbelt to determine if it was a restraint or not. In addition, Director A verified Resident 1's ISP did not mention the use of the seatbelt.	N 381		