STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014128	A. BUILDING: _____ B. WING _____	R-C 08/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY TERRACE RHINELANDER II	1450 W PHILLIPS STREET RHINELANDER, WI 54501

(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 08/11/2025, Surveyors conducted a complaint (x2) and self-report investigation, verification visit, and standard licensure survey at Country Terrace Rhinelander II. The complaints were unsubstantiated. The self-report was closed. One violation was identified. The violation was a repeat deficiency; see Statement of Deficiency (SOD) 2V1M12, dated 09/04/2024. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 14	{N 000}		
{N 397}	83.36(1)(b) Qualified staff in charge, on duty and awake. The CBRF shall ensure all of the following: 1. An administrator or other designated qualified resident care staff in charge is on the premises of the CBRF daily to ensure the CBRF is providing safe and adequate care, treatment and services. 2. At least one qualified resident care staff is present in the CBRF when one or more residents are present in the CBRF. 3. At least one qualified resident care staff is on duty and awake if at least one resident in the CBRF is in need of supervision, intervention or services on a 24-hour basis to prevent, control or improve the resident ' s constant or intermittent mental or physical condition that may occur or may become critical at any time including residents who are at risk of elopement, who have dementia, who are self-abusive, who become agitated or emotionally upset or who have changing or unstable health	{N 397}		

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

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{N 397}	Continued From page 1 conditions that require close monitoring. 4. At least one qualified resident care staff is on duty and awake if the evacuation capability of at least one resident is 4 minutes or more. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure at least one qualified resident care staff was present in the community based residential facility (CBRF) when one or more residents were present in the CBRF. This is a repeat deficiency. See Statement of Deficiency (SOD) 2V1M12, dated 09/04/2024. Findings include: Wisconsin Administrative Code defines a "Qualified resident care staff" as an employee who has successfully completed all of the applicable training and orientation under subch. IV." On 06/05/2025 and 06/24/2025, the Department received complaints alleging resident care issues (lack of hygiene, use a gait belt, lack of training) and caregiver abuse. The facility is licensed to serve up to 15 residents in the client groups physically disabled, irreversible dementia/Alzheimer's disease, advanced aged and terminally ill. On 08/11/2025, Surveyor reviewed the June through August 2025 work schedule. Caregiver D worked 5 NOC (overnight) shifts alone in August 2025. On 08/11/2025, Surveyor reviewed Caregiver D's	{N 397}		

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{N 397}	Continued From page 2 record. Caregiver D was hired on 06/10/2025. Caregiver D's record did not contain information about completing department approved medication administration training. On 08/11/2025 at approximately 12:50 PM, Surveyor interviewed Director A. Director A verified Caregiver D had worked NOC shifts alone and was not medication trained. Director A reported that if a resident required a PRN (as needed) medication during Caregiver D's shifts, Caregiver D would call another staff member to come in to administer the medication. Director A reported that Caregiver D was scheduled for medication training on August 18th and 19th, 2025. The provider did not ensure at least one qualified resident care staff was present in the facility when one or more residents were present.	{N 397}		