STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011165	A. BUILDING: _____ B. WING _____	R-C 01/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMEPLACE OF STANLEY (THE) LLC	225 E FOURTH AVE STANLEY, WI 54768

(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
{U 000}	INITIAL COMMENTS On 01/25/2024, Surveyors conducted a verification visit at The Homeplace of Stanley LLC. One deficiency was identified. This is a repeat deficiency (See SOD 3FIL11, dated 07/28/2023). Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 8	{U 000}		
{U 268}	89.34(17) TENANT RIGHTS Rights of tenants. A tenant of a residential care apartment complex shall have all the rights listed in this section. These rights in no way limit or restrict any other rights of the individual under the U.S. Constitution, civil rights legislation or any other applicable statute, rule or regulation. Tenant rights are all of the following: (17) SAFE ENVIRONMENT. To a safe environment in which to live. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a safe environment appropriate for resident needs. This is a repeat deficiency. See Statement of Deficiency (SOD) 3FIL11, dated 07/28/2023. Findings include: On 01/25/2024 at 9:15 AM, Surveyors toured the	{U 268}		

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
	0011165	A. BUILDING: _____ B. WING _____	R-C 01/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMEPLACE OF STANLEY (THE) LLC	225 E FOURTH AVE STANLEY, WI 54768

(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
{U 268}	Continued From page 1 physical environment and found the following environmental concerns: 1.) The entrance door out to the courtyard would not shut securely. The courtyard walkway cement was cracked and chipped, causing an uneven walking surface and potential fall risk. 2.) The carpet was frayed in a few places in the hallway. The carpet was frayed and missing a transition strip at a couple resident room entrance doorways. For one of the frayed areas in the hallway, Surveyor was able to lift the carpet up and fit his/her shoe underneath the carpet. The carpet was a potential fall risk for the residents. At 3:10 PM, Surveyors interviewed Caregiver B. Caregiver B indicated one of the tenants used the courtyard all the time to go out and smoke and in the warmer weather residents from the adjoining community-based residential facility (CBRF) were brought out to the courtyard. At 3:46 PM, Surveyors discussed the above concerns with Community Director (CD) A. CD A stated s/he spoke to Maintenance Staff B, who indicated s/he attempted to fix some of the carpet previously but was unsure it was good enough. CD A confirmed the courtyard was utilized by tenants and residents of the adjoining CBRF. CD A indicated the concerns would be fixed as soon as possible.	{U 268}		