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
	0017364	A. BUILDING: _____ B. WING _____	C 05/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COURTYARD AT BELLEVUE (THE)	1600 HOFFMAN ROAD BELLEVUE, WI 54311

(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 05/14/2024 with additional information gathered through 05/20/2024, Surveyors conducted 4 complaint investigations at Courtyard at Bellevue. As a result, 1 of 4 complaints were substantiated and 1 deficiency was identified. Census: 33	N 000		
N 481	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a living environment that was safe, clean, comfortable and homelike. Findings Include: On 02/22/2024, the department received a complaint alleging concerns with cleanliness and repairs in Resident 1's room. On 05/14/2024 at approximately 9:00 AM, Surveyors toured the facility and observed the following in Resident 1's room: *crumbs and lint on the carpet throughout the entire room *broken closet door, completely off the hinges	N 481		

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

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N 481	Continued From page 1 *broken toilet paper holder in bathroom *missing latching mechanism on bathroom door handle making the door unlatchable *strong odor of urine *recliner chair with strains of what appeared to be dried urine and feces On 05/14/2024 at 10:00 AM, Surveyor and Administrator A went into Resident 1's room. Administrator A acknowledged Surveyor's findings. Administrator A attempted to close and open Resident 1's bathroom door; however, Surveyor and Administrator A observed that even when the handle is locked it did not latch. Without the latch, Surveyor observed the bathroom door could be easily opened. Administrator A reported s/he was not aware of the missing latching mechanism, the broken toilet paper holder or broken closet door. S/he stated s/he would submit a work order and have them fixed. Administrator A stated s/he will address the chair concern with Resident 1's power of attorney and have it removed. Administrator A reported another chair in Resident 1's room has been replaced already due to incontinence. The provider did not ensure a living environment that was safe, clean, comfortable and homelike for Resident 1.	N 481		