

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0012319	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 02/17/2025
NAME OF PROVIDER OR SUPPLIER JACKIES TLC HOME		STREET ADDRESS, CITY, STATE, ZIP CODE N8813 CTY RD EE PORTAGE, WI 53901		
(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
{M 000}	INITIAL COMMENTS On 02/17/2025, Surveyor conducted verification visit at Jackies TLC Home. One (1) deficiency was identified; 3 previous deficiencies from statement of deficiency #4DV411, dated 09/16/2024 were substantially corrected Under statutory provisions of Wis. Stat. Ch. 50, a \$200 revisit fee is being assessed. Census: 4	{M 000}		
M 260	88.05(2) ACCESS TO HOME AND WITHIN THE HOME RESIDENT ACCESS TO THE HOME AND WITHIN THE HOME. An adult family home shall be physically accessible to all residents of the home. Residents shall be able to easily enter and exit the home, to easily get to their sleeping rooms, a bathroom, the kitchen and all common living areas in the home, and to easily move about in the home. Additional accessibility features shall be provided as follows, if needed to accommodate the physical limitations of the resident or if specified in the resident's individual service plan: This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure residents were able to easily enter	M 260		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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M 260	Continued From page 1 and exit the home. Findings include: On 02/17/2025 at approximately 9:29 a.m., Surveyor observed the provider's exits. The provider's front entrance has an extended ramp that wraps around the deck and leads to the provider's driveway. The ramp and driveway were covered in a compacted layer of snow. Surveyor was at the home when the provider and resident's came home and observed 2 residents walk on the snow covered driveway and ramp to enter the home. From 02/15/2025 to 02/16/2025, the provider's area had .38 inches of precipitation, resulting in 5 inches of new snow (Source: National Weather Service, National Oceanic and Atmospheric Administration, February 17, 2025, https://www.weather.gov/wrh/Climate?wfo=mkx (retrieval date - February 18, 2025).). At approximately 10:00 a.m., Surveyor discussed concern with Licensee A. Licensee A stated there was only so much s/he could do after they just had a blizzard.	M 260		