STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	611047	A. BUILDING: _____ B. WING _____	05/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLS NATURE VIEW II	601 E 21ST ST MARSHFIELD, WI 54449

(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 05/22/2025, Surveyor conducted an abbreviated survey at Wells Nature View II. As a result of the abbreviated survey, one (1) new deficiency was identified. Census: 15	N 000		
N 669	83.60(2) Insect-proof screens on openable windows Screens. All required openable windows shall have insect-proof screens. This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not ensure all required openable windows had insect-proof screens. Findings include: The provider is licensed to care for up to 20 residents in the client groups of: irreversible dementia/Alzheimer's disease and/or advanced age. On 05/22/2025 at approximately 9:45 AM, Surveyor toured the facility with Administrative Assistant (A.A.) A. During the tour of the facility Surveyor observed Resident 1's room was missing insect-proof screens on the windows and the mechanism to open his/her windows had been removed. A.A. A acknowledged Surveyor's observation and stated Resident 1's family requested the window cranks to open the window and screens be removed following an incident where Resident 1 attempted to elope. A.A. A stated Resident 1 had declined in the past 6 months and is currently not exit seeking.	N 669		

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

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N 669	Continued From page 1 On 05/22/2025 from approximately 9:45 AM to 12:30 PM, Surveyor observed 18 of 19 resident rooms had at least 1 openable window that did not have an insect proof screen. On 05/22/2025 at 12:15 PM, Surveyor interviewed Resident 2. Surveyor observed Resident 2's room contained 4 openable windows; 3 of 4 openable windows did not have insect-proof screens. Resident 2 said s/he likes to open his/her windows but s/he could only open the one that had the screen. Resident 2 said s/he has complained about not having any screens on the windows so recently, "they dug around and found one." On 05/22/2025 at approximately 11:15 AM, Surveyor interviewed Resident 3. Surveyor observed Resident 3's windows did not have insect-proof screens. Surveyor asked Resident 3 if s/he likes to open his/her window. Resident 3 responded, "Oh, I do," and was observed looking out the window. On 05/22/2025 at 12:30 PM, Surveyor reviewed records including residents' most current Individualized Service Plans (ISPs) and noted the following: -- Resident 1's ISP dated 05/03/2024, identified s/he is unable to make needs known and has an activated Power of Attorney (POA). The ISP read in part, "request no screens on window to see outside better." The ISP contained services regarding "Elopement" which read, "N/A." -- Resident 2's ISP dated 01/20/2025, identified his/her ability to make needs known. -- Resident 3's ISP dated 08/20/2024, identified s/he "makes needs known." The ISP read in part, request no screens in windows to see outside	N 669		

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	611047	A. BUILDING: _____ B. WING _____	05/22/2025

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WELLS NATURE VIEW II	601 E 21ST ST MARSHFIELD, WI 54449

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N 669	Continued From page 2 better." 0n 05/22/2025 at 1:30PM, Surveyor interviewed A.A. A, Licensee B, and Maintenance C. A.A. A and Licensee B acknowledged all resident rooms did not have insect-proof screens on all openable widows panes. Licensee B stated that residents may request a screen for their windows if preferred and that upon admission, "whatever the previous resident had for screens," is what the new resident gets. Licensee B did not provide a current waiver regarding the missing insect-proof screens or Resident 1's removed window cranks.	N 669		