STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016507	A. BUILDING: _____ B. WING _____	C 11/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARRENS HOUSE	**611 COLTON CT WARRENS, WI 54666**

(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 11/21/2023, Surveyor conducted an anonymous complaint at Warrens House. The complaint was substantiated. One deficiency was identified. Census: 6	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, and homelike. This is a repeat deficiency. See Statement Of Deficiency (SOD) M7ZE11 dated 07/28/2023. Findings include: The department received a complaint regarding the poor condition of the facility. The provider is licensed as a class CS (semi-ambulatory) facility with a capacity to care for 6 residents. The provider is licensed to serve residents within one the following client groups: irreversible dementia/Alzheimer's disease, developmentally disabled, physically disabled,	N 481		

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

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N 481	Continued From page 1 terminally ill, traumatic brain injury, and alcohol/drug dependent. On 11/21/2023 at approximately 11:30 AM, Surveyor toured the facility with House Manager (HM) A. The ramp on the east side had areas where the plywood was joined with another piece of plywood that was higher, causing a potential fall hazard. The sink in the kitchen was leaking and a bucket was being used to collect the leaking water. There was an odor under the sink that smelled like dirty water. HM A stated the washer and dryer were not in working condition. At approximately 12:30 PM, Surveyor discussed these concerns with HM A. Surveyor asked what was wrong with the washer and dryer. HM A stated the washer makes a "clicking" noise and staff were afraid to use it because if it totally breaks down, it could stop running while full of water. HM A also reported the dryer did not work and had not for a few weeks. HM A stated there was a shortage of clean bedding due to the washer and dryer not working, even though the provider has been utilizing a local laundromat. Surveyor asked HM A about the condition of the ramp. HM A stated the ramp was replaced a while ago but there were uneven places and some residents have tripped over some of the uneven places on the ramp floor. Surveyor asked HM A about the sink. HM A stated the sink had been leaking for 2 to 4 weeks and had an odor. HM A stated Administrator B was told about the sink weeks ago but it still leaks and still stinks. At approximately 1:00 PM, Surveyor shared these concerns with Administrator B via telephone.	N 481		

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N 481	Continued From page 2 Administrator B stated s/he was aware of the sink concerns for 2 weeks but had not been able to look at it or find a plumber to fix it. Administrator B also stated the ramp would be fixed by adding carpet to the plywood and the washer and dryer would be fixed to allow staff to do laundry in the home.	N 481		