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
	0016507	A. BUILDING: _____ B. WING _____	R-C 03/14/2024

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 03/14/2024, Surveyor conducted a verification visit at Warrens House. There was one repeat deficiency. See Statement of Deficiency (SOD) 62C211, dated 11/21/2023. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. 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) 62C211, dated 11/21/2023. Findings include: 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, terminally ill, traumatic brain injury, and	N 481		

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

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N 481	Continued From page 1 alcohol/drug dependent. On 03/14/2024 at approximately 12:30 PM, Surveyor toured the facility with Caregiver C. The ramp on the east side was not repaired. Surveyor again observed 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 not fixed and a bucket was being used to collect the leaking water from the collar of the sink. Caregiver C acknowledged the leak and immediately sent a picture to Administrator B. Caregiver C also acknowledged the uneven surface of the east ramp. At approximately 1:30 PM on 03/14/2024, Surveyor discussed these concerns with Administrator B. Administrator B stated that the sink was fixed by a licensed plumber but s/he did not check to see if the repairs were adequate. Administrator B also stated the ramp would be repaired after the snow and ice were no longer a concern. Administrator B stated s/he should have checked the repairs to the sink to be sure it was not leaking and should have repaired the east ramp.	N 481		