

Wisconsin Department of Health Services

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>0017961</b>                   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R-C<br/>09/16/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BETHEL MENASHA III</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1665 CENTURY OAKS COURT<br/>MENASHA, WI 54952</b> |                                                                                                                          |                                                                |
| (X4) ID<br>PREFIX<br>TAG                                      | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ID<br>PREFIX<br>TAG                                                                           | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                       |
| {N 000}                                                       | Initial Comments<br><br>On 09/15/2025, Surveyor conducted a verification visit at Bethel Menasha III. Additional information was received through 09/16/2025. Two (2) of 5 previous deficiencies were uncorrected. A total of 3 new deficiencies were identified.<br><br>Under statutory provisions of WI Stat. Ch. 50 a \$200 revisit fee is being assessed.<br><br>Census: 6                                                                                                                                                                                                                                                                                                                                                                                                                                                             | {N 000}                                                                                       |                                                                                                                          |                                                                |
| {N 481}                                                       | 83.43(1) Environment safe, clean, and comfortable<br><br>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.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure the home was clean, comfortable, well maintained and homelike.<br><br>This is a repeat deficiency. See Statement of Deficiency 6DQN11, dated 04/24/2025.<br><br>Findings include:<br><br>On 09/15/2025 at 1:25 PM, Surveyor toured the facility to verify correction of the previous environmental concerns. Surveyor observed some previously identified examples were uncorrected from the previous survey and new concerns were identified: | {N 481}                                                                                       |                                                                                                                          |                                                                |

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

TITLE

(X6) DATE

Wisconsin Department of Health Services

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| {N 481}                                                       | <p>Continued From page 1</p> <p><b>Kitchen</b><br/> --There were scrapes and food splatters on the kitchen cabinets and drawers. Three of the cabinet doors would not stay closed and one drawer was not aligned in the track. (Photo 29, 30 and 31)<br/> --The edge of the kitchen counter where it met the dishwasher had a section broken off approximately 12 inches long by 2-3 inches wide. (Photo 32)<br/> --The edges of the kitchen counter where it met the stove were broken off and further separating, exposing the raw countertop material. The fully exposed sections were approximately 4 inches long. (Photo 25 and 26)<br/> --The walls behind the counters were dirty with food splatters. (Photo 36)<br/> --The exterior of the dishwasher was dirty with a dark substance splattered on it. (Photo 34)<br/> --The exterior of the stainless steel stove was discolored, water stained and dirty. (Photo 37)<br/> --The horizontal window blinds were in poor repair with missing and broken slats. The blinds were visibly dusty and dirty and were grimy to the touch. (Photos 38, 39 and 40)<br/> --The window had large cracks. (Photo 38)<br/> --The floor register was covered in an orange substance that appeared to be rust. (Photo 23)</p> <p><b>East Bathroom</b><br/> --The east bathroom linoleum floor was dirty with yellow and dark colored stains and divots. One stain was approximately 6 inches in diameter. (Photos 15, 16 and 17)<br/> --A large area of paint on the wall behind the toilet had peeled off; the area was approximately 6 inches x 3 inches. (Photo 18)<br/> --A section of the bathroom vanity where it met the floor (known as the "toe kick") was missing in an area approximately 10 inches long missing.</p> | {N 481}                                                                                       |                                                                                                                          |                                                               |

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| {N 481}                                                       | <p>Continued From page 2</p> <p>This left gaps where a dark substance collected. (Photo 27)</p> <p>--The corner where the wall met the walk in shower had an area approximately 6 inches long that was damaged with the paint peeling and cracked. The edges were sharp and a dark surface below the paint was exposed. (Photo 20)</p> <p>--A black floor mat was affixed to the floor at the entrance to the shower. A 3 inch crack in the linoleum extended out from under the mat. The mat was damp to the touch and was rippled. Corners were beginning to peel back but some pieces of the black mat remained stuck to the floor. (Photos 19 and 42)</p> <p>Other concerns:</p> <p>--A piece of floor trim approximately 12 inches long, was missing by the east exit door. This exposed a discolored section of the wall and a gap where the flooring ended and the wall began. (Photo 43)</p> <p>--The transition strip from Resident 1's room to the hallway was missing. This exposed jagged edges of the floor and an uneven transition that presented a tripping hazard. (Photo 45)</p> <p>--The center cushion of the couch was missing. Surveyor observed this upon entering the building at 1:18 PM and it was not replaced at the time Surveyor left the facility at 2:50 PM. Surveyor asked Caregiver D about the couch cushion at 1:52 PM. Caregiver D explained s/he removed the cushion in the morning when a resident had an accident and s/he was waiting for time to clean it.</p> <p>Surveyor walked through the facility with Administrator A at 2:40 PM and pointed out the aforementioned concerns. Administrator A acknowledged the concerns. Administrator A also acknowledged some of the same concerns were</p> | {N 481}                                                                                       |                                                                                                                          |                                                                |

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| {N 481}                                                       | Continued From page 3<br><br>identified during the previous survey and had not<br>been corrected. Administrator A said they were<br>working with someone to replace the bathroom<br>floor very soon, but did not have an anticipated<br>completion date.<br><br>Cross Reference:<br>N0492 DHS 83.45(1)(a) Exterior Areas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | {N 481}                                                                                       |                                                                                                                          |                                                               |
| N 492                                                         | 83.45(1)(a) Exterior areas.<br><br>Exterior areas. The CBRF shall maintain the<br>yard, any fences, sidewalks, driveways and<br>parking areas of the CBRF in good repair and<br>free of hazards.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview the provider<br>did not ensure exterior areas were in good repair<br>and free from hazards<br><br>Findings include:<br><br>The provider is licensed to serve up to 8<br>semi-ambulatory residents from the following<br>client groups: developmentally disabled,<br>irreversible dementia/Alzheimer's, physically<br>disabled, terminally ill, traumatic brain injury and<br>emotionally disturbed/mental illness.<br><br>Prior to conducting the onsite visit, Surveyor<br>reviewed Department records. On 08/25/2025,<br>Surveyor conducted a facility visit at 1 of 3 sister<br>facilities located in the same cul-de-sac. During<br>that visit, Administrator A was given technical<br>assistance about the need to ensure the exterior<br>areas of all 4 facilities were maintained and free<br>from hazards. | N 492                                                                                         |                                                                                                                          |                                                               |

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| N 492                                                         | <p>Continued From page 4</p> <p>Surveyor arrived at the facility on 09/15/2025 at 1:15 PM and observed the exterior of the home was not safe or well maintained. Examples include:</p> <p>The gravel garden bed that lined the front of the home was overgrown with weeds and dead foliage. There were unused planters, some in poor repair and one tipped upside down. Surveyor observed, brooms, tires, metal poles, a bucket, 2 children's bicycles and a garden hose. (Photos 4, 5, 9 and 46) A section of the garden bed was used to store garbage. There was an old microwave, 2 overflowing garbage cans and a bag of garbage directly on the ground. (Photo 6)</p> <p>Surveyor observed the east exit door. Based on subsequent review of the posted exit diagram at 2:27 PM, this was one of 3 identified emergency exits. There was a painted, wooden hand rail leading from the doorway, alongside a concrete ramp and to the driveway. The railing was worn and chipped, exposing raw and jagged pieces of wood. (Photos 12 and 13) At the base of the ramp, the concrete was not in good condition. On one side, a chunk of concrete approximately 8 inches in diameter separated from the walkway and left a steep edge. (Photo 10) The concrete on the other side had an area approximately 3 feet long by 2 feet wide that sunk lower than the rest of the concrete. This resulted in a drop of approximately 6 inches in that area. (Photos 11 and 47) The condition of the concrete presented a risk for falls.</p> <p>Surveyor observed the approach to the main entrance door. (Photo 7) The concrete ramp leading to the door had a red brick pattern. The pattern had worn off on more than half of the surface. The walkway had 2 large outdoor floor</p> | N 492                                                                                         |                                                                                                                          |                                                                |

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| N 492                                                         | Continued From page 5<br><br>mats that were affixed to the concrete using blue tape. Two more large floor mats were draped over the handrail.<br><br>At 2:25 PM, Surveyor and Administrator A were outside and observed the aforementioned areas. Administrator A acknowledged the safety concerns with the east side exit, the lack of general upkeep of the exterior and said it is caregiver's responsibility to take garbage to the dumpster. Administrator A also acknowledged Surveyor provided technical assistance on 08/25/2025 about the condition of the exterior.<br><br>Cross Reference:<br>N0481 DHS 83.43(1) Environment Safe, Clean, and Comfortable                                                                            | N 492                                                                       |                                                                                                                          |                          |                                                                |
| {N 617}                                                       | 83.55(6)(b) Bath and toilet areas: water temperature<br><br>The CBRF shall set the temperature of all water heaters connected to sinks, showers and tubs used by residents at a temperature of at least 140°F. The temperature of water at fixtures used by residents shall be automatically regulated by valves and may not exceed 115°F, except for CBRFs serving residents recovering from alcohol or drug dependency or clients of a government correctional agency.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure the water heater was set to a temperature of at least 140°F.<br><br>This is a repeat deficiency. See Statement of Deficiency 6DQN11, dated 04/24/2025. | {N 617}                                                                     |                                                                                                                          |                          |                                                                |

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| {N 617}                                                       | <p>Continued From page 6</p> <p>Findings include:</p> <p>The provider is licensed to serve up to 8 residents from the following client groups; irreversible dementia/Alzheimer's, Emotionally Disturbed/Mental Illness, Physically Disabled, Advanced Aged, Terminally Ill, Traumatic Brain Injury.</p> <p>On 09/15/2025 at 1:21 PM, Surveyor and Administrator went to the basement to verify correction of the previous citation related to the temperature setting of the water heater. Surveyor observed there was a thermostat dial with 9 settings ranging from "LOW" to "VERY HOT":<br/>Setting : LOW<br/>Settings with three unnumbered hash marks<br/>Setting: HOT<br/>Settings A, B and C<br/>Setting: VERY HOT</p> <p>The dial on the water heater was set between HOT and A, a setting of approximately 125°F (Photo 45)</p> <p>Surveyor observed 2 temperature gauges on top of the water heater. The temperatures read 109°F and 107°F . (Photo 1, 2 and 3)</p> <p>Surveyor asked Administrator A if s/he could verify the water heater was keeping hot water at 140 degrees to kill bacteria and s/he said s/he was unfamiliar with the water heater gauges. Surveyor informed Administrator A s/he could consult with others, potentially including a plumber, and provide any evidence of compliance prior to 12:00 PM on 09/16/2025.</p> <p>On 09/16/2025 at 10:26 AM, Licensee C sent an</p> | {N 617}                                                                                       |                                                                                                                          |                                                               |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BETHEL MENASHA III</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1665 CENTURY OAKS COURT<br/>MENASHA, WI 54952</b> |                                                                                                                          |                                                               |
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| {N 617}                                                       | <p>Continued From page 7</p> <p>email to the regional director expressing frustration with the Department's review of the water heater temperature. Licensee C explained the thermostat is professionally installed and can be adjusted to be set at 140°F. Licensee C did not provide evidence the thermostat was actually set at 140°F .</p> <p>SURVEYOR NOTES:<br/>--"On the typical gas water heater temperature control knob, you will find various settings. 'Off' is sometimes labeled as 'Low' or has a solid circle indicator. Choosing this setting will heat the water to 90-100 degrees Fahrenheit. Next on the dial is 'Hot,' sometimes indicated with a triangle, which will get your water to 120 degrees Fahrenheit. Your dial may feature additional settings marked with...A, B and C, for 130, 140 and 150 degrees Fahrenheit, respectively. The 'Very Hot' setting is for 160 degrees Fahrenheit..."<br/>Source:<br/><a href="https://www.constellationhome.com/blog/water-heater-temperature/#:~:text=Next%20on%20the%20dial%20is,is%20for%20160%20degrees%20Fahrenheit,retrieval%20date%2009%2F2025">https://www.constellationhome.com/blog/water-heater-temperature/#:~:text=Next%20on%20the%20dial%20is,is%20for%20160%20degrees%20Fahrenheit,retrieval date 09/17/2025.</a></p> <p>-- "Domestic hot water systems are frequently identified as the source of Legionella during Legionellosis outbreaks. The term "domestic" applies to all non-process water used for lavatories, showers, and drinking fountains in commercial, industrial, and multi-family residential settings. Water heaters maintained below 60°C (140°F) and that contain scale and sediment may foster Legionella growth..." Source:<br/><a href="https://www.osha.gov/legionnaires-disease/control-prevention">https://www.osha.gov/legionnaires-disease/control-prevention</a>, retrieval date 09/17/2025.</p> <p>--"Legionnaires' disease is a severe form of a lung infection called pneumonia. It's caused by a</p> | {N 617}                                                                                       |                                                                                                                          |                                                               |

Wisconsin Department of Health Services

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>0017961</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |                          | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R-C<br/>09/16/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BETHEL MENASHA III</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1665 CENTURY OAKS COURT<br/>MENASHA, WI 54952</b>                            |                          |                                                                |
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| {N 617}                                                       | Continued From page 8<br><br>bacterium known as legionella. Most people who catch Legionnaires' disease breathe in the bacteria from water or soil. Older adults, people with weakened immune systems and people who smoke have a higher risk of getting Legionnaires' disease. The legionella bacterium also causes Pontiac fever, a milder illness that's like the flu. Pontiac fever usually clears on its own. But untreated Legionnaires' disease can kill." Source: <a href="https://www.mayoclinic.org/diseases-conditions/legionnaires-disease/symptoms-causes/syc-20351747">https://www.mayoclinic.org/diseases-conditions/legionnaires-disease/symptoms-causes/syc-20351747</a> , retrieval date 09/17/2025. | {N 617}                                                                     |                                                                                                                          |                          |                                                                |