STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018758	A. BUILDING: _____ B. WING _____	C 01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VITACARE LIVING - BLOOMER II	406 PRIDDY STREET B BLOOMER, WI 54724

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N 000	Initial Comments On 01/07/2026, Surveyor completed 2 complaint investigations at Vitacare Living- Bloomer II. Data collected through 01/08/2026. Two of 2 complaints were substantiated. Five deficiences were identified. Census: 12	N 000		
N 200	83.14(2)(e) Notify within 7 days of administrator change The licensee shall notify the department within 7 days after there is a change in the administrator. This Rule is not met as evidenced by: Based on record review and interview, the licensee did not notify the department within 7 days after there was a change in the administrator. Findings include: On 01/07/2025 at approximately 9:15 AM, Surveyor entered the building and was greeted by Caregiver D. Surveyor asked Caregiver D to speak with Administrator E. Caregiver D stated that Administrator E was no longer employed at the facility and that Registered Nurse (RN) B was now in charge. Surveyor interviewed RN B who stated s/he was now the administrator. Surveyor asked RN B if the department was notified with the change. S/he stated it should have been updated; s/he had checked with Regional Director (RD) A on Monday who stated it was updated. Surveyor interviewed RD A about the change in	N 200		

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

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N 200	Continued From page 1 administrator. RD A stated that it should be updated. S/he stated that s/he thought the RN supervisor had done that. On 01/07/2025 at 4 PM, Surveyor verified department records. There was no evidence that the administrator was updated to RN B.	N 200		
N 219	83.17(1) Licensee conduct caregiver background check Caregiver background check. At the time of hire, employment or contract and every 4 years after, the licensee shall conduct and document a caregiver background check following the procedures in s. 50.065, Stats., and ch. DHS 12. A licensee shall not employ, contract with or permit a person to reside at the CBRF if the person has been convicted of the crimes or offenses, or has a governmental finding of misconduct, found in s. 50.065, Stats., and ch. DHS 12, Appendix A, unless the person has been approved under the department ' s rehabilitation process as defined in ch. DHS 12. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a background check was completed at the time of contract for 1 of 1 volunteer. Findings include: On 01/08/2025 at approximately 9:20 AM, Surveyor toured the building. Surveyor noticed Volunteer F cleaning resident bathrooms.	N 219		

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N 219	Continued From page 2 At 9:42 AM, Surveyor interviewed Team Lead (TL) C about Volunteer F. TL C stated s/he was a volunteer who was contracted through a work program. S/he stated job duties included cleaning rooms and helping with activities. At 10:50 AM, Surveyor interviewed TL C and Registered Nurse (RN) B about any training or background check completed for Volunteer F. TL C provided Surveyor with a sheet of paper showing a Wisconsin Circuit Court Access search for Volunteer F. RN B stated that the full caregiver background check should have been run and they will have Regional Director (RD) A complete that right away. At 12:50 PM, Surveyor interviewed RD A. RD A stated s/he was not aware there was a volunteer, or s/he would have run a background check.	N 219		
N 415	83.37(2)(d) Documentation of medication administration. Documentation of medication administration. As required under s. DHS 83.42(1)(o), at the time of medication administration, the person administering the medication or treatment shall document in the resident record the name, dosage, date and time of medication taken or treatments performed and initial the medication administration record. Any side effects observed by the employee or symptoms reported by the resident shall be documented. The need for any PRN medication and the resident ' s response shall be documented.	N 415		

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N 415	Continued From page 3 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure medications were documented in the medication administration record (MAR). Findings include: On 01/05/2025, the Department received a complaint regarding medication concerns. On 01/07/2026 at approximately 11 AM, Surveyor reviewed Resident 3's record. Resident 3 was admitted on 03/05/2025 and was his/her own decision maker. Resident 3 had diagnoses that included Parkinson's disease, acquired absence of right leg above the knee, atherosclerotic heart disease, heart failure, chronic kidney disease stage 3, chronic obstructive pulmonary disease, peripheral vascular disease, diabetes mellitus type 2, and ventral hernia. Resident 3's had an order for Levothyroxine 50 mcg Tab (tablet). The order read: Take 1 tablet by mouth once daily, take alone, prior to meal, empty stomach. Started 11/14/2025. Resident 3's November 2025 MAR had missing documentation for Levothyroxine 50 mcg on 11/15, 11/16, 11/18 through 11/20, 11/22, 11/23, and 11/27 through 11/29. Resident 3's December 2025 MAR had missing documentation for Levothyroxine 50 mcg on 12/02 through 12/05, 12/10, 12/11, 12/21, and 12/25. At 11:30 AM, Surveyor interviewed Registered	N 415		

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N 415	Continued From page 4 Nurse (RN) B. RN B stated that s/he knew Resident 3 had some missing spots on his/her MAR and they had already investigated it. RN B stated caregiving staff were administering the medications but forgetting to chart.	N 415		
N 503	83.46(1)(b) Portable space heaters prohibited. The use of portable space heaters is prohibited except for Underwriters Laboratories listed electric heating equipment that is listed for permanent attachment to the wall. Portable space heaters shall have an automatic thermostatic control and shall be physically attached to a wall. This Rule is not met as evidenced by: Based on observation and interview, the provider did not prohibit the use of portable space heaters. Findings include: On 12/24/2025, the Department received a complaint regarding lack of heat in the building. On 01/07/2026 at approximately 9:17 AM, Surveyor observed a portable space heater in Resident 1's room. The space heater was plugged in and producing heat. Surveyor interviewed Resident 1. Resident 1 stated that the heat had not been working in his/her room all winter long. Resident 1 stated that s/he had two space heaters. S/he was only using one of them at this time, but the other one was in his/her closet. Resident 1 stated the current space heater s/he was using was brought in by his/her family member.	N 503		

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N 503	Continued From page 5 At 12:35 PM, Surveyor interviewed Registered Nurse (RN) B and Regional Director (RD) A about the space heater. RN B stated s/he was aware Resident 1 had a portable heater and a heating blanket. RN B stated s/he knew they were not allowed, but that Resident 1 refused to give it up. RD A stated, "We can't have those."	N 503		
N 504	83.46(1)(c) Heating system maintenance. Heating. The CBRF shall maintain the heating system in a safe and properly functioning condition. The CBRF shall ensure that a heating contractor or local utility company completes all of the following maintenance and makes available to the facility documentation of the maintenance performed: 1. An oil furnace shall be serviced at least once each year. 2. A gas furnace shall be serviced at least once every 3 years. 3. The CBRF shall have a chimney inspected at intervals corresponding with the heating system service under subd. 1. or 2. This Rule is not met as evidenced by: Based on observation and interview, the provider did not maintain the heating system in a safe and properly functioning condition. Findings include: On 12/24/2025, the Department received a complaint regarding lack of heat in the building. On 01/08/2026 at approximately 9:17 AM, Surveyor interviewed Resident 1. Resident 1 was sitting in his/her wheelchair with a thick winter	N 504		

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jacket on. Surveyor noted a chill in the air and observed a portable space heater on the floor. The portable space heater was plugged into a wall outlet.

Resident 1 stated that his/her heat had not been working all winter long. S/he stated that heat never blew out of the vent on the ceiling. Resident 1 stated his/her family member had brought him/her a portable space heater so that s/he could stay warm. Resident 1 stated that depending on how cold it was outside, the space heater did not always keep him/her warm.

Resident 1 stated that maintenance had been in a few times to look at the heating issue and that no one ever gave him/her an answer. S/he stated s/he was not even aware of who the current maintenance person was for the facility.

At 9:37 AM, Surveyor interviewed Caregiver G about heating concerns. Caregiver G stated that s/he knows that the rooms in the back of the building feel colder. S/he stated specifically room 7 and 8 tended to feel cold. S/he stated there were two thermostats for the building: one in the front and one in the back. Those thermostats controlled the heat for all resident rooms. Caregiver G stated that the lack of heat in those rooms had been like that since as long as s/he had been employed.

At 9:45 AM, Surveyor interviewed Team Lead (TL) C. TL C stated they were aware of Resident 1's complaints about being cold. S/he stated that maintenance did investigate and said things look "clear."

At 10:30 AM, Surveyor interviewed Resident 2. Resident 2 was sitting in his/her wheelchair

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covered in a large thick comforter that was wrapped around his/her entire body. Resident 2 stated that his/her room always felt cold and that s/he was just told to use extra blankets. S/he stated that if any hot air came out of the vent in his/her room it was very little. S/he stated that about a month or two ago s/he was told someone was going to come and professionally clean the ductwork, but no one had come yet.

At 11:05 AM, Surveyor observed the vent below the thermostat in the back of the building. The air blowing out of the back vent felt cool.

At 12:35 PM, Surveyor interviewed Registered Nurse (RN) B and Regional Director (RD) A. RN B stated Resident 1 did complain about being cold. RN B stated that staff did say it gets "chilly" in those back rooms. S/he stated the heat was set at 74 for the building. RD A stated that they had an outside company come and look at the heat on 12/04/2025. RD A stated s/he had a message from the heating company explaining what they did. Surveyor requested RD A send that message via e-mail.

At 6:36 PM, Surveyor received an e-mail from RD A. RD A forwarded surveyor the voicemail from Hurlburt Heating and Plumbing. RD A stated, "I am sending the transcription of the voicemail from the heating company who came to look at those specific rooms on 12/04/2025. After 12/04/2025, I was unaware that the problem was not fixed." RD A also stated that s/he was currently having maintenance look into wall mounts that they could potentially install in the rooms.