STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015028	A. BUILDING: _____ B. WING _____	C 02/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDAR RIDGE ADULT FAMILY HOME	624 SOBOTTA STREET ARCADIA, WI 54612

(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
M 000	INITIAL COMMENTS On 02/07/2024, Surveyor conducted an abbreviated survey at Cedar Ridge Adult Family Home. Data collection continued through 02/08/2024. One deficiency was identified. Census: 3	M 000		
M 276	88.05(3)(a) HOME ENVIRONMENT An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure the home was clean and well-maintained. Findings include: The provider is licensed to care for 4 residents in the client groups advanced aged, emotionally disturbed/mental illness, developmentally disabled and physically disabled. On 02/07//2024, from 9:05 AM to 11:40 AM, Surveyor was on site and observed the following: -The living room and hallway near Resident 1's bedroom had areas on the wall that were patched and not finished. There was no paint on the patches and the patches appeared rough and not sanded.	M 276		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015028	A. BUILDING: _____ B. WING _____	C 02/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDAR RIDGE ADULT FAMILY HOME	624 SOBOTTA STREET ARCADIA, WI 54612

(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
M 276	Continued From page 1 -The living room and hallway ceiling had multiple yellow spots of various sizes. The spots spanned an area of approximately 3 feet in diameter. - The cabinet area under the kitchen sink had what appeared to be water damage. The wood base flooring of the cabinet was discolored and the left side of the cabinet wall was bubbling up. -The basement furnace room had multiple dark round spots, areas of discoloration, and chipped paint on the ceiling. There was an area near the top of the furnace that appeared to have a piece of drywall missing. -The lower area of the wall near the basement furnace room had yellow discoloration and chipped paint. -The basement had an odor that appeared to be caused by a broken washing machine that had not been removed from the facility. At approximately 9:30 AM, Surveyor interviewed Caregiver A. Caregiver A stated concerns with maintenance issues throughout the home. Caregiver A stated the living room needed to be re-painted and there was mold in the basement furnace room and under the kitchen sink. Caregiver A stated s/he submitted maintenance requests for those concerns. At approximately 9:40 AM, Surveyor reviewed maintenance requests sent by Caregiver A to the maintenance department. The maintenance request, dated 10/15/2023, stated the following: "There appears to be mold in the furnace room in the basement. There is also mold along where the floor meets the wall on the outside of the room. I also noticed this morning that a piece of drywall has fallen from the ceiling." There was a handwritten message on the document signed by	M 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015028	A. BUILDING: _____ B. WING _____	C 02/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDAR RIDGE ADULT FAMILY HOME	624 SOBOTTA STREET ARCADIA, WI 54612

(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
M 276	Continued From page 2 Caregiver A, dated 12/07/2023 that stated, "Talked with maint. [sic] going to be getting special paint to cover up." The maintenance request, dated 09/24/2023, stated the following: "The board under the sink is completed [sic] rotted and very moldy." At 11:09 AM, Surveyor interviewed Community Director (CD) B. Surveyor discussed the above observations with CD B. CD B stated the paint updates had been on hold but Caregiver A planned to complete the painting soon. When asked about the area under the kitchen sink, CD B stated there were issues with the sink in the past but there had not been any recent leaks. S/he stated the issue had been fixed. When asked about the yellow spots on the living room and hallway ceiling, CD B stated s/he believed they were from melted snow that had leaked from the roof. S/he stated maintenance was aware of the spots and it would be patched when it got "real bad." When asked about the mold in the basement furnace room, CD B stated maintenance cleaned the area the best that they could and sprayed it with chemicals. When asked how long it took for maintenance requests to be addressed, CD B stated requests were prioritized and there was no definitive way to know how soon requests would be addressed. CD B stated s/he was not aware of when maintenance last assessed the basement or when they sprayed the chemicals. At 11:25 AM, Surveyor and CD B observed the basement furnace room ceiling and area of the wall detailed on the maintenance requests submitted by Caregiver A. CD B stated the smell was from the old washing machine and they	M 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015028	A. BUILDING: _____ B. WING _____	C 02/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDAR RIDGE ADULT FAMILY HOME	624 SOBOTTA STREET ARCADIA, WI 54612

(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
M 276	Continued From page 3 would be removing the machine. At approximately 11:40 AM, CD B stated s/he was not aware if maintenance had plans to reassess the basement. CD B stated s/he felt the issue was being addressed and it was not a safety issue. CD B stated maintenance painted a mold killer on the area and will replace that section of the ceiling if needed. CD B stated the first step had been done. On 02/08/2024, at 11:46 AM, Surveyor interviewed Maintenance Director (MD) C. MD C stated s/he observed the maintenance request in his/her records for the mold concerns under the kitchen sink. MD C stated the individual responsible for the request did not indicate the request was completed. S/he stated there was no indication supplies were ordered for that request. MD C stated s/he observed the maintenance request for the mold concerns in the basement furnace room. MD C stated the request was not marked as completed and did not indicate plans to monitor the mold. MD C stated the whole basement was sprayed with a layer of chemicals for water marks and it was possible they would need to tear down the ceiling. When asked about the yellow spots on the living room and hallway ceiling, MD C stated s/he was unaware of the yellow spots, and s/he did not observe a maintenance request from the provider related to that issue. MD C stated that if the spots were water marks, they would evaluate where the spots were coming from and fix it accordingly. MD C stated s/he would prioritize the maintenance concerns and ensured they would be fixed.	M 276		