

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0018656	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 02/09/2024
NAME OF PROVIDER OR SUPPLIER MIDLAND TERRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 5128 WEST MIDLAND DRIVE GREENFIELD, WI 53220		
(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 02/09/2024, Surveyor conducted a complaint investigation and verification visit at Midland Terrace. As a result, the previous deficiency was corrected, and 1 new deficiency was identified. The complaint was substantiated. Under statutory provisions of Wis. Stat. Ch. 50, a \$200 revisit fee will be assessed. Census: 8	{N 000}		
N 495	83.45(1)(d) Hazards. Hazards. The CBRF shall maintain each building in good repair and free of hazards. This Rule is not met as evidenced by: Based on observation and interview, the provider did not maintain the facility in good repair. The facility's basement contained mold and mounds of debris on the floor. This had the potential to affect 8 of 8 residents residing in the home. Findings include: On 08/02/2024, the department received a complaint about concerns of the cleanliness of the facility's basement. On 02/09/2024, at 9:45 AM, Surveyor toured the facility basement and observed the following: - Four tiles on the floor were covered in green, brown splotches, consistent with mold. (Photo 001) - White and brown debris, consistent with wet toilet paper, was dried to the floor around a floor drain. The debris field measured approximately	N 495		

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

TITLE

(X6) DATE

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0018656	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R-C 02/09/2024
NAME OF PROVIDER OR SUPPLIER MIDLAND TERRACE			STREET ADDRESS, CITY, STATE, ZIP CODE 5128 WEST MIDLAND DRIVE GREENFIELD, WI 53220		
(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 495	Continued From page 1 50 inches in diameter. (Photo 002) - A mound of greyish white material, consistent with wet toilet paper, was stuck to the floor in approximately 4 feet by 2 feet area. Surveyor observed Maintenance Director S kick at the mound of material on the floor, the material did not move when kicked. (Photo 003) - A stack of whole and broken tiles were stacked against the west wall of the basement. The tiles contained areas of black staining, consistent with mold. (Photo 004) - A brownish grey stain was located on the side of a shelving unit. The staining was consistent with a flooding mark as evidenced by a horizontal line stretching across the side. This staining was 17 inches high from the ground. (Photo 005) - The rubber baseboard contained areas of stuck on debris. The debris was a greyish white material, consistent with wet toilet paper. (Photo 006) - The basement floor tiles were missing or loose in the basement. On 02/09/2024, at 10:30 AM, Surveyor interviewed Maintenance Director S. Maintenance Director S reported s/he was hired with the company on 09/11/2023. Maintenance Director S reported the basement was like this when s/he started. Maintenance Director S reported s/he was unsure of what happened, but it was thought the basement bathroom had backed up. Maintenance Director S reported s/he thought there was also a leak from the main bathroom upstairs at one time, which caused the ceiling tiles to get wet. Maintenance Director S stated,	N 495			

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0018656	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 02/09/2024
NAME OF PROVIDER OR SUPPLIER MIDLAND TERRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 5128 WEST MIDLAND DRIVE GREENFIELD, WI 53220		
(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 495	Continued From page 2 "This basement was so bad when I first started, you couldn't come down here without a mask." On 02/09/2024, at 11:30 AM, Surveyor interviewed Administrator C. Administrator C reported s/he had not been in the basement of the facility. Administrator C reported s/he was unaware of the conditions of the basement. On 02/09/2024, at 3:32 PM, Surveyor interview Licensee J. Licensee J reported s/he had not been in the basement for over a year. Licensee J reported s/he was unaware of the conditions of the basement and was unsure of what happened. Licensee J stated, "I'm embarrassed the state had to come out to tell me what is going on in our building's basement. We are going to get it taken care of immediately."	N 495		