STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	590112	A. BUILDING: _____ B. WING _____	C 05/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODWARD LANE	3142 COUNTY HWY P CHIPPEWA FALLS, WI 54729

(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 04/17/2024, Surveyor conducted a complaint investigation and licensure survey at Woodward Lane. Data collection continued through 05/21/2024. The complaint was substantiated. Three deficiencies were identified. Census: 4	M 000		
M 134	88.03(5)(e)1 SIGNIFICANT CHANGE TO THE RESIDENT Within 24 hours, a significant change in resident status, such as but not limited to an accident requiring hospitalization, missing from the home or a reportable death. A death shall be reported if there is reasonable cause to believe the death was related to use of a physical restraint or psychotropic medications, was a suicide or was accidental. This Rule is not met as evidenced by: Based on record review and interview, the provider did not report within 24 hours when Resident 1 eloped on 01/03/2024. Findings include: On 01/17/2024, the department received a complaint alleging a resident had eloped from the facility without staff being aware. The provider is licensed to care for 4 residents in	M 134		

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

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M 134	Continued From page 1	M 134		

the following client groups: developmentally disabled and emotionally disturbed/mental illness.

On 04/17/2024, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 09/29/2023. According to Resident 1's Individual Service Plan (ISP), dated 11/08/2023, Resident 1 was considered an elopement risk and required 24-hour supervision with awake overnight staff. The ISP indicated Resident 1 had eloped since admission. A staff progress note, dated 10/24/2023, read in part, "[Resident 1] was seen going out to the deck to smoke at 10pm [sic]. The writer thought [s/he] was out smoking for fairly a long time at 1030pm [sic]. A call was received about that time from [Guardian C] that [s/he] received a call from [Gas Station] that [s/he] was there crying and [s/he] was going to pick [him/her] up and keep [him/her] for the night." Surveyor did not receive an incident report from the provider for the elopement on 10/24/2023.

On 04/17/2024, a check of Department records concluded there was no self-report for Resident 1's elopement on 10/24/2023.

On 05/17/2024 at 10:58 AM, Surveyor interviewed Caregiver D. Caregiver D confirmed on 10/24/2023 that Resident 1 did elope to a gas station. Caregiver D stated Resident 1 went out to smoke at approximately 10:00 PM and eloped around 10:30 PM. Caregiver D stated right before s/he was going to call supervisor s/he received a call from Guardian C at approximately 11:00 PM to report Resident 1 was at a gas station down the road and s/he would pick him/her up and take him/her home for the night. Caregiver D indicated s/he filled out an incident report for the elopement. Caregiver D stated the incident report would be sent on to management to review.

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M 134	Continued From page 2 On 05/21/2024 at 2:30 PM, Surveyor interviewed Regional Director (RD) A and Program Manager (PM) B. Surveyor asked if Resident 1's elopement on 10/24/2023 was reported to the department. RD A stated the incident had not been reported.	M 134		
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 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 and developmentally disabled. On 04/17/2024 from approximately 10:30 AM to 11:40 AM, Surveyor was on site and observed the following: Downstairs Family Room -Carpet had a large stain approximately 1 foot by 1 foot. -Cabinet door to television stand was coming off	M 276		

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M 276	Continued From page 3 its hinge. Kitchen -Dead bugs were in ceiling light fixture. -Window above the sink had a dusty and dirty screen. Deck -A couple of steps were soft when stepped on. Laundry Room/Bathroom -Dead bugs were in both light fixtures. -Ceiling vent was dusty. Hallway Bathroom -Ceiling vent was dusty. -There was a hole in the shower ceiling. -The sink cabinet door did not remain shut. Double Bedroom/Bathroom -Ceiling vent was dusty. -There was water damage to the bathroom wall. -Patio door had grime along seal. Resident 2's Bedroom -The window screen was not fully in place and there was a gap. Resident 3's Bedroom -The window seal had grime. -The wall furnace was dirty with grime. On 05/21/2024 at 2:30 PM, Surveyor interviewed Regional Director (RD) A and Program Manager (PM) B. RD A stated staff did have assigned cleaning tasks and s/he would work on correcting this concern.	M 276		

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M 278	Continued From page 4	M 278		
M 278	88.05(3)(b) FREE OF HAZARDS The home shall be free from hazards and kept uncluttered and free of dangerous substances, insects and rodents. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the home was free from hazards and kept uncluttered. Findings include: The provider is licensed to care for 4 residents in the client groups advanced aged, emotionally disturbed/mental illness and developmentally disabled. On 04/17/2024 from approximately 10:30 AM to 11:40 AM, Surveyor was on site and observed the following: A gas furnace was in the basement of the facility. Surveyor observed a wooden desk stored next to the furnace, a couple cardboard boxes with books and a file folder. On 05/21/2024 at 2:30 PM, Surveyor interviewed Regional Director (RD) A and Program Manager (PM) B. RD a stated s/he understood the concern and would work on correcting it.	M 278		