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 _____	R-C 02/10/2026

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 02/10/2026, Surveyor completed a verification visit at Woodward Lane. One deficiency was identified. This was a repeat deficiency. See Statement of Deficiency (SOD) 8FG311, dated 05/21/2024 and SOD 8FG312, dated 5/28/2025. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 4	{M 000}		
{M 276}	88.05(3)(a) Homelike 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. This was a repeat deficiency. See Statement of Deficiency (SOD) 8FG311, dated 05/21/2024 and SOD 8FG312, dated 5/28/2025. Findings include: The provider is licensed to care for 4 residents in	{M 276}		

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

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{M 276}	Continued From page 1 the client groups advanced aged, emotionally disturbed/mental illness and developmentally disabled. On 02/10/2026, Surveyor toured the home with Assistant Program Manager (APM) B and observed the following: Downstairs Family Room -Large spots of water on the floor. -Pieces of old carpet padding scattered on the floor. -Detached trim leaning on the ground with exposed nails. Deck -A loose deck board that lifts when stepped on and had two grapefruit-sized holes. Laundry Room/Bathroom -The ceiling vent was dusty. Hallway Bathroom -The ceiling vent was dusty. Double Bedroom/Bathroom -The ceiling vent was dusty. -There was water damage to the bathroom wall. -The bathtub caulk seal had a black substance on it. -The bathroom floor had a layer of grime and dirt. -The patio door had grime along the seal. Resident 2's Bedroom -The window screen was not fully in place and there was a gap. At 12:33 PM, Surveyor interviewed Program Manager (PM) A. PM A stated that maintenance had been there and working on fixing these	{M 276}		

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{M 276}	Continued From page 2 issues. S/he stated that the provider had decided not to finish the family room in the basement. They intend to use it as storage moving forward. PM A acknowledged that these issues still exist. PM A stated that s/he would have the caregivers take care of the dusty vent fans and remind maintenance about the rest of the issues. At 12:37 PM, Surveyor interviewed APM B. APM B stated that maintenance had been at the house a few hours ago fixing the toilet in the double bedroom/bathroom. APM B stated s/he just started in November of 2025, but s/he had seen maintenance out at the facility working on different issues. S/he stated the leaking toilet was causing most of the issues in the double bathroom and responsible for the issues in the basement family room. APM B stated s/he would clean the ceiling vents today.	{M 276}		