Wisconsin Department of Health Services

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0013397 | A. BUILDING: _____ B. WING _____ | R-C 08/20/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| MCKINLEY HOUSE | 75 N PARK ST CLINTONVILLE, WI 54929 |

| (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<br><br>On 08/14/2025, Surveyor conducted a verification visit at McKinley House. Additional information was gathered through 08/20/2025. All previous deficient practices were corrected, and 1 new deficient practice was identified.<br><br>Under statutory provisions, a $200 revisit fee is being assessed for the follow-up licensing visit.<br><br>Census: 7 | {N 000} | | |
| N 544 | 83.48(4)(d) Smoke detector in common use rooms<br><br>Pursuant to s. 50.035(2)(b), Stats., all facilities shall have at least one smoke detector located at each of the following locations: In each common use room, including a living room, dining room, family room, lounge and recreation room, but excluding a kitchen, bathroom or laundry room.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview the provider did not ensure all required interconnected smoke detectors were present in the facility. One walk-in closet did not contain interconnected smoke detection.<br><br>Findings include:<br>During a previous survey conducted on 12/05/2024, Surveyor observed a walk-in closet (located within the bedroom that shared a wall with the dinning room) did not contain interconnected smoke detection as is required. Surveyor informed Regional Manager C while onsite and Administrator A on 12/19/2024 at 3:30 PM during an exit interview. Administrator A acknowledged the walk-in closet was without smoke detection and stated an interconnected | N 544 | | |

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

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| N 544 | Continued From page 1<br>smoke detector would be installed.<br><br>On 08/14/2025 at 1:45 PM, Surveyor toured the facility while interviewing Lead D. Surveyor observed the bedroom that shared a wall with the dining room had a walk-in closet. The closet did not contain an interconnected smoke detector as is required. Lead D confirmed no interconnected smoke detector was present.<br><br>At 1:50 PM, Surveyor interviewed Regional Manager C. Regional Manager C could offer no explanation as to why the lack of smoke detector had not been corrected since the previous survey observation identified it. Regional Manager C stated s/he would take steps to correct the deficient practice. | N 544 | | |