STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016945	A. BUILDING: _____ B. WING _____	11/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RESCARE 141 MICHELLE	141 MICHELLE DR JOHNSON CREEK, WI 53038

(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 11/12/2025, Surveyors conducted a standard survey at Rescare 141 Michelle. Two (2) deficiencies were identified. Census: 6	N 000		
N 383	83.35(1)(c) Listed areas for assessments. Assessment. Areas of assessment. The assessment, at a minimum, shall include all of the following areas applicable to the resident: 1. Physical health, including identification of chronic, short-term and recurring illnesses, oral health, physical disabilities, mobility status and the need for any restorative or rehabilitative care. 2. Medications the resident takes and the resident ' s ability to control and self-administer medications. 3. Presence and intensity of pain. 4. Nursing procedures the resident needs and the number of hours per week of nursing care the resident needs. 5. Mental and emotional health, including the resident ' s self-concept, motivation and attitudes, symptoms of mental illness and participation in treatment and programming. 6. Behavior patterns that are or may be harmful to the resident or other persons, including destruction of property. 7. Risks, including, choking, falling, and elopement. 8. Capacity for self-care, including the need for any personal care services, adaptive equipment or training. 9. Capacity for self-direction, including the ability to make decisions, to act independently and to make wants or needs known. 10. Social participation, including interpersonal relationships, communication skills, leisure time activities, family and community contacts and vocational needs.	N 383		

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

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RESCARE 141 MICHELLE	141 MICHELLE DR JOHNSON CREEK, WI 53038

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N 383	Continued From page 1	N 383		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not assess 2 of 2 residents reviewed for risk, including the risk of entrapment, with the use of a bedrail. Resident 1 and Resident 2 had bedrails on the bed that the provider had not completed a risk assessment for.

Findings include:

On 11/12/2025, at approximately 11:00 a.m., Surveyor toured the facility with Area Supervisor A. Surveyor observed that both Resident 1 and Resident 2 had a half rail attached to the frame of their beds.

Surveyor reviewed the record of Resident 1. Resident 1 was admitted to the provider on 04/18/2025 with diagnoses including intellectual disability and cerebral palsy. There was no documentation in Resident 1's record for the use of a bedrail, including a safety assessment.

Surveyor reviewed the record of Resident 2. Resident 2 was admitted to the provider on 01/16/2025 with diagnoses including cerebral palsy. There was no documentation in Resident 2's record for the use of a bedrail, including a safety assessment.

At approximately 11:30 a.m., Surveyor reviewed the above concerns with Area Supervisor A and Quality Assurance B. Area Supervisor A and Quality Assurance B stated that Resident 1 does not utilize a rail on his/her bed. Surveyor and Area Supervisor A and Quality Assurance B walked into

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RESCARE 141 MICHELLE	141 MICHELLE DR JOHNSON CREEK, WI 53038

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N 383	Continued From page 2 Resident 1's bedroom to observe the half rail on his/her bed. Area Supervisor A stated that the rail should not be on the bed, Quality Assurance B agreed and removed the rail from the bed. Surveyor noted that there was no documentation of the use of the rail in Resident 2's record. Area Supervisor A stated that Resident 2 is supposed to have a rail on his/her bed as an assistive device. Area Supervisor A stated that s/he was unaware of the risks associated with a bedrail and stated a safety assessment will be completed for all residents that utilize a bedrail.	N 383		
N 627	83.58(1)(c) Self-closing 1-3/4-inch solid core wood door Attached garage. A self-closing 1-3/4-inch solid core wood door or an equivalent self-closing fire-resistive rated door shall protect openings between an attached garage and the CBRF. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that 2 of 3 door between the attached garage and the CBRF were self-closing. Findings include: On 11/12/2025, at approximately 10:00 a.m., Surveyor toured the facility with Area Supervisor A and observed the doors between the garage and the CBRF. When Surveyor opened the door and let it close, the door did not fully close for 2 of 3 doors connecting the attached garage to the facility. Area Supervisor A stated that one of the doors did not close automatically because of the ramp leading from the facility to the garage and the closing mechanism on the other door needed	N 627		

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N 627	Continued From page 3 to be tightened. Area Supervisor A stated s/he will have maintenance make adjustments to the 2 doors so they are self-closing.	N 627		