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
	510340	A. BUILDING: _____ B. WING _____	C 05/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VERNON AREA REHAB CENTER INC	811 ROGERS ST VIROQUA, WI 54665

(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 05/02/2024, Surveyor conducted a complaint investigation and a standard licensure survey at Vernon Area Rehab Center INC CBRF. Information for this survey was received and reviewed through 05/08/2024. The complaint was substantiated. One deficiency identified related to the complaint. Census: 8	N 000		
N 481	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a safe, clean, and comfortable environment for all residents. Findings include: The facility is licensed to provide services for up to 8 developmentally disabled residents. On 04/18/2024, the department received a complaint alleging the house and the deck were in poor repair. On 05/02/2024 at approximately 11:30 AM,	N 481		

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

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N 481	Continued From page 1 Surveyor toured the facility and observed the following: 1.) The deck attached to the south side of the facility was missing spindles which strengthen the handrail. Screws from the deck were sticking out of the wood facing the way a resident would walk down the steps. This is the deck residents smoke on. 2.) There were two in-floor heat registers that were rusted and dirty. 3.) Three kitchen cabinets were missing the doors to the drawers. 4.) There was a large pool of water on the basement floor. 5.) There were dead insects on the sill of the downstairs windows. On 04/17/2024 at approximately 1:30 PM, Surveyor re-toured the areas of concern with Manager A. Manager A stated s/he knew the deck needed repair since just after winter. Manager A also stated s/he was not aware of the leak in the basement. Manager A stated most of the concerns Surveyor identified were on a list to be repaired.	N 481		