STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015057	A. BUILDING: _____ B. WING _____	C 12/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEWCARE RESIDENCE	903 MAIN AVE CRIVITZ, WI 54114

(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 11/05/2024 and 11/14/2024, Surveyor conducted a complaint investigation and standard survey at Newcare Residence in Crivitz. Additional information was gathered through 12/11/2024. As a result of the survey, 1 deficient practice was identified. Census: 22	N 000		
N 358	83.32(3)(n) Rights of Residents: Safe environment In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Safe environment. Live in a safe environment. The CBRF shall safeguard residents from environmental hazards to which it is likely the residents will be exposed, including both conditions that are hazardous to anyone and conditions that are hazardous to the resident because of the residents ' conditions or disabilities. This Rule is not met as evidenced by: Based on observation, record review, and interview the provider did not ensure residents were living in a safe environment. Multiple concerns were identified regarding the safety of the facility's physical plant including emergency evacuation plans, areas in need of repair, smoke separation, and fire and heat detection systems. The facility is licensed to serve up to 26 residents who may be physically disabled, of advance age, and /or have irreversible dementia/ Alzheimer's disease. Findings Include:	N 358		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015057	A. BUILDING: _____ B. WING _____	C 12/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEWCARE RESIDENCE	903 MAIN AVE CRIVITZ, WI 54114

(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 358	Continued From page 1 Inspection History On 11/05/2024, Surveyor reviewed the provider's facility file which included the Fire inspection Reports. Department Form F-60795 (Rev. 04/09) Community Based Residential Facility (CBRF) Fire Inspection the provider submitted on 02/05/2014. The submission attested to their physical plant fire safety compliance and was signed by Fire Inspector D. Surveyor reviewed the most recent inspection report by the local fire authority. The record was a copy with the full date obstructed but the year 2024 was visible. The reported noted the building passed inspection was signed by Fire Inspector E. During the initial Surveyor tour on 11/05/2024, areas of fire safety compliance were brought to the provider's attention (noted below.) On 11/14/2024, Surveyor conducted a second tour. During the tour the Chief Financial Officer (CFO B) stated s/he had since had the local fire authority come back to the facility to address the concerns Surveyor identified during the 11/05/2024 tour. CFO B stated Fire Inspector E came to the facility and verified the previous inspection had not identified the fire safety concerns that had been identified on the initial survey. Facility Layout Prior to becoming a Community Based Residential Facility (CBRF) the building was a Skilled Nursing Facility (SNF.) At the time of the survey on 11/05/2024, the building housed both the CBRF and a SNF with an addition to the CBRF built in 2019. The first floor of the CBRF was built slightly above ground level, requiring ramps for semi/non-ambulatory residents and/or steps for ambulatory residents to enter/exit. The first floor contained CBRF resident bedrooms and common space that was directly accessible through smoke compartment doors that were	N 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015057	A. BUILDING: _____ B. WING _____	C 12/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEWCARE RESIDENCE	903 MAIN AVE CRIVITZ, WI 54114

(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 358	Continued From page 2	N 358		

kept open to the SNF resident rooms and common space. The SNF space was open and accessible internally to the CBRF residents, visitors, and staff. The SNF space contained the main CBRF kitchen, storage, staff areas, and was openly connected to the CBRF on the first floor.

Additionally, the SNF space contained activity rooms, a beauty salon, and therapy rooms that the CBRF residents regularly access.

The basement was located below the CBRF space. The provider referred to the basement as divided between the "CBRF side" and "SNF side" although both areas were located directly under the CBRF only. The basement contained rooms with building systems for both the CBRF and SNF sides of the first floor, including the heat and water systems, electrical, ventilation, SNF laundry, garbage, and rooms for general storage, maintenance storage, and building services storage. At the time of the survey on 11/05/2024, the basement also contained some storage for resident's personal items.

Physical Plant
On 11/05/2024 at approximately 11:00 AM - 2:30 PM, Surveyor toured the facility accompanied by Administrator A, and at times CFO B and Maintenance Manager (MM) C. Surveyor interviewed Administrator A, CFO B, and MM C during the tour.

During the tour on 11/05/20204 and second tour on 11/14/2024, Surveyor observed over 17 areas of smoke compartments created by lintels that exceed 8 inches that did not contain smoke detection, 2 habitable rooms that contained smoke detectors on the bottom of a joist/ beam greater than 8 inches below the ceiling level, and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015057	A. BUILDING: _____ B. WING _____	C 12/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEWCARE RESIDENCE	903 MAIN AVE CRIVITZ, WI 54114

(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 358	Continued From page 3 over 18 habitable rooms and or/ areas that were not equipped with smoke detection and/ or heat detection as required. CFO B and MM C entered each room with Surveyor and acknowledged each smoke compartment, habitable room, corridor, exit, and closet that did not have smoke and/ or heat detection present. Surveyor observed the facility had multiple rooms and corridors where the walls and ceiling had cracks, leaks, holes, open areas from previous works, and areas where piping and/or electrical cords were not securely sealed with fire stopping material. CFO B and MM C entered each room with Surveyor and acknowledged each area Surveyor observed. CFO B acknowledged as the facility is large and the damage/ deterioration is extensive, all areas in need of repair may not be identified during the survey process. Basement Surveyor observed the main steps leading down to the basement from the CBRF had a compartment where smoke would accumulate with no smoke detector. It also had an area of ceiling tile that had been damaged by water. (Photos 2804, 2805.) Surveyor observed the basement had multiple rooms and corridors where the walls and ceiling had cracks, leaks, holes, open areas from previous works, and areas where piping and/or electrical cords were not securely sealed with fire stopping material. (Photos 0435, 0436, 0437, 0440, 0466, 0467, 0471, 0480, 0491, 0497, 0500, 0503, 0505, 0507, 0520, 2801, 2802, 2803, 2815, 2817, 2818, 2823, 2824, 2829, 2836, 2837, 2843, 2850, 2851.) Surveyor observed doors in the basement that	N 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015057	A. BUILDING: _____ B. WING _____	C 12/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEWCARE RESIDENCE	903 MAIN AVE CRIVITZ, WI 54114

(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 358	Continued From page 4 were labeled with "Fire Door Keep Closed" that were propped open. (Photo 2806) Surveyor observed the basement corridor labeled "Hall" on the facility floor plan had water damaged that caused the flooring to buckle enough to create a tripping hazard. (Photo 0495.) The room labeled "Vending Storage" had a musty mildew odor, and a dark colored mold-like substance on items stored in the room, the floor, and walls where there were hard water deposits in a formation of a dried puddle of water beneath the leak and at along the water flow leakage lines coming out of the walls. There were cardboard boxes that were deformed/ decaying with a dried mold/mildew like substance as they had been previously wet from being stored near the water leak and had since dried into place. The room contained packaged food items. CFO B and MM C stated the food stored in this room was intended to be placed in the vending machines. CFO B and MM C stated they were aware this room regularly has water damage and stated it was due to its position under an outside back deck where water runoff collects. CFO B stated they were aware of the water damage and had had discussions about fixing the issue but had not yet. CFO B and MM C acknowledged the odor and presence of mold/mildew like substances and that it was not a safe area to store food. On 11/14/2024 Surveyor returned to the facility for a second tour and found the food items remained in the Vending Storage area. (Photos 0442, 0459, 0479, 0498, 0515, 0516, 0520, 2828, 2830, 2842.) Per facility floor plan map, 2 rooms were labeled "Records" under the CBRF. The first room contained a smoke detector that was installed	N 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015057	A. BUILDING: _____ B. WING _____	C 12/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEWCARE RESIDENCE	903 MAIN AVE CRIVITZ, WI 54114

(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 358	Continued From page 5	N 358		

below the level of the ceiling. The room contained a fire exit that was obstructed by a blue foam panel secured into place. On the foam panel was handwritten "In case of emergency break through." MM C stated to his/her knowledge the foam board had been installed to prevent drafts. MM C had to locate a knife to cut through the foam board and manually remove sections to gain access to the other side. The other side led to a stairwell that was obstructed by debris and led directly up to the outside on ground level. MM C and CFO B confirmed this was an emergency fire exit from the basement. The stairwell did not have smoke detection. (Photos 0473, 2811, 0434, 0444, 0447, 0471, 0472, 2807, 2808, 2809)

Walking through the first "Records" room Surveyor then entered the second "Records" room. Surveyor observed the ceiling which was directly below the CBRF was made of wooden planks that did not provide fire separation between the floors. The ceiling had vertical planks of wood greater than 8 inches that created 16 individual smoke compartments. Each smoke compartment did not contain smoke detection. Surveyor observed 1 smoke detector installed below the level of the ceiling on the bottom edge of one of the wooden vertical lintels. The room also had a window well that had staining down the wall from water damage. (Photos 2813, 0448, 0449, 0475, 0476, 2812, 2815.)

Surveyor toured the room MM B stated was known as the "Christmas Tree Room" and noted the room contained areas where there were holes and cracks in the ceiling and walls that needed repair and/ or were not sealed with fire stopping material. The room contained gas heating systems and had flammable materials within 3 feet. The room contained smoke detection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015057	A. BUILDING: _____ B. WING _____	C 12/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEWCARE RESIDENCE	903 MAIN AVE CRIVITZ, WI 54114

(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 358	Continued From page 6 instead of heat detection (Photos 0480, 2816, 2817.) The corridor leading from what MM B referred to as the "CBRF side" of the basement to what MM B referred to as the "SNF side" of the basement had areas where lintels exceed 8 inches creating a compartment where smoke detectors are required and were not present. The corridors contained areas of holes and cracks in the ceiling and walls that needed repair and/ or were not sealed with fire stopping material. (Photos 2818.) Surveyor observed a door in the basement that was labeled with "Fire Door Keep Closed" that was propped open. This door lead into a room that then lead into another room which contained the fire suppression system. (Photo 2806) The door entering directly into the room that contained the fire suppression system, indicated on the map as the "Pump Room" was not a fire rated door. Additionally, the fire suppression system was not secured against unauthorized access as the door was not fitted with hardware that locked. The basement was not continually under the visual control of the employees and the suppression system was accessible to any passersby. (Photos 2806, 0494, 2826, 2819, 2820, 2821, 2823, 2824.) The hallway outside of the "Vending Storage" room had an installed heater that had clothes hanging within 3 feet. (Photos 2831; hanging combustible items removed in picture.) The fire rated doors between the "SNF side" and "CBRF side" of basement area were kept propped open. The SNF Laundry room had a stairwell that led	N 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015057	A. BUILDING: _____ B. WING _____	C 12/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEWCARE RESIDENCE	903 MAIN AVE CRIVITZ, WI 54114

(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 358	Continued From page 7 directly up to the outside ground level as an emergency fire exit. The stairwell did not contain smoke detection and was obstructed by venting materials and debris. (Photos 2832, 2833, 2834, 2835, 2836, 2837.) Surveyor observed the room MM C referred to as the "Laundry Chute" room, "HK Storage," the corridor directly outside of "CFO Storage," "CFO Storage" room, "Paint Storage" room, "Maintenance Storage" room, "Maintenance Shop" room, and "Nursing Home Storage" room did not contain smoke detection. The Nursing Home Storage room was the length of the building and required smoke detection every 30 ft. Some of the rooms were equipped with battery operated smoke detectors. During a second tour on 11/14/2024, Surveyors observed additional battery-operated smoke detectors had been added in the basement. On 11/14/2024 at approximately 12:00PM, CFO B and MM C acknowledged the smoke detectors are required to be interconnected to the fire system. (Photos 2838, 2839, 2840, 2844, 2845, 2846,2847, 2848, 2849, and 0514.) First Floor CBRF On the first floor Surveyor observed 4 furnace rooms each labeled by a number above the door. All furnace rooms contained flammable materials within 3 feet of the heat source. Some rooms were fitted with what appeared to be smoke detectors. CFO B and MM C acknowledged furnace rooms require heat detection. Furnace Room 1 did not appear to contain a heat detector. Furnace Room 2 was not fitted with a fire rated door and did not appear to contain a heat detector. Furnace Room 3 was not fitted with a fire rated door. Furnace Room 4 did not appear to contain a heat detector. (Photos 2863, 2864,	N 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015057	A. BUILDING: _____ B. WING _____	C 12/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEWCARE RESIDENCE	903 MAIN AVE CRIVITZ, WI 54114

(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 358	Continued From page 8 2865, and 2866.) Surveyor observed the "Atrium," "Emergency Supply Room," "Ice Room," "Medication Room," and what MM C referred to as the "Laundry Chute Room" on the 1st level of the CBRF all contained smoke detectors that were installed on the side walls below the level of the ceiling. The "atrium" smoke detectors were installed below 12 inches from the top of the ceiling. (Photos 2852, 2853, 2854, 2856, 2861, and 0002.) Surveyor observed the CBRF "Food Closet" that was a walk-in room and did not contain smoke detection. CFO B discussed possibly adding in permanent shelving to the closet to make the space not walk-in and therefore not require smoke detection. Surveyor observed the CBRF "Activity Storage" room did not contain smoke detection. Surveyor observed an exit leading out to the back patio that had emergency exit lighting. CFO B stated the door was not an emergency exit. The door did not contain signage indicating it was not an exit. First Floor SNF Surveyor observed the fire rated doors leading from the CBRF to the SNF were kept open as residents from the CBRF are expected to access the SNF to use the "Beauty Shop," "Therapy" rooms, and at times may join for activities in the common spaces. The Beauty Shop and Therapy rooms did not contain smoke detectors. Surveyor observed an exit that was not equipped with emergency exit lighting that was within the SNF but would be the closest exit for some CBRF residents. The room just prior to the exit did not	N 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015057	A. BUILDING: _____ B. WING _____	C 12/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEWCARE RESIDENCE	903 MAIN AVE CRIVITZ, WI 54114

(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 358	Continued From page 9 contain smoke detection. (Photo 2859.) Evacuation During the tours on 11/05/2024 and 11/14/2024 Administrator A, CFO B, and MM C referenced an evacuation plan that included horizontal evacuation to different smoke compartments between the CBRF and SNF. None of the administrators were able to clearly identify where the smoke compartments were located or verbalize concise plan for evacuation upon a fire emergency. Surveyor asked to review the provider's evacuation plan. The plan was not specific and did not indicate where the areas of horizontal evacuation were located, or which residents were to go where in the event of a fire in a different area of the facility. The plan was a multi-step process involving assessment and notifications prior to reaching step 7 before evacuation would begin. Surveyor interviewed Administrator A and MM C on 11/14/2024 at approximately 12:20 PM. Neither could confirm the plan had been reviewed by the local fire authority and submitted and approved by the Department as is required prior to utilizing a horizontal evacuation plan. On 12/11/2024 at approximately 12:40 PM, Surveyor conducted an exit interview with Administrator A, CFO B, and MM C. The administration reviewed the deficient practices identified in the survey and stated they would take immediate steps for correction to maintain resident safety.	N 358		