STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0009851	A. BUILDING: _____ B. WING _____	R-C 09/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMFORTS OF HOME BALDWIN	1880 FOURTH AVE BALDWIN, WI 54002

(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 09/05/2025, the Department conducted a complaint investigation and verification visit at Comforts of Home Baldwin. The complaint was unsubstantiated. Two violations were identified. Two of 2 violations were repeat deficiencies. See Statement of Deficiencies (SOD) BHOK13, dated 12/03/2024; BHOK12, dated 11/21/2023; and BHOK11, dated 06/01/2023. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 14	{N 000}		
N 427	83.38(1)(c) Leisure time activities. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Leisure time activities. The CBRF shall provide a daily activity program to meet the interests and capabilities of the residents. Employees shall encourage and promote resident participation in the activity program. The CBRF shall develop and post the activity schedule in an area available to residents. This Rule is not met as evidenced by: Based on interview and record review, the provider did not provide an activity program to	N 427		

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

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N 427	Continued From page 1	N 427		

meet the interests and capabilities of the residents.

This is a repeat deficiency. See Statement of Deficiencies (SOD) BHOK12, dated 11/21/2023 and BHOK11, dated 06/01/2023.

Findings include:

On 09/05/2025 at 11:15 AM, Surveyor interviewed Resident 1. Resident 1 stated, "They don't do anything here... It is so boring." Resident 1 stated all s/he did during the day was watch TV. Resident 1 was not aware of an activity schedule or daily activity program.

At 11:46 AM, Surveyor reviewed the provider's September activity schedule. The schedule indicated there were activities 5 times per day. On 09/06/2025, the scheduled activities included: 9:30 AM exercise, 10:00 AM resident choice, 11:00 AM coffee social, 1:30 PM Bingo, and 3:00 PM movie.

At 12:30 PM, Surveyor interviewed Caregiver A about activities. Caregiver A stated they tended to do more one-on-one activities. Caregiver A stated Resident 2 liked crafts and Resident 3 liked puzzles, so they tried to do those things with them in the morning and again in the afternoon. Caregiver A stated the only residents that participated in activities were Resident 2 and Resident 3. Caregiver A stated they occasionally did group activities like bowling or Bingo. Surveyor asked if they followed their posted activity schedule. Caregiver A stated they did. Surveyor reviewed the posted activity schedule with Caregiver A. Caregiver A stated they do not do morning exercises, and they would not be doing the afternoon movie because residents

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N 427	Continued From page 2 never wanted to do that. At 12:38 PM, Surveyor interviewed Resident 4. Resident 4 stated s/he watched TV all day and s/he was OK with that. Resident 4 was happy with his/her placement. Resident 4 stated they used to play games as a group, but that had not happened for a while. Resident 4 stated s/he would play games or cards if staff offered. At 12:41 PM, Surveyor interviewed Resident 5. Resident 5 was not happy with his/her placement. Resident 5 stated all there was to do was eat, sleep, and watch TV. Resident 5 stated s/he was often bored. At 12:53 PM, Surveyor interviewed House Manager (HM) B and Administrator C. HM B stated s/he created the activity schedule monthly and s/he expected staff to offer the activity to residents per the schedule. Administrator C stated it was challenging to create an activity program because the residents were more independent and younger than some of their other facilities. Administrator C stated they had held resident meetings to get ideas, but activity participation was short-lived. Administrator C stated they tried having a dedicated activity staff, but they were bored because nobody would participate. HM B stated residents wanted outings.	N 427		
{N 637}	83.59(1)(g) Proper exit locations, sidewalks, driveways. All habitable floors shall have at least 2 exits providing unobstructed travel to the outside. Small class AA CBRFs licensed on or before the effective date of this section with no more than 2	{N 637}		

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{N 637}	Continued From page 3 habitable floors may have one exit from the second floor. Exits, sidewalks and driveways used for exiting shall be kept free of ice, snow, and obstructions. For facilities serving only ambulatory residents, the CBRF shall maintain a cleared pathway from all exterior doors to be used in an emergency to a public way or safe distance away from the building. For facilities serving semi-ambulatory and non-ambulatory residents, a CBRF shall maintain a cleared, hard surface, barrier-free walkway to a public way or safe distance away from the building for at least 2 primary exits from the building. All other required exits shall have at least a cleared pathway maintained to a public way or safe distance from the building. An exit door or walkway to a cleared driveway leading away from the CBRF also meets this requirement. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure the facility had 2 exits that provided unobstructed travel to the outside, and barrier-free walkways in the pathways that lead to a safe distance from the building. This is a repeat violation. See Statement of Deficiency (SOD) BHOK13, dated 12/03/2024. Findings include: The provider is licensed to care for 15 residents in the client groups physically disabled, advanced aged, and irreversible dementia/Alzheimer's disease. On 01/22/2025, the Department approved a waiver for the provider's egress system with the	{N 637}		

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{N 637}	Continued From page 4 condition that the provider work with the Office of Plan Review and Inspection (OPRI) to ensure the modified delayed egress system was installed appropriately. On 09/05/2025, Surveyor did not observe any differences to the provider's exits or patio area from the previous survey. On 09/05/2025 at approximately 10:20 AM, Surveyor interviewed Caregiver A. Caregiver A discussed and demonstrated the provider's updated locking system. The provider had magnetic locking devices on 2 of 2 exits. The magnetic locks could be disengaged only by punching in a keycode on the keypad or by pushing and holding a green release button for 15 seconds. Caregiver A referred to this push-and-hold method as delayed egress. Caregiver A stated when the green button was pushed for 15 seconds, all of the locks in the entire facility disengaged. This included locks on both exits and the 2 outside patio gates. Caregiver A stated after the magnetic lock was disengaged, you could exit the doors normally by turning the levered handle and pulling it open (not 1 hand 1 motion). Caregiver A stated the locks remained disengaged until a staff member reset the system with a key. Surveyor attempted to open the door by applying pressure to the door for 15 seconds. The lock did not disengage. Caregiver A stated again that the only way to open the door was to push the green button for 15 seconds or by typing in the code. At 11:50 AM, Surveyor interviewed Administrator C and Maintenance Staff (MS) D. Administrator C stated the changes from last survey included the addition of the delayed egress (i.e. the green	{N 637}		

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{N 637}	Continued From page 5 button push-and-hold system). Administrator C stated the patio gate locks were also programmed to release with the provider's emergency system. Surveyor asked if OPRI had inspected or approved the provider's locking mechanism as required per the Department waiver. Administrator C stated s/he was unsure. At 4:05 PM, Surveyor received a response from OPRI Supervisor E that read, "The last plans OPRI received for Comforts of Home, Baldwin, are from 2002. It is unclear to me if delayed egress was included then. However, if the delayed egress is a more recent installation, then OPRI has not received plans for review."	{N 637}		