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
	0009851	A. BUILDING: _____ B. WING _____	R-C 03/12/2026

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 03/09/2026, Surveyor began a complaint investigation and a verification visit at Comforts of Home Baldwin. Data was collected through 03/12/2026. The complaint was substantiated. The violations from Statement of Deficiencies (SOD) BHOK14 were corrected. One new violation was identified. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 15	{N 000}		
N 339	83.31(7)(f) Discharge information: medical needs At the time of a resident ' s transfer or discharge, the CBRF shall inform the resident or the resident ' s legal representative and the resident ' s new place of residence that all of the following information is available in writing upon request: Medical needs. The resident ' s current medications and dietary, nursing, physical and mental health needs, if not included in the assessment or individual service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure to inform Resident 1's new residence of his/her medical information upon transfer. Resident 1 was arrested and brought to the county jail. The provider did not ensure that the jail was aware of Resident 1's current medications or physical and mental health needs.	N 339		

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
	0009851	A. BUILDING: _____ B. WING _____	R-C 03/12/2026

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 339	Continued From page 1 Findings include: The Department received a complaint on 12/11/2025 regarding a resident transfer. On 03/09/2026, Surveyor reviewed Resident 1's records: - Resident 1's move-in record indicated s/he had been admitted on 11/06/2025. Resident 1's move-in record listed his/her diagnoses, which included alcohol dependence with alcohol-induced persisting amnestic disorder, alcohol abuse, prediabetes, presence of coronary angioplasty implant and graft, and bipolar disorder. - A police report, dated 12/07/2025, described an incident which had occurred at the facility. According to the report, police had been called to the facility on 12/07/2025 because Resident 1 had attempted to elope from the facility, had threatened facility staff, and had a pair of scissors in his/her possession. The report indicated Resident 1 was arrested for disorderly conduct and was turned over to the county jail. - Resident 1's individual service plan (ISP), updated 11/19/2025, read, in part, "resident is at risk for elopement..." Another note in Resident 1's ISP, dated 11/06/2025, indicated Resident 1's behaviors were triggered by law enforcement. - A 30-day discharge termination notice from the provider to Resident 1, dated 12/08/2025, which indicated that due to an imminent risk of serious harm to the health or safety of residents, Resident 1's residency at the facility was being terminated.	N 339		

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 03/12/2026

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 339	Continued From page 2	N 339		

- Email correspondence between the provider and Resident 1's managed care organization (MCO) team, dated 12/08/2025, which demonstrated that the provider had notified them regarding the incident on 12/08/2025.

- Email correspondence between the provider and Resident 1's guardian, dated 12/07/2025, which demonstrated that the provider had notified him/her regarding the incident on 12/08/2025.

At approximately 10:06 AM, Surveyor interviewed Administrator A. Administrator A stated the facility and any other facilities licensed by the provider would have taken Resident 1 back, but the local police department would not let Resident 1 come back to the facility after the incident on 12/08/2025. Administrator A stated the jail was notified of Resident 1's needs, but that the jail would not take Resident 1's medications. Administrator A did not have record or documentation of having notified the jail of Resident 1's medical needs.

At approximately 11:11 AM, Surveyor interviewed House Manager (HM) B. HM B stated s/he had gotten a phone call from the county a week after the incident on 12/08/2025. HM B stated the county informed him/her about a no-contact order which was issued to Resident 1, prohibiting him/her from contacting the provider.

At approximately 3:52 PM, Surveyor interviewed Caregiver C. Caregiver C indicated s/he was working when the incident with Resident 1 had occurred on 12/08/2025. Caregiver C stated when police officers had arrested Resident 1, s/he told them that s/he prefer Resident 1 not come back to the facility due to concerns about

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 03/12/2026

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 339	Continued From page 3 safety. Caregiver C stated no medications, medication list, or other paperwork were sent with the resident. Caregiver C stated s/he did not think of it at the time as the situation was stressful. On 03/12/2026, at approximately 10:03 AM, Surveyor interviewed Medical Team Administrator (MTA) D at the county jail where Resident 1 was incarcerated. MTA D stated Resident 1 had arrived to the jail without medications or a clear history of where s/he had come from. MTA D stated Resident 1 had been incarcerated at the county jail in August 2025, prior to residing at the provider facility. MTA D stated when Resident 1 was arrested and booked in December 2025, jail staff had to use his/her prior medication list from August 2025 due to not having the information from the provider. MTA D checked Resident 1's file notes and did not find evidence that the provider had contacted the county jail. The provider did not ensure the county jail was made aware that Resident 1's medical records, medications, and that other necessary records were available to them upon request when Resident 1 was transferred to them.	N 339		