

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0020507	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/17/2025
NAME OF PROVIDER OR SUPPLIER CHRISTIAN SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1001 W BROWN ST WAUPUN, WI 53963		
(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 12/17/2025, Surveyor conducted a standard licensing survey and complaint investigation at Charter Senior Living, a CBRF located in Waupun, WI. As a result of the survey, 1 violation of Chapter DHS 83 was issued. The complaint was unsubstantiated. Census: 35	N 000		
N 488	83.44(1)(c) Clothes dryers enclosed and vented Clothes dryers. The CBRF shall enclose any clothes dryer having a rated capacity of more than 37,000 Btu/hour in a one-hour fire resistive rated enclosure. If the clothes dryer requires a vent, the CBRF shall use dryer vent tubing that is of rigid material with a fire rating that exceeds the temperature rating of the dryer. The dryer vent tubing shall be clean and maintained. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that 2 of 4 dryers were vented with rigid material. Two of 4 dryers were vented with flexible foil tubing. Findings include: On 12/17/2025 at 9:30 AM, Surveyor observed the facility laundry facilities. Two of 4 dryers had flexible foil type vent tubing. On 12/17/2025 at 10:00 AM, Surveyor interviewed	N 488		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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N 488	Continued From page 1 Nursing Supervisor A. Nursing Supervisor A stated that s/he didn't know that the tubing was flex, and was not aware that rigid tubing was required. Nursing Supervisor A acknowledged that the current dryer tubing was of flexible material. Nursing Supervisor A stated that s/he would contact maintenance and have the dryer duct changed as soon as possible.	N 488		