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
	0020567	A. BUILDING: _____ B. WING _____	C 12/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VIOLET MEADOWS DEPERE	**1880 SCHEURING ROAD DE PERE, WI 54115**

(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 12/08/2025, Surveyor conducted 1 complaint investigation at Violet Meadows in Depere. One (1) of 1 complaint was substantiated. As a result of the survey, 1 deficiency will be issued. Census: 40	N 000		
N 388	83.35(3)(c) Implement, follow the individual service plan Implementation. The CBRF shall implement and follow the individual service plan as written. This Rule is not met as evidenced by: Based on record review and interview, the provider did not implement and follow the individual service plan (ISP) for 1 of 1 (Resident 1) resident reviewed. Resident 1's ISP indicated staff were to "record percentage of meal that was consumed by resident" daily at breakfast, lunch and dinner. Resident 1's record did not contain documentation of the percentage of meal consumed by Resident 1 for all meals between 09/01/2025 through 10/12/2025. Findings Include: On 11/03/2025, the department received a complaint related to food and fluid intake. On 12/08/2025, Surveyor conducted an onsite visit to the facility. A sample of residents was selected, including the closed record for Resident 1.	N 388		

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

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N 388	Continued From page 1 Resident 1 was admitted to the facility on 08/27/2024 with diagnoses to include unspecified severe protein-calorie malnutrition, alcohol abuse in remission and nicotine dependence. Resident 1 was discharged from the facility on 10/12/2025 to the hospital. Resident 1's ISP, with a printed date of 12/08/2025, indicated "Appetite Monitoring" with directions for staff to "record percentage of meal that was consumed by resident...daily at breakfast, lunch, dinner." Surveyor reviewed Resident 1's "Care History" from 09/01/2025 through 10/31/2025. Surveyor noted staff did not record the percentage of Resident 1's meal intake for the following meal times on the the following days: *Breakfast -10/03/2025 *Lunch -09/01/2025, 09/05/2025, 09/06/2025 and 09/27/2025 *Dinner -09/01/2025, 09/03/2025, 09/06/2025, 09/08/2025, 09/10/2025, 09/12/2025, 09/14/2025, 09/16/2025, 09/17/2025, 09/18/2025, 09/19/2025, 09/21/2025, 09/25/2025, 09/28/2025, 10/02/2025, 10/03/2025, 10/05/2025, and 10/10/2025 On 12/08/2025 at approximately 11:45 AM, Surveyor interviewed Community Operations Manager A. Community Operations Manager A verified staff did not record the meal intake consistently over the past month that Resident 1 was at the facility. Community Operations Manager A stated Resident 1 probably refused the meals at dinner time as that was typical for	N 388		

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N 388	Continued From page 2 Resident 1 to do and staff didn't record it.	N 388		