STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013143	A. BUILDING: _____ B. WING _____	R-C 06/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APPLE AVENUE GROUP HOME	1406 S APPLE AVE MARSHFIELD, WI 54449

(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 06/10/2025, Surveyor conducted an onsite visit to verify correction of 6 previous deficiencies and conduct a standard survey. Six (6) of 6 previous deficiencies were corrected. One (1) new deficiency was identified. Census: 4 Under statutory provisions of WI Stat. Ch. 50 a $200 revisit fee is being assessed.	{N 000}		
N 481	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation, interview and record review, the provider did not ensure the residents' living environment was safe, clean and homelike. Findings include: The provider is licensed to care for up to 6 residents who may have irreversible Dementia/Alzheimer's, traumatic brain injury, developmentally disabled, emotionally disturbed/mental illness, and/or physically disabled. On 06/10/2025 from approximately 10:00 AM to 10:40 AM, while on tour of the facility with	N 481		

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

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N 481	Continued From page 1 Program Lead A, Surveyor observed the following: -- Bathroom 1: A section of the wall located above the toilet tank was missing paint and exposing the drywall. The section was approximately 12 inches long and 5 inches tall. -- Resident 1's Bedroom: A white window shade was broken in approximately 5 places. -- Dining Room: Black marks on the linoleum flooring located by the kitchen table and Resident 2's room which appeared to resemble track marks. Program Lead A acknowledged that the marks were tears in the linoleum flooring and that some edges were sharp to the touch. -- A patio door located in the living room with a paper sign taped on it that read, "Do not open door." The bottom of the door was off the sliding track which created a gap, approximate ¾ inch wide, which lead outside. A ramp was bolted to the floor to access both sides of the patio door. The patio door lead to a deck which served as the designated smoking area for the facility. On 06/10/2025 at 10:40 AM, Surveyor interviewed Resident 3. S/he volunteered that the patio door is "hard to open and close ...they need to fix it." Resident 3 was unsure of how long the patio door had been broken but stated, "a few months, no clue." Resident 3 stated s/he currently utilizes a secondary patio door to access the designated smoking area. On 06/10/2025 at 11:00 AM, Surveyor observed Resident 3 in his/her wheelchair access the outdoor designated smoking area for the facility. Surveyor observed Resident 3 push his/her wheelchair back and forward three times to gain enough momentum to get his/her wheelchair through the secondary patio door which did not	N 481		

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N 481	Continued From page 2 have a ramp. On 06/10/2025 at 1:24 PM, Surveyor interviewed Resident 2. Surveyor asked him/her what changes s/he would make to the facility. Resident 2 responded, "Patio door needs to be fixed, I know that." On 06/10/2025 at 2:38 PM, Surveyor interviewed Caregiver B. S/he acknowledges the broken patio door and that the patio door has been "unusable" for approximately 1 month. S/he stated Resident 3 had voiced his/her displeasure about the broken patio door to him/her. Caregiver B said Resident 3 currently utilizes the secondary patio door, but stated it is "hard without the ramp" for him/her to use. On 06/10/2025 at 10:17 AM, Program Lead A showed Surveyor a maintenance request regarding the patio door submitted on 05/23/2025 which read in part, " ...Patio door won't close because a screw has lifted out of the wood that is holding the wheelchair ramp down ...[sic-all]" On 06/10/2025 at 3:00 PM, Surveyor interviewed Case Management Director D, Division Administrator C, and Program Lead A. Division Administrator C and Program Lead A acknowledged the aforementioned items listed above and Case Management Director D stated they will follow-up with maintenance.	N 481		