

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0015622	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/21/2026
NAME OF PROVIDER OR SUPPLIER MCFARLAND VILLA ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 5206 PAULSON CT MC FARLAND, WI 53558		
(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 05/21/2026, the bureau of assisted living southern regional office conducted a complaint investigation at McFarland Villa Assisted Living a CBRF located in McFarland, WI. As a result of this survey, 1 violation of DHS Chapter 83 was issued. The complaint was substantiated. Census: 32	N 000		
N 353	83.32(3)(i) Rights of Residents: Adequate treatment In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Prompt and adequate treatment. Receive prompt and adequate treatment that is appropriate to the resident 's needs. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 1 received prompt and adequate treatment appropriate to his/her needs. Resident 1 had a history of insulin dependent diabetes mellitus II (DMII), low blood flow to bilateral lower extremities, and chronic hyperglycemia. On 05/06/2026, Resident 1 stubbed his/her left great toe. Caregiver C observed a gross amount of bloody discharge and a missing toenail. Caregiver C provided first aid treatment and documented the injury in Resident 1's facility record.	N 353		

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

TITLE

(X6) DATE

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0015622	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/21/2026
NAME OF PROVIDER OR SUPPLIER MCFARLAND VILLA ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 5206 PAULSON CT MC FARLAND, WI 53558		
(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 353	Continued From page 1 From 05/07/2026 until the morning of 05/10/2026, Resident 1's toe injury wasn't provided with additional assessment or treatment. On 05/11/2026, Wellness Coordinator B observed Resident 1's great toes and their neighboring toes were wounded and blackened. Wellness Coordinator B reported his/her findings to Administrator A. Administrator A arranged for Resident 1 to be sent to a local urgent care. FINDINGS INCLUDE: On 05/13/2026, the Department received a complaint with allegations of neglect. On 05/20/2026, Surveyor arrived at facility for a complaint investigation. RECORD REVIEW: On 05/20/2026, Surveyor reviewed Resident 1's facility record. Resident 1's facesheet documented s/he was admitted to the facility on 11/04/2020. Resident 1 had a guardian. Resident 1 was diagnosed with but not limited to: diabetes Mellitus II, anxiety disorder, and primary hypertension. On 05/20/2026, Surveyor reviewed Resident 1's individualized service plan (ISP) dated 12/04/2025. Under the subsection titled, "Bathing," the following was documented, " ...Skin checks are done during each shower. If there are any concerns, wellness lead is notified immediately. Date initiated: 02/24/2021 ..." Under the subsection titled, "Diabetes," the following was documented, " ...Will have no complications related to diabetes through the review date	N 353		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0015622	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/21/2026
NAME OF PROVIDER OR SUPPLIER MCFARLAND VILLA ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 5206 PAULSON CT MC FARLAND, WI 53558		
(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 353	Continued From page 2 ...Monitor for signs and symptoms of hyper/hypoglycemia ..." Under the subsection titled, "Skin Maintenance," the following was documented, " ...If resident has a change in skin condition (i.e. infection, open areas, pressure sores, or other injuries) then the caregiver will notify clinical/wellness lead, family, and medication practitioner in a timely manner ..." On 05/20/2026, Surveyor reviewed Resident 1's progress notes from 04/20/2026 to 05/20/2026: 1.) On 05/06/2026 at 6:00 PM, Administrator A documented the following, "Resident rang, pointed at [his/her] toe multiple times without saying anything. staff (sic.) went up to resident and saw [his/her] left toe was very bloody ...Staff advised resident to wear socks and shoes when walking around ..." 2.) On 05/11/2026 at 3:42 PM, Administrator A documented the following, "Change of Condition: Resident has wounds on both [his/her] big toes and [his/her] toes next to [his/her] big toes on both feet ...Change of Condition was identified on 05/11/2026 ...Applied follow-up or interventions: [Resident 1] was seen at the ER today. [S/He] was given 1 does (sic.) of antibiotic at the ER. Follow consists of 4 times daily of antibiotic. 2 times daily wound care. Order to home health for wound care. Outpatient order to vascular surgery and PCP. Follow up call placed toPCP (sic.) to verify orders were received ..." On 05/20/2026, Surveyor reviewed Resident 1's podiatry after visit summary dated 03/11/2026. Resident 1's podiatrist documented the four arteries that bring oxygenated blood to the left foot were, "nonpalpable," meaning blood pressure in those vessels could not be felt by the podiatrist during their treatment. Non-palpable	N 353		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0015622	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/21/2026
NAME OF PROVIDER OR SUPPLIER MCFARLAND VILLA ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 5206 PAULSON CT MC FARLAND, WI 53558		
(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 353	Continued From page 3 blood vessels are assessed to have low blood flow. On 05/20/2026, Surveyor reviewed Resident 1's clinical after visit summary from a local urgent care dated 05/11/2026. The following was documented, "Instructions Keeps wounds clean and dry. You should do Betadine to the area twice daily and then wrap with gauze ...Take the antibiotics as prescribed ...You can take 650 mg Tylenol every 6 hours if needed for pain ...Please call primary care physician, podiatrist and vascular surgery to schedule follow-up ..." On 05/20/2026, Surveyor reviewed Resident 1's May medication administration record (MAR) for 2026. Surveyor reviewed the following orders: 1.) "BLOOD SUGAR CHECKS three times a day for blood sugar test. notify (sic.) MD is less than 70 or greater than 300 ...Order Date - 04/29/2021 ..." 2.) "Insulin Aspart Solution Pen-injector 100 UNIT/ML Inject 2 units subcutaneously three times a day for Diabetes ...Order Date - 01/27/2022 ..." 3.) "CEPHALEXIN CAP 500MG (05/11-05/18/2026(sic.) TAKE 1 CAPSULE BY MOUTH 4 TIMES DAILY GOT 7 DAYS ...Order Date - 05/11/2026 ..." 4.) "POVIDONE (SIC.) -IOD SOL 10% USE AS DIRECTED OVER WOUNDS TWICE DAILY, LET AIR DRY & APPLY GAUZE WRAP ...Order Date - 05/11/2026 ..." The Mayo Clinic Website defines hyperglycemia as, "High blood sugar, also called hyperglycemia, affects people who have diabetes ..."	N 353		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0015622	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/21/2026
NAME OF PROVIDER OR SUPPLIER MCFARLAND VILLA ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 5206 PAULSON CT MC FARLAND, WI 53558		
(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 353	Continued From page 4 Hyperglycemia usually doesn't cause symptoms until blood sugar (glucose) levels are high - above 180 to 200 milligrams per deciliter (mg/dL) ... Long-term complications of hyperglycemia that isn't treated include: ...Feet problems caused by damaged nerves or poor blood flow that can lead to serious skin infections, ulcerations and, in some severe cases, amputation ..." (Source: The Mayo Clinic Website, Hyperglycemia, 1998-2026, https://www.mayoclinic.org/diseases-conditions/hyperglycemia/symptoms-causes/syc-20373631 (retrieval date - May 21, 2026).) On 05/20/2026, Surveyor reviewed Resident 1's blood glucose levels documented on the May 2026 MAR. From 05/01/2026 to 05/11/2026, Surveyor reviewed the following blood glucose levels over 180 mg/dl: 05/01/2026 at 7:00 AM, 235 mg/dl 05/01/2026 at HS (bedtime), 233 mg/dl 05/02/2026 at noon, 257 mg/dl 05/04/2026 at noon, 181 mg/dl 05/04/2026 at HS, 189 mg/dl 05/05/2026 at HS, 245 mg/dl 05/06/2026 at noon, 279 mg/dl 05/07/2026 at noon, 256 mg/dl 05/07/2026 at HS, 278 mg/dl 05/08/2026 at 7:00 AM, 267 mg/dl 05/08/2026 at noon, 237 mg/dl 05/08/2026 at HS, 270 mg/dl 05/09/2026 at 7:00 AM, 266 mg/dl 05/09/2026 at noon, 244 mg/dl 05/09/2026 at HS, 289 mg/dl 05/10/2026 at 7:00 AM, 249 mg/dl 05/10/2026 at noon, 236 mg/dl 05/10/2026 at HS, 218 mg/dl 05/11/2026 at 7:00 AM, 302 mg/dl On 05/21/2026, Surveyor reviewed Resident 1's hospital record. Doctor E documented the	N 353		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0015622	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/21/2026
NAME OF PROVIDER OR SUPPLIER MCFARLAND VILLA ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 5206 PAULSON CT MC FARLAND, WI 53558		
(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 353	Continued From page 5 following, " Chief Complaint ...Patient presents with toe pain. Pt reports bumping al of [his/her] toes on both feet on the recliner yesterday and they have been bleeding off and on since. Pt believes they are infected and is diabetic on warfarin. Pt states it is "the worse pain [she] has ever had", denies loss of feeling in either foot. Lives at [Name of Facility] and has a legal guardian ...[S/He] has not taken anything for the pain ... Medical Decision Making Medical Decision Making: Patient with PMH (Prior Medical History) diabetes, A-fib on warfarin presenting with bilateral foot wounds ...Differential diagnoses include but are not limited to: Diabetic foot ulcers ...[S/He] was given p.o. (by mouth) Tylenol for pain ..." On 05/21/2026, Surveyor reviewed Resident 1's incident reports from 05/06/2026 to 05/11/2026. On 05/06/2026 at 7:00 PM, Caregiver C documented the following, "Resident rang, pointed at [his/her] toe multiple times without saying anything. staff went up to resident and saw [his/her] left toe was very bloody. Toenail appeared to be missing ...On 5/10/26 This morning when I went to give resident [his/her] medications, [s/he] wanted me to look at [his/her] feet. So I took off [his/her] socks both of [his/her] big toes and second toes had sores on the bottom and top and front of them. I asked [him/her] how long they have been there and [s/he] told me that [s/he] had banged both of [his/her] feet on [his/her] recliner yesterday. Resident was wearing two pairs of socks at the time and it appeared that [his/her] toes were rubbing on [his/her] shoes and caused the sores. Resident was sent to [Name of Local Emergency Room]. [Administrator A], [Nurse Case Manager F], [Guardian D] ...Resident Description: resident stated on 5/10/26 [s/he] banged both of [his/her]	N 353		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0015622	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 05/21/2026
NAME OF PROVIDER OR SUPPLIER MCFARLAND VILLA ASSISTED LIVING			STREET ADDRESS, CITY, STATE, ZIP CODE 5206 PAULSON CT MC FARLAND, WI 53558		
(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 353	Continued From page 6 feet on [his/her] recliner yesterday ...Immediate Action Taken ...Resident was sent to [Name Of Local Emergency Room] on 5/11/26 for evaluation ..." INTERVIEWS: On 05/20/2026 at 9:15 AM, Surveyor interviewed Administrator A. Administrator A reported that Resident 1 had recently been sent to a local urgent care due to wounds on his/her foot. Administrator A stated Resident 1 had stubbed his/her great toe the evening of 05/06/2026. Administrator A stated Caregiver C had taken a photo of Resident 1's toe injury. Administrator A showed Surveyor the photo documentation. Surveyor observed the toenail of the left great toe to be completely removed with a gross amount of bright red bloody discharge in the nail bed. Administrator A stated Caregiver C cleansed Resident 1's wound with normal saline and wrap with a band aid. Administrator A reported Caregiver C had documented Resident 1's toe injury in an incident report. Administrator A stated the injury wasn't believed to be serious and so Resident 1's guardian wasn't notified, a comprehensive assessment wasn't performed, the ISP wasn't updated, nor were new interventions to promote wound healing implemented. Administrator A stated on 05/11/2026, Wellness Coordinator B brought him/her to Resident 1's room to observe that his/her great left toe and neighboring toe had a blackened discoloration and appeared to have sign of infection. Administrator A arranged for Resident 1 to be sent to the local urgent care. Administrator A reported Resident 1's toe injuries to his/her guardian and PCP. Resident 1 was discharged from urgent care later that day with discharge order for twice daily wound care and	N 353			

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0015622	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 05/21/2026
NAME OF PROVIDER OR SUPPLIER MCFARLAND VILLA ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 5206 PAULSON CT MC FARLAND, WI 53558		
(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 353	Continued From page 7 oral antibiotic treatment. Administrator A reported Resident 1 had dementia and required assistance with many activities of daily living (ADLs), and s/he was currently investigating how staff didn't notice Resident 1's toe wounds prior to 05/11/2026. On 05/20/2026 at 10:00 AM, Surveyor asked Administrator A if staff provided a shower for Resident 1 from 05/06/2026 to 05/11/2026. Administrator A showed Surveyor on Resident 1's electronic health record (EHR) staff documented showering Resident 1 on 05/09/2026 and recorded zero skin integrity issues observed. On 05/20/2026 at 11:00 AM, Surveyor discussed the above findings with Administrator A. Administrator A acknowledged Resident 1 wasn't provided prompt and adequate treatment for his/her wound to his/her toes from 05/06/2026 to 05/11/2026. Administrator A acknowledged Resident 1 was at a high risk of developing diabetic ulcers to the feet due history of diabetes mellitus. Administrator A stated Resident 1 was receiving treatment for diabetic ulcers to foot wounds with twice daily wound dressings on both feet and was being seen by home health once weekly.	N 353		