STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010538	A. BUILDING: _____ B. WING _____	07/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALNUT ACRES	4224 COUNTY J BENTON, WI 53803

(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
M 000	INITIAL COMMENTS On 07/10/2025, the bureau of assisted living southern regional office conducted a standard survey at Walnut Acres an AFH located in Benton, WI. As a result of this survey, 3 violations of DHS Chapter 88 were issued. Census: 2	M 000		
M 282	88.05(3)(d) ANNUAL WELL WATER INSPECTIONS Where a public water supply is not available water samples shall be taken from the well and tested at the state laboratory of hygiene or other laboratory approved under ch. HSS 165 at least annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure water samples were taken from the well and tested at the state laboratory of hygiene or another laboratory approved under ch. HSS 165 at least annually. This is a repeat violation of previous statement of deficiency (SOD) OK1Q11 dated 02/07/2020. FINDINGS INCLUDE: On 07/10/2025, Surveyor arrived at facility for a standard survey. On 07/10/2025, Surveyor reviewed facility records. The most recent well water test was completed on 02/17/2022.	M 282		

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
	0010538	A. BUILDING: _____ B. WING _____	07/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALNUT ACRES	4224 COUNTY J BENTON, WI 53803

(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
M 282	Continued From page 1 On 07/10/2025 at 9:30 AM, Surveyor discussed the above concern with Licensee A. Licensee A acknowledged the facility utilized a well for water. Licensee A acknowledged the most recent laboratory test completed on the well was in 2022. Licensee A acknowledged the facilities well water was required to be tested annually. Licensee A stated s/he would have the well water tested as soon as possible.	M 282		
M 290	88.05(3)(e)2.b INSPECTIONS-GAS FURNACE A gas furnace shall be inspected and serviced every 3 years by a heating contractor or local utility company. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the gas furnace was inspected and serviced every 3 years by a heating contractor or utility company. FINDINGS INCLUDE: On 07/10/2025, Surveyor arrived at facility for a standard survey. On 07/10/2025, Surveyor reviewed facilities environmental records. The most recent documented inspection on the gas furnace was dated 02/10/2022. On 07/10/2025 at 9:30 AM, Surveyor discussed the above concern with Licensee A. Licensee A acknowledged facility utilized a gas furnace. Licensee A acknowledged the gas furnace had not been inspected or serviced within the 3-year period. Licensee A stated s/he would have the	M 290		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010538	A. BUILDING: _____ B. WING _____	07/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALNUT ACRES	4224 COUNTY J BENTON, WI 53803

(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
M 290	Continued From page 2 furnace inspected as soon as possible.	M 290		
M 570	88.10(3)(l) Safe Physical Environment Individuals, except for correctional residents, have basic rights which they do not lose when they enter an adult family home. A resident shall have a safe environment in which to live. The adult family home shall safeguard residents who cannot fully guard themselves from environmental hazards to which they are likely to be exposed, including conditions which would be hazardous to anyone and conditions which would be or are hazardous to a particular resident because of the resident's condition or disability. This Rule is not met as evidenced by: Based on observation and interview, the provider did not safeguard residents from conditions which would be hazardous to anyone. FINDINGS INCLUDE: On 07/10/2025, Surveyor arrived at facility for a standard survey. On 07/10/2025, Surveyor toured the facility laundry room. Surveyor observed an accordion style dryer vent which connected the dryer to the wall. On 07/10/2025 at 10:00 AM, Surveyor discussed the above concern with Licensee A. Licensee A acknowledged the dryer vent tubing was not of ridged material. Licensee A stated s/he recently replaced his/her dryer and had not realized the	M 570		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010538	A. BUILDING: _____ B. WING _____	07/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WALNUT ACRES	**4224 COUNTY J BENTON, WI 53803**

(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
M 570	Continued From page 3 dryer vent tubing had been replaced. Licensee A stated s/he would have the dryer vent tubing replaced as soon as possible.	M 570		