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N 000	Initial Comments On 11/12/2025, Surveyor conducted a standard survey and one (1) complaint investigation at Abridge Care Cottage of Chilton. As a result of the survey, 1 complaint was unsubstantiated, and eleven (11) deficiencies were identified during the standard survey, 1 repeat violation cited for the 4th time and 4 repeat violations cited for the 2nd time. Census: 18	N 000		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 caregivers reviewed was screened for clinically apparent communicable disease, including tuberculosis (TB), within 90 days before the start of employment. This was a repeat deficiency for the fourth time,	N 220		

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

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N 220	Continued From page 1 see Statement of Deficiency (SOD) 2SI211, dated 03/07/2024, SOD 2SI212, dated 08/05/2024 and SOD 2SI213, dated 02/04/2025. Findings include: On 11/12/2025 at approximately 10:00 AM, Surveyor requested Caregiver C's record from Administrator (ADM) A. Surveyor reviewed the employee record of Caregiver C. Record indicated the following: - Caregiver C was hired on 01/22/2024. Caregiver C's record did not have documentation Caregiver C was screened for clinically apparent communicable disease, including the TB results. There was a receipt dated 01/16/2024 for a TB skin test, but no results from that test. On 11/12/2025 at 12:39 PM, Surveyor interviewed Administrator (ADM) A. ADM A stated, "If it is not here, probably do not have." Surveyor reviewed the staff schedule and Caregiver C was working at the time of survey. The provider did not ensure caregiver reviewed was screened for clinically apparent communicable disease, including TB, within 90 days before the start of employment.	N 220		
N 230	83.19 Orientation Before an employee performs any job duties, the CBRF shall provide each employee with orientation training which shall include all of the following: (1) Job responsibilities; (2) Prevention and reporting of resident abuse, neglect and misappropriation of resident property; (3)	N 230		

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N 230	Continued From page 2 Information regarding assessed needs and individual services for each resident for whom the employee is responsible; (4) Emergency and disaster plan and evacuation procedures under s. HFS 83.47(2); (5) CBRF policies and procedures; (6) Recognizing and responding to resident changes of condition. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 employee obtained orientation training which shall include the following: Prevention and reporting of resident abuse, neglect and misappropriation of resident property; information regarding assessed needs and individual services for each resident for whom the employee is responsible; emergency and disaster plan and evacuation procedures under s. HFS 83.47(2); and recognizing and responding to resident changes of condition. This is a repeat deficiency. See Statement of Deficiency (SOD) 2SI211, dated 03/07/2024. Findings include: On 11/12/2025, Surveyor requested Caregiver C's orientation from Administrator (ADM) A. Caregiver C was hired on 01/22/2024. ADM A acknowledged Caregiver C was currently working in the facility. Caregiver C's record reflected: Emergency and disaster plan and evacuation procedures was not documented as completed. Prevention and reporting of resident abuse, neglect and misappropriation of resident property; information regarding assessed needs and individual services for each resident for whom the	N 230		

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N 230	Continued From page 3 employee is responsible; and recognizing and responding to resident changes of condition was not completed until March 2024, approximately 2 months after Caregiver C started working in the facility. On 11/12/2025 at 12:39 PM, ADM A stated Caregiver C had training in 2025, but was unable to provide any other documentation from Caregiver C's orientation at the time of hire. The provider did not ensure employees obtained orientation training before performing any job duties.	N 230		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not update the Individual Service Plan (ISP) for 2 of 2 residents.	N 389		

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N 389	Continued From page 4 This is a repeat deficiency. See Statement of Deficiency (SOD) 75GY11, dated 11/30/2022. Findings include: On 11/12/2025 at approximately 10:00 AM, Surveyor requested ISPs for Resident 1 and Resident 2 from Administrator (ADM) A. Resident 1 was admitted to the facility on 11/09/2023. Surveyor reviewed the ISP dated 10/29/2024. The ISP did not have any signatures, and did not identify falls. Resident 2 was admitted to the facility on 09/05/2025. Surveyor reviewed Resident 2's ISP dated on 11/12/2025, date of survey. On 11/12/2025 at 12:39 PM, Surveyor shared with ADM A, Resident 1's ISP did not reflect falls, and Resident 1's record documented Resident 1 had a fall on 10/20/2025, and Resident 1's ISP was not signed by anyone, including the person completing the ISP. ADM A stated s/he was aware this ISP was not signed, but it was before s/he was hired, and acknowledged Resident 1 was due for the annual ISP update. ADM A stated Resident 2 was here for respite on 07/02/2025 and left after 1 day. Resident 2 was back and forth between the ER/hospital and home, and on 09/05/2025, Resident 2 was admitted with a Guardian. ADM A stated 2 weeks later Guardianship ended, and Resident 2 has not signed the ISP. Surveyor shared Resident 2's ISP was not signed by anyone, including the person completing the ISP. The provider did not update the ISP when resident had a change of condition and/or annually and ensure the resident or resident's	N 389		

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N 389	Continued From page 5 legal representative signed the ISP.	N 389		
N 392	83.35(4) Resident satisfaction evaluation. Satisfaction evaluation. At least annually, the CBRF shall provide the resident and the resident ' s legal representative the opportunity to complete an evaluation of the resident ' s level of satisfaction with the CBRF ' s services. The evaluation shall be completed on either a department form or a form developed by the CBRF and approved by the department. This Rule is not met as evidenced by: Based on record review and staff interview, the provider did not ensure that a Resident Satisfaction Survey was completed for all residents annually in 2024. Findings include: On 11/12/2025, at approximately 10:00 AM, Surveyor requested the Resident Satisfaction Survey that had been sent out to the residents and/or resident representatives since the last onsite survey from Administrator (ADM) A. ADM A stated s/he was not aware of a resident satisfaction survey being sent out, but it was on his/her list to do. On 11/12/2025 at 12:39 PM, ADM A acknowledged s/he was unable to find documentation a satisfaction survey had been completed in 2024. The provider did not ensure that a Resident Satisfaction Survey was completed in 2024.	N 392		

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N 489	Continued From page 6	N 489		
N 489	83.44(2)(a) Rooms clean and free from odors. The CBRF shall keep all rooms clean and shall make reasonable attempts to keep all rooms free from odors. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all areas were free of odor. This is a repeat deficiency. See Statement of Deficiency (SOD) 75GY11, dated 11/30/2022. Findings Include: On 11/12/2025 at approximately 10:30 AM, Surveyor toured the building with Administrator (ADM) A. Surveyor noted a strong odor in the hallway near ADM A's office. ADM A acknowledged it smelled like Sulphur and s/he was unsure where the smell was coming from. ADM A stated some days are worse than others. ADM A stated they have been trying to pin point what is causing the odor, but they have been unsuccessful. The provider did not ensure all areas were free of odor.	N 489		
N 491	83.44(2)(c) Interior floors, walls and ceilings. Every interior floor, wall and ceiling shall be clean and in good repair. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure every interior floor was clean and in good repair. The carpet in the main day room	N 491		

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N 491	Continued From page 7 off the dining room had an area of carpet missing approximately ½" x 7'. This is a repeat deficiency. See Statement of Deficiency (SOD) 75GY11, dated 11/30/2022. Findings include: On 11/12/2025 at approximately 10:30 AM, Surveyor toured the facility with Administrator (ADM) A. Surveyor observed the day room carpet with an area approximately ½" X 7' near the couch missing. ADM A stated someone just did a walk through and s/he believed this area was noted. ADM A confirmed s/he did not have a date this would be fixed. The provider did not ensure every interior floor was clean and in good repair.	N 491		
N 504	83.46(1)(c) Heating system maintenance. Heating. The CBRF shall maintain the heating system in a safe and properly functioning condition. The CBRF shall ensure that a heating contractor or local utility company completes all of the following maintenance and makes available to the facility documentation of the maintenance performed: 1. An oil furnace shall be serviced at least once each year. 2. A gas furnace shall be serviced at least once every 3 years. 3. The CBRF shall have a chimney inspected at intervals corresponding with the heating system service under subd. 1. or 2. This Rule is not met as evidenced by:	N 504		

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N 504	Continued From page 8 Based on observation, record review and interview, the provider did not have evidence to show the heating system had been maintained in a safe and properly functioning condition. Findings include: On 11/12/2025, Surveyor requested most recent documentation of the furnace being inspected from Administrator (ADM) A and Maintenance (MNT) D. MNT D provided a copy of an invoice dated 08/04/2025. The invoice reflected the following notes: Furnace #1 - Had a rotten heat exchanger, ignitor [sic] good, motors sound good, trap had a ton of rust in it. Furnace #2 - Checked gas pressure, cleaned drains, cleaned flame sensors, filters ok, blowers ok, burners ok. Furnace #3 - Had a rotten heat exchanger, ignitor [sic] good, motors sound good, trap had a ton of rust in it. Furnace # 4 - Had a rotten heat exchanger, ignitor [sic] good, motors sound good, trap had a ton of rust in it. Furnace # 5 - Checked gas pressure, cleaned drains, cleaned flame sensors, filters ok, blowers ok, burners ok. Furnace #6 - Checked gas pressure, cleaned drains, cleaned flame sensors, filters ok, blowers ok, burners ok. On 11/12/2025 at 10:30 AM, Surveyor toured the facility with ADM A. Surveyor observed the furnace area, there was nothing identified on the furnaces. On 11/12/2025 at 11:47 AM, Surveyor interviewed MNT D. MNT D acknowledged s/he had recently changed the filters and hasn't seen anything	N 504		

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N 504	Continued From page 9 additional. MNT D stated s/he was unaware if the furnaces had been scheduled to be fixed or replaced. MNT D confirmed s/he had no additional information for the concerns identified with the furnace. ADM A stated s/he will have to talk to the owner to see what is being done to correct these concerns. The provider did not have evidence to show the heating system had been maintained in a safe and properly functioning condition.	N 504		
N 530	83.47(3) Fire inspection. Fire inspection. The CBRF shall arrange for an annual inspection by the local fire authority or certified fire inspector and shall retain fire inspection reports for 2 years. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the facility received an annual fire inspection by the local fire authority or certified fire inspector. Findings include: On 11/12/2025, Surveyor requested the facility's annual fire inspection for 2023 and 2024. Administrator (ADM) A stated s/he did not have the reports and that s/he would need to contact the fire department to see if the inspections had been completed. Surveyor requested ADM A to send information no later than 11/12/2025 at 4:00 PM. As of 5:00 PM on 11/12/2025, Surveyor has not	N 530		

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N 530	Continued From page 10 received any documentation an annual fire inspection had been completed in 2023 and 2024. The provider did not ensure the facility received an annual fire inspection by the local fire authority or certified fire inspector.	N 530		
N 531	83.47(4)(a) Fire extinguishers: type and inspection. At least one portable dry chemical fire extinguisher with a minimum 2A, 10-B-C rating shall be provided on each floor of the CBRF. All fire extinguishers shall be maintained in readily usable condition. Inspections of the fire extinguisher shall be done by a qualified professional one year after initial purchase and annually thereafter. Each fire extinguisher shall be provided with a tag documenting the date of inspection. This Rule is not met as evidenced by: Based on observation and interview, the provider's fire extinguishers were not inspected annually by a qualified professional. Findings include: The provider is licensed to care for up to 25 residents in the client groups of advanced age, physically disabled, irreversible dementia/Alzheimer's and/or terminally ill. On 11/12/2025 at 10:30 AM, Surveyor toured the facility with Administrator (ADM) A. Surveyor observed the provider's fire extinguishers were tagged as last inspected in March 2024.	N 531		

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N 531	Continued From page 11 On 11/12/2025 at 12:39 PM, Surveyor requested the provider's annual fire extinguisher inspection report from ADM A. ADM A provided Surveyor a report dated 03/11/2024. ADM A and Maintenance (MNT) D acknowledged they did not have any documentation the fire extinguishers had been inspected since 03/11/2024. ADM A acknowledged s/he was aware the inspections were to be completed annually. The provider's fire extinguishers were not inspected annually by a qualified professional.	N 531		
N 654	83.59(4)(f) Delayed egress: department approval Delayed egress door locks are permitted with department approval only in facilities with a supervised automatic fire sprinkler system and a supervised interconnected automatic fire detection system and shall comply with all of the following: To obtain department approval, the CBRF shall demonstrate that delayed egress equipment is necessary to ensure the safety of residents served by the CBRF, specifically persons at risk of elopement due to behavioral concerns, cognitive impairments or dementia, including Alzheimer ' s disease. This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not demonstrate to the department the delayed egress equipment was necessary to ensure the safety of the residents served by the CBRF and obtain department approval for delayed egress doors. Findings include: The provider is licensed to care for up to 25	N 654		

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N 654	Continued From page 12 residents in the client groups of advanced age, physically disabled, irreversible dementia/Alzheimer's and/or terminally ill. On 11/12/2025 at 10:00 AM, Surveyor entered the facility and observed a doorbell s/he had to ring to get into the facility. At 10:30 AM, Surveyor toured the facility with Administrator (ADM) A. Surveyor observed the exit doors with a sign stating to push and hold for 15 seconds to exit. ADM A confirmed the doors were equipped with delayed egress. Surveyor asked ADM A for the approval to have the delayed egress doors. ADM A acknowledged s/he did not have any documentation, but believed the prior facility was approved for the delayed egress. On 11/12/2025, Surveyor reviewed the department's provider record for Abridge Care Cottage of Chilton and was unable to locate documentation to indicate or support that the provider had submitted plan review and received department approval from the Office of Plan Review and Inspection (OPRI). On 11/12/2025 at 12:39 PM, Surveyor advised ADM A they would need to submit to plan review and receive department approval from the OPRI to have the delayed egress doors activated.	N 654		
Z 012	50.065(2)(bm) OUT OF STATE BACKGROUND CHECKS If the person who is the subject of the search under par. (am) or (b) is not a resident of this state or if at any time within the 3 years preceding the date of the search that person has not been a resident of this state, or if the department or entity	Z 012		

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Z 012	Continued From page 13 determines that the person's employment, licensing, or state court records provide a reasonable basis for further investigation, the department or the entity shall make a good faith effort to obtain from any state or other United States jurisdiction in which the person is a resident or was a resident within the 3 years preceding the date of the search information that is equivalent to the information specified in par. (am) 1. or (b) 1. The department or entity may require the person to be fingerprinted on 2 fingerprint cards, each bearing a complete set of the person's fingerprints. The department of justice may provide for the submission of the fingerprint cards to the federal bureau of investigation for the purposes of verifying the identity of the person fingerprinted and obtaining the records of his or her criminal arrests and convictions. This Rule is not met as evidenced by: Based on record review and interview, the provider did not conduct an out of state background check for 1 of 1 (Caregiver B) caregiver reviewed, after caregiver B reported s/he resided out of state in the 3 years prior to the date of employment. Findings include: On 11/12/2025 at 10:00 AM, Surveyor requested Caregiver B's record from Administrator (ADM) A for compliance with background check requirements. Caregiver B was hired on 08/11/2025. Caregiver	Z 012		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABRIDGE CARE COTTAGE OF CHILTON	323 FIELD LANE CHILTON, WI 53014

(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
Z 012	Continued From page 14 B completed a background information disclosure form and indicated s/he resided out of state during the preceding 3 years. On 1/12/2025 at 12:30 PM, Surveyor interviewed ADM A. ADM A stated s/he was unaware Caregiver B had resided out of state within 3 years prior to being hired. Survey showed ADM A the background information disclosure form completed by Caregiver B. ADM A stated s/he didn't see that Caregiver B had checked s/he lived out of state. The form did not identify what state Caregiver B had lived in. ADM A stated s/he will talk with Caregiver B to get the information and request the out of state background check. The provider did not conduct an out of state background check for Caregiver B, after Caregiver B reported s/he resided out of state in the 3 years prior to the date of employment.	Z 012		