

Wisconsin Department of Health Services

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>510042</b>           | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br>R-C<br><b>04/10/2024</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>LIBERTY VIEW</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>611 MAIN ST<br/>EAU CLAIRE, WI 54701</b> |                                                                                                                          |                                                               |
| (X4) ID<br>PREFIX<br>TAG                                | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | ID<br>PREFIX<br>TAG                                                                  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                      |
| {N 000}                                                 | <p>Initial Comments</p> <p>On 04/10/2024, Surveyor conducted a verification visit at Liberty View.</p> <p>One deficiency was identified and was a repeat deficiency. See Statement of Deficiency (SOD) DYM212, dated 08/15/2023 and SOD DYM211, dated 04/04/2023).</p> <p>Under statutory provisions of Wis. Stat. ch. 50, a \$200 revisit fee is being assessed.</p> <p>Census: 7</p>                                                                                                                                                                                                                                                                                                                                                          | {N 000}                                                                              |                                                                                                                          |                                                               |
| {N 491}                                                 | <p>83.44(2)(c) Interior floors, walls and ceilings.</p> <p>Every interior floor, wall and ceiling shall be clean and in good repair.</p> <p>This Rule is not met as evidenced by:<br/>Based on observation and interview, the provider did not ensure interior walls and ceilings were in good repair.</p> <p>This is a repeat deficiency and is being cited for the third time. See Statement of Deficiency (SOD) DYM212, dated 08/15/2023, and SOD DYM211, dated 04/04/2023.</p> <p>Findings include:</p> <p>On 04/10/2024 at approximately 10:15 AM, Surveyor toured the facility with Assistant Program Manager (APM) A and observed the following:</p> <p>-The hole at the top of the stairwell had been spackled but was not painted.</p> | {N 491}                                                                              |                                                                                                                          |                                                               |

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

TITLE

(X6) DATE

Wisconsin Department of Health Services

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>LIBERTY VIEW</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>611 MAIN ST<br/>EAU CLAIRE, WI 54701</b> |                                                                                                                          |                                                               |
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| {N 491}                                                 | <p>Continued From page 1</p> <p>-An area on the wall in the stairwell was spackled from the floor to the ceiling but not painted (in the same condition as identified in the previous survey). APM A informed Surveyor the hallway had not been completed/painted because the area was large and the stairway was "very high." Staff did not feel comfortable or safe to paint the area.</p> <p>-The ceiling over the dining room table had a large area of paint peeled off and the paint was hanging down, not adhered to the ceiling. APM A stated, "We haven't gotten to fixing that yet because I think it needs some drywall and we (the staff) don't do drywall. The regional office told us (the staff) to complete the repairs. At least that's what the previous program supervisor told us."</p> <p>On 04/10/2024 at 10:26 AM, Surveyor interviewed Resident 1 who was on the couch in the living room and asked if s/he sat at the table in the dining room for all meals. Resident 1 confirmed all residents eat at the dining room table for all meals.</p> <p>On 04/10/2024 at 12:16 PM, Surveyor received an email from Regional Director (RD) B that read, in part, "Our maintenance person is contracting with someone to come in and repair the crack in the ceiling and then paint it. They will also be painting the stairwell. I am reaching out to [him/her] to see when someone is coming to finish those repairs. I know it has been tough getting contractors in, to complete repairs in a timely manner. I can send an update as soon as I know more."</p> <p>The provider did not ensure interior walls and ceilings were in good repair when the</p> | {N 491}                                                                              |                                                                                                                          |                                                               |

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| {N 491}                                                 | Continued From page 2<br><br>observations listed above were initially identified<br>over one year ago and had not been repaired. | {N 491}                                                                    |                                                                                                                          |                          |                                                               |