Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	510042	A. BUILDING: _____ B. WING _____	R 10/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIBERTY VIEW	611 MAIN ST EAU CLAIRE, WI 54701

(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 10/11/2024, Surveyor conducted a verification visit at Liberty View. One deficiency was identified and was a repeat deficiency. See Statement of Deficiency (SOD) DYM213, dated 04/10/2024, SOD DYM212, dated 08/15/2023 and SOD DYM211, dated 04/04/2023). Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 6	{N 000}		
{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 interior walls and ceilings were in good repair. This is a repeat deficiency and is being cited for the fourth time. See Statement of Deficiency (SOD) DYM213, dated 04/10/2024, SOD DYM212, dated 08/15/2023 and SOD DYM211, dated 04/04/2023). Findings include: On 10/11/2024 at approximately 12:34 PM, Surveyor toured the facility with Assistant Program Manager in Training (APMIT) B and observed the following: -The hole at the top of the stairwell had been	{N 491}		

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

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{N 491}	Continued From page 1 spackled but was not painted (in the same condition as identified in the previous survey). -The ceiling at the top of the stairs had a cracking paint outline beginning to hang and was not fully adhered to the ceiling. -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 previous surveys). -The ceiling over the dining room table had a large area of paint peeled off and the paint was hanging down, and not adhered to the ceiling. Resident 1 and Resident 2 were seated at the dining room table directly below the area and stated they had just finished eating lunch. This observation was in the same condition as identified in the previous survey. On 10/11/2024 at approximately 12:45 PM, Assistant Program Manager (APM) A informed Surveyor no repairs had been completed since the last survey. Program Manager (PM) C and PM D stated they were made aware "bids" (requests for service) were sent out and informed Surveyor they were still waiting to hear back if any contractors had accepted their bids. -The ceiling in the kitchen over the refrigerator and table had peeling paint hanging down, and water damage with brown staining, and what appeared to be a hole forming. At 12:53 PM, PM C informed Surveyor there was a leak in the resident bathroom above the kitchen approximately 1 month ago and they hired a plumber to fix the leak but were still waiting for approval to repair the ceiling from the water damage.	{N 491}		

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{N 491}	Continued From page 2 The provider did not ensure interior walls and ceilings were in good repair, when several observations listed above were initially identified in April 2023 and had not been repaired.	{N 491}		