| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0019745 | A. BUILDING: _____ B. WING _____ | R-C 10/08/2025 |

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| VITACARE LIVING BLOOMER I | 406 PRIDDY ST BLOOMER, WI 54724 |

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| {N 000} | Initial Comments<br><br>On 10/01/2025, Surveyor completed a verification visit and complaint investigation at Vitacare Living Bloomer I. Data collected through 10/08/2025.<br><br>Two of 2 complaints were substantiated.<br><br>Four deficiencies were identified.<br><br>Two of 4 deficiencies were repeat violations. See Statement of Deficiency (SOD) ESN611, dated 04/17/2024 and SOD ESN612, dated 08/23/2024.<br><br>Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed.<br><br>Census:6 | {N 000} | | |
| N 427 | 83.38(1)(c) Leisure time activities.<br><br>As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Leisure time activities. The CBRF shall provide a daily activity program to meet the interests and capabilities of the residents. Employees shall encourage and promote resident participation in the activity program. The CBRF shall develop and post the activity schedule in an area available to residents.<br><br>This Rule is not met as evidenced by:<br>Based on interview, observation, and record review, the provider did not ensure a daily activity | N 427 | | |

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| N 427 | Continued From page 1<br>program was provided to residents.<br><br>This is a repeat deficiency. See Statement of Deficiency (SOD) ESN612, dated 08/23/2024.<br><br>Findings include:<br><br>The provider is licensed to care for 17 residents in the client group of advanced aged.<br><br>On 06/02/2025, the Department received a complaint about activities.<br><br>On 10/01/2025, Surveyor toured the building. A large whiteboard calendar listing various activities was observed in the dining room. The calendar did not specify a month, and the first day was listed as a Saturday, which does not align with the start of October. There was a printed paper activity calendar labeled October of 2025, hanging from the white board calendar. The October 2025 calendar stated on 10/01/2025, there was "daily chronicles" at 11:30. Surveyor was at the facility during this time, and this activity did not take place.<br><br>Surveyor interviewed Caregiver B. Caregiver B stated that s/he had not done activities in a while. S/he stated that it was just not feasible to do all the things by him/herself. Caregiver B stated s/he started employment in June and there had not been an activity person since s/he started working.<br><br>At approximately 11:30 AM, Surveyor interviewed Resident 2. Resident 2 stated there had not been activities for over a month. S/he stated that the activity director quit or left and as a result activities had not been done since. | N 427 | | |

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| N 427 | Continued From page 2<br><br>At approximately 11:40 AM, Surveyor interviewed Resident 1. Resident 1 stated they have no activity director, so there were no activities. S/he stated they don't have anything to do anymore.<br><br>At approximately 12:30 PM, Surveyor interviewed Administrator A. Administrator A stated they do not currently have an activity director. S/he stated that caregiving staff are expected to do the activities. S/he stated caregivers do have the time to do activities.<br><br>On 10/08/2025, at approximately 2 PM, Surveyor performed an exit interview with the facility. Registered Nurse (RN) C stated the facility had iPad's available for residents that had interactive activities. S/he stated the iPad's allowed residents the opportunity to connect with other residents in other communities. S/he stated they will provide staff with training and awareness of the importance of residents getting involved with activities. | N 427 | | |
| N 432 | 83.38(1)(h) Medication administration.<br><br>As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Medication administration. The CBRF shall provide medication administration appropriate to the resident ' s needs. | N 432 | | |

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| N 432 | Continued From page 3<br>This Rule is not met as evidenced by:<br>Based on record review, observation, and interview, the provider did not ensure Resident 1 was provided with medication administration appropriate to the resident's needs.<br><br>On 06/10/2025, the Department received a complaint regarding medication administration.<br><br>Findings include:<br><br>The provider is licensed to serve up to 17 residents in the client group advanced aged.<br><br>On 10/01/2025, at approximately 11:40 AM, Surveyor was interviewing Resident 1 in his/her room and observed a paper medication cup containing medication sitting on his/her dining room table next to his/her tray of food.<br><br>On 10/07/2025, at approximately 12 PM, Surveyor reviewed Resident 1's Individualized Service Plan (ISP). Resident 1's ISP, dated 05/12/2025, indicated the provider managed Resident 1's medications. The ISP read, in part, "Needs reminders to take medications ...staff to provide med (medication) set up and give verbal reminders."<br><br>On 10/01/2025, at approximately 12:45 PM, Surveyor interviewed Administrator A about medication administration. Administrator A stated that staff were expected to observe residents taking the medications they administered. Administrator A stated that leaving medication cups containing medication in the resident's room unattended was "not our practice."<br><br>On 10/07/2025, at approximately 1 PM, Surveyor reviewed the facility's medication policy and | N 432 | | |

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| N 432 | Continued From page 4<br>procedure. The policy read, "Staff will administer all medications following the Six Rights of Medication Administration: Right resident; right medication; right dose; right time; light[sic] route; right documentation."<br><br>On 10/08/2025, at approximately 2 PM, Surveyor performed an exit interview with the facility. Registered Nurse (RN) C stated s/he had provided education to all staff on medication administration. S/he stated the expectation was to watch the residents safely swallow the medication. S/he stated s/he would perform additional education to staff regarding safe medication administration. | N 432 | | |
| N 481 | 83.43(1) Environment safe, clean, and comfortable<br><br>Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure a safe, clean, comfortable, and homelike environment for 6 of 6 residents residing in the home.<br><br>This is a repeat deficiency. See Statement of Deficiency (SOD) ESN611, dated 04/17/2024 and SOD ESN612, dated 08/23/2024.<br><br>Findings include: | N 481 | | |

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| N 481 | Continued From page 5 | N 481 | | |

The provider is licensed to serve up to 17 residents in the client group advanced aged. At the time of survey, there were 6 residents residing in the home.

On 06/10/2025, the Department received a complaint regarding environmental concerns throughout the facility.

On 10/01/2025, Surveyor entered the building and noticed the siding covered in dirt, cobwebs under the soffit, and tall weeds surrounding most of the building.

Surveyor then toured the inside of the building and observed the following concerns:

Dining room:
-Most of the tables were found to be uneven, with paper towels or cardboard placed under one or more legs for stabilization.
-The trim around the countertop that faced the dining area, accessible to residents, was loose and beginning to detach.

Kitchen:
-The trim on the floor to the left of the refrigerator was full of a black substance.
-A large fan was observed on the countertop. The blades and fan guard were coated with a noticeable layer of dust.
-The corner Lazy Susan door was observed to be lopsided and partially detached from its hinges.
-The trim was missing around the entire perimeter of the countertop.
-The vent hood above the stove was missing, leaving the fan exposed. The exposed area contained a buildup of brown residue.

Back hallway:

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| N 481 | Continued From page 6<br>-The ceiling was covered in insects.<br><br>Back furnace room:<br>-To the left of the door there was a plastic bag covering a pipe. The plastic bag was ½ full of a black liquid. It appeared there was a small hole at the bottom of the bag where the black substance was dripping out.<br>-Corrosion on the pipes<br>-A large ant infestation on the floor around the pipes.<br><br>Front furnace room:<br>-Corrosion on the pipes<br>-A portion of the ceiling was sagging and appeared to be affected by a leak.<br><br>Resident 1's bathroom<br>-The toilet had a black discoloration encircling the entire bowl.<br>-The floor to the right of the toilet was covered with a brown substance.<br><br>Room 7 (Sign on the door that stated "room ready")<br>-The toilet had a black discoloration encircling the entire bowl.<br>-The sheets on the bed contained visible soiled spots<br><br>At approximately 10:30 AM, Surveyor interviewed Caregiver B. Caregiver B stated there had been a lot of environmental concerns at the facility. S/he stated they currently do not have a housekeeper, resulting in things not always being kept up with. Caregiver B accompanied surveyor and identified several concerns within the kitchen area. Caregiver B also showed surveyor a pile of weeds outside that s/he had picked when s/he had the free time. S/he stated there had been an | N 481 | | |

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| N 481 | Continued From page 7<br>issue with bugs, ants, and beetles throughout the facility.<br><br>At approximately 11:40 AM, Surveyor interviewed Resident 1. Resident 1 stated the facility got rid of the housekeeper and his/her toilet and bathroom had not been cleaned since.<br><br>At approximately 12:30 PM, Surveyor interviewed Administrator A. Administrator A stated that housekeeping was a responsibility of the caregivers. S/he stated s/he believed it was a task that was manageable for the caregivers.<br><br>On 10/08/2025, at approximately 2 PM, Surveyor performed an exit interview with the facility. Registered Nurse (RN) C stated the facility had ordered new countertops, but was unsure of when they would be installed. RN C and Administrator A acknowledged environmental concerns. | N 481 | | |
| N 616 | 83.55(6)(a) Bath and toilet areas: water supply.<br><br>The CBRF shall connect each sink, bathtub and shower to hot and cold water, and supply adequate hot water to meet the needs of the residents.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure the supply of hot water was adequate to meet the needs of all 6 residents.<br><br>On 06/10/2025, the Department received a complaint regarding lack of hot water for all residents. | N 616 | | |

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| N 616 | Continued From page 8<br>Findings including:<br><br>On 10/01/2025, Surveyor interviewed Caregiver B about hot water supply. Caregiver B stated they have a resident who keeps his/her hot water running all the time. This results in other residents not having access to hot water. Caregiver B stated they must constantly reset the hot water heater.<br><br>On 10/01/2025, at approximately 11:40 AM, Surveyor interviewed Resident 1. Resident 1 stated that the water was sometimes hot, sometimes cold. S/he stated there was a resident running the hot water out.<br><br>On 10/01/2025, at approximately 12:30 PM, Surveyor interviewed Administrator A regarding hot water. Administrator A stated they have a resident who runs the water continually. S/he stated they were working on interventions to try to prevent this from happening. S/he stated they attempted to turn off the hot water valve in the resident's room during certain times of the day; however, the resident was able to turn the valve back on. Administrator A stated they were continuing to work with his/her care team to figure out a way to manage this problem.<br><br>On 10/02/2025, at 10:30 AM, Surveyor reviewed Resident 3 and Resident 4's shower charting for the month of September. Resident 3's shower charting indicated that s/he declined a shower on 09/05/2025 and 09/12/2025 with a note that stated, "No hot water." Resident 4's shower charting indicated that s/he declined a shower on 09/06/2025 with a note that stated, "No hot water."<br><br>The provider did not ensure the supply of hot | N 616 | | |

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| N 616 | Continued From page 9<br>water was adequate to meet the needs of all residents. | N 616 | | |