

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0011102	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/14/2024
NAME OF PROVIDER OR SUPPLIER KNAPP LEDGEVIEW		STREET ADDRESS, CITY, STATE, ZIP CODE 1508 HUNTER'S AVE FOND DU LAC, WI 54935		
(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 08/14/2024, Surveyors investigated one complaint at Knapp Ledgeview. The complaint was substantiated and one new deficiency was identified. Census 4	M 000		
M 610	88.11(1) REPORTING OF ABUSE AND NEGLECT A licensee or service provider who knows or has reasonable cause to suspect that a resident has been abused or neglected as defined in s. 46.90 or 940.285, Stats., shall immediately contact the licensing agency. Providing notice under this subsection does not relieve the licensee or other person of the obligation to report an incident to law enforcement authorities. If the licensee has reason to believe a crime has been committed, the incident shall immediately be reported to law enforcement authorities. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure an allegation of abuse was reported to the department immediately for Resident 1. Findings Include: On 08/07/2024, the department received a	M 610		

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

TITLE

(X6) DATE

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M 610	Continued From page 1 complaint alleging abuse occurred. On 08/14/2024 at 8:00AM, Surveyor reviewed Fond du Lac Police Department Incident Report #24FP08387, dated 07/23/2024. The report noted police officers investigated an allegation of sexual abuse that occurred on 07/15/2024. The report specified Resident 1 was the alleged victim and Caregiver B was the alleged perpetrator. On 08/14/2024 at approximately 10:30AM, Surveyors interviewed Area Director A regarding the allegation. Area Director A reported Caregiver B was placed on administrative leave while the incident was investigated. Area Director A stated the results of the investigation were inconclusive at this time. Area Director A confirmed the allegation of sexual abuse was not reported to the department.	M 610		