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
	510279	A. BUILDING: _____ B. WING _____	R-C 04/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUMMIT VIEW	278 N BEULAH ST ELLSWORTH, WI 54011

(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 04/13/2026, Surveyor conducted a verification visit at Summit View. Five of 6 deficiencies identified in Statement of Deficiency (SOD) GIN711, dated 01/29/2025 were corrected. One deficiency was identified and is a repeat deficiency. See SOD GIN711, dated 01/29/2025. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 5	{N 000}		
{N 399}	83.36(2) Maintain current written staffing schedule Staffing schedule. The CBRF shall maintain a current written schedule for staffing the CBRF. The schedule shall include each employee ' s full name, job assignment and time worked. This Rule is not met as evidenced by: Based on record review and interview, the provider did not maintain a current written schedule for staffing the CBRF (community based residential facility) to include the employee's full name, job assignment and time worked. Findings include: On 04/13/2026 at 7:50 AM, Surveyor entered the home and observed Resident 1 and Resident 2 in the living room. Program Manager (PM) A then walked Resident 3 out to the living room and sat him/her in the recliner chair. PM A informed	{N 399}		

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

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{N 399}	Continued From page 1 Surveyor s/he had to leave soon to transport Resident 3 and Resident 1 to work. PM A was the only staff member working at the time of interview. When asked if all residents were going to work, PM A stated Resident 2, Resident 3 and Resident 4 were going to stay home. PM A stated Staff B from the licensed CBRF (community based residential facility) next door would be over to supervise the 3 residents at home. Surveyor requested a staff roster from Program Manager (PM) A. Staff Bwas not listed on the staff roster provided by PM A. Surveyor requested to review the current monthly staff schedule including the date of survey. The schedule for 04/13/2026 indicated the following staff were working: "6-2 [PM A] 2-10 [Caregiver C] 10-6 [Caregiver C]." Staff B was not listed on the schedule for 04/13/2026. PM A was the only staff scheduled at the time of survey. PM A informed Surveyor s/he would stay and assist Surveyor with the survey and had coordinated transport by another staff member from the office. PM A stated staff transport some resident's to work and Resident 2 typically stays home on Mondays and Wednesdays. Surveyor reviewed the schedule for March and April. The schedule did not appear to have staff coverage shifts documented on Mondays and Wednesdays for any week. PM A stated s/he did not consider staff covering from the facility next door (including Staff B) as an employee and was the reason s/he did not put him/her on the schedule.	{N 399}		

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{N 399}	Continued From page 2 On 04/13/2026 at approximately 9:00 AM, Surveyor interviewed Staff B who was scheduled to work at the CBRF next door. Staff B stated s/he goes there for an hour when needed to cover and supervise when staff take residents to work. Staff B stated s/he typically goes in the afternoons or whenever they call him/her. Staff B stated s/he did not know when s/he would be needed, and was typically a phone call in the morning requesting s/he go next door during transport times.	{N 399}		