STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014983	A. BUILDING: _____ B. WING _____	R 05/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW WINDS III	N346 TWINKLING STAR ROAD WHITEWATER, WI 53190

(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 04/17/2024, with information gathered through 05/17/2024, Surveyor conducted a verification visit and self-report review at Willow Winds Living III. Two deficiencies were identified. Two of the 2 deficiencies were repeat violations (see Statement of Deficiency (SOD) Z7JO11). Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 3	{M 000}		
{M 282}	88.05(3)(d) ANNUAL WELL WATER INSPECTIONS Where a public water supply is not available water samples shall be taken from the well and tested at the state laboratory of hygiene or other laboratory approved under ch. HSS 165 at least annually. This Rule is not met as evidenced by: Based on record review and interview the provider did not ensure water samples were taken from the well and tested at the state laboratory of hygiene or other laboratory approved under CH HSS 165 since the last survey, 01/08/2024. Findings include: On 04/17/2024, Surveyors requested the providers annual well water inspection for 2024. On 04/17/2024, at approximately 11:00 AM, Surveyor interviewed Administrator A and Licensee F. Administrator A and Licensee F stated that the kits had been purchased to collect	{M 282}		

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

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{M 282}	Continued From page 1 water samples and send them into the laboratory of hygiene but had not completed the task.	{M 282}		
{M 424}	88.06(3)(f) REVIEW OF ISP The individual service plan shall be reviewed at least once every 6 months by the licensee, the resident or the resident's guardian, the service coordinator, if any, the designated representative, if any, the placing agency with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This review is to determine continued appropriateness of the plan and to update the plan as necessary. A plan shall be updated, in writing, whenever the resident's needs or preferences change substantially or when requested by the resident or the resident's guardian. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident (Resident 3) Individual Service Plans (ISP) was reviewed at least every 6 months. This is a repeat deficiency. See Statement of Deficiency (SOD) HCDK11, dated 01/08/2024. Findings include: On 04/17/2024, Surveyor reviewed Resident 3's record.	{M 424}		

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{M 424}	Continued From page 2 Resident 3 was admitted, 02/25/2022, with diagnoses that included blindness in both eyes, epilepsy, moderate intellectual disabilities, dementia, hearing loss and urinary incontinence. Resident 3 is represented by Guardian H and managed care organization (MCO) Care Manager G. Resident 3's ISP, dated 03/20/2024, did not contain a signature by Guardian H, Care Manager G or the provider. On 01/03/2024, at approximately 1:30 PM, Surveyor interviewed Administrator A. Administrator A stated that Resident 1's ISP had not been updated due to his/her anticipated transfer due to a 30-day discharge notice issued in 09/2023.	{M 424}		