

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0016522	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/04/2024
NAME OF PROVIDER OR SUPPLIER BROTOLOC NORTH NEW HOPE II		STREET ADDRESS, CITY, STATE, ZIP CODE 133 W ELM STREET CHIPPEWA FALLS, WI 54729		
(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 09/04/2024, Surveyor conducted an abbreviated licensure survey at Brotoloc North New Hope II. Data was collected through 09/09/2024. Two deficiencies were identified. Census: 7	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, interview and record review, the provider did not ensure every interior wall and ceiling was clean and in good repair. Findings include: On 09/04/2024 at approximately 11:30 a.m., Surveyor toured the facility with Assistant Manager (AM) B. The first floor bathroom ceiling had a large hole in the sheetrock that exposed the insulation and ceiling boards. (Photo 1). AM B told Surveyor it stormed a couple months ago, and they got water damage. Surveyor observed the laundry room. The closet in the laundry room was locked. AM B told Surveyor there was mold in the closet. AM B unlocked the door. The closet had a strong musty odor, and a black mold appearance covered the walls of the closet. (Photo 2). AM B told Surveyor the closet had been like that for at least a year. S/he said they tried cleaning it, but it kept coming back. On 09/04/2024, Surveyor reviewed the fire	N 491		

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

TITLE

(X6) DATE

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0016522	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/04/2024
NAME OF PROVIDER OR SUPPLIER BROTOLOC NORTH NEW HOPE II		STREET ADDRESS, CITY, STATE, ZIP CODE 133 W ELM STREET CHIPPEWA FALLS, WI 54729		
(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 491	Continued From page 1 inspection, dated 07/24/2024. The fire inspection report had a note related to exposed insulation, that read: "Heavy rain & roof leak led to some bathroom damage." On 09/04/2024 at approximately 12:30 p.m., Surveyor interviewed PM A. Surveyor requested documentation to indicate the provider had contracted to have the ceiling and laundry room closet repaired. On 09/05/2024, Surveyor emailed Administrator C and requested documentation to indicate the provider contracted for the repairs. As of 09/09/2024, Surveyor did not receive any documentation to indicate the provider had contracted to have the bathroom ceiling and laundry room closet repaired.	N 491		
N 525	83.47(2)(d) Fire drills. Fire drills. 1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of the drill and the CBRF 's total evacuation time. The CBRF shall record residents having an evacuation time greater than the time allowed under s. HFS 83.35(5) and the type of assistance needed for evacuation. Fire evacuation drills may be announced in advance. 2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleeping hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the employees scheduled to work during the residents ' normal sleeping hours.	N 525		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0016522	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/04/2024
NAME OF PROVIDER OR SUPPLIER BROTOLOC NORTH NEW HOPE II		STREET ADDRESS, CITY, STATE, ZIP CODE 133 W ELM STREET CHIPPEWA FALLS, WI 54729		
(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 525	Continued From page 2 This Rule is not met as evidenced by: Based on record review and interview, the provider did not conduct at least one fire evacuation drill in 2023 that simulated the conditions during normal sleeping hours. Findings include: On 09/04/2024, Surveyor reviewed the provider's fire drills conducted in 2023 and 2024. Surveyor did not locate a fire evacuation drill that simulated the conditions during normal sleeping hours. On 09/04/2024 at approximately 12:15 p.m., Surveyor interviewed Program Manager (PM) A. Surveyor reviewed the documented fire drills with PM A. PM A told Surveyor they did not conduct a night simulated drill in 2024. Surveyor reviewed the 2023 fire drills with PM A and did not locate a night simulated fire drill for 2023.	N 525		