STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016636	A. BUILDING: _____ B. WING _____	C 06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASPIRE SENIOR LIVING	825 COBBLESTONE LN KIMBERLY, WI 54136

(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 06/13/2024, Surveyor conducted an abbreviated licensure survey and 2 complaint investigations. Two deficiencies were identified. Two of 2 complaints were unsubstantiated. Census: 74	N 000		
N 355	83.32(3)(k) Rights of Residents: Self-determination In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Self-determination. Make decisions relating to care, activities, daily routines and other aspects of life which enhance the resident ' s self reliance and support the resident ' s autonomy and decision making. This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility did not support or promote the right of self-determination for 25 of 25 residents. The facility locked the refrigerator in the kitchen limiting residents' ability to make their own decisions related to daily routines and limiting residents' autonomy and decision-making skills. Findings include: On 06/13/2024, at approximately 11:30 AM, Surveyor toured facility with Assistant Director B and observed the refrigerator in the kitchen had a locking device on the side of the refrigerator door. Assistant Director B stated s/he was unsure of why the lock was on the refrigerator but thought they were required to for the safety of the	N 355		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016636	A. BUILDING: _____ B. WING _____	C 06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASPIRE SENIOR LIVING	825 COBBLESTONE LN KIMBERLY, WI 54136

(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 355	Continued From page 1 residents. On 06/13/2024, at approximately 11:50 PM, Surveyor interviewed Director of Nursing (DON) A. DON A stated the lock was installed due to residents going in and spilling the juices. DON A stated residents are offered an evening snack, but snacks are not sitting out for residents to randomly snack on. DON A stated a resident can request a snack and a staff will assist the resident with obtaining requested snack. DON A stated s/he was unsure if a waiver had been filed with the Department regarding this restriction and knew the restriction was not identified in any residents individual service plan. On 06/13/2024, Surveyor reviewed the Department facility file and a waiver had not been filed.	N 355		
N 452	83.41(3)(b) Food safety. Food safety. Whether food is prepared at the CBRF or off-site, the CBRF shall store, prepare, distribute and serve food under sanitary conditions for the prevention of food borne illnesses, including food prepared off-site, according to all of the following: 1. The CBRF shall refrigerate all foods requiring refrigeration at or below 40°F. Food shall be covered and stored in a sanitary manner. 2. The CBRF shall maintain freezing units at 0°F or below. Frozen foods shall be packaged, labeled and dated. 3. The CBRF shall hold hot foods at 140°F or above and shall hold cold foods at 40°F or below until serving.	N 452		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016636	A. BUILDING: _____ B. WING _____	C 06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASPIRE SENIOR LIVING	825 COBBLESTONE LN KIMBERLY, WI 54136

(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 452	Continued From page 2	N 452		

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not store food under sanitary conditions. Surveyor found food items in the refrigerator and freezer that were not properly sealed to avoid freezer burn and contamination.

Findings include:

The provider is licensed to serve up to 83 residents in the client groups advanced aged, irreversible dementia/Alzheimer's, terminally ill, and physically disabled.

On 06/13/2024, at approximately 11:45 AM, Surveyor conducted a tour of the facility with Assistant Director B and observed the following in the refrigerator:
-A clear unsealed plastic bag of what appeared to be chicken meat thawing
-A clear plastic container with a red lid with what appeared to be sliced cucumber pieces that was not dated
-18 individual dessert bowls with what appeared to be a crumble cake with whip cream on top that was not covered
- 2 large trays of what appeared to be approximately 120 breakfast burritos thawing that were not covered
-A silver pan which contained 3 packages of what appeared to be raw hamburger sitting on aluminum foil that partially covered the hamburger
-23 individual containers of what appeared to be ketchup that was not covered
-A plastic container of what appeared to be sliced

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016636	A. BUILDING: _____ B. WING _____	C 06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASPIRE SENIOR LIVING	825 COBBLESTONE LN KIMBERLY, WI 54136

(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 452	Continued From page 3	N 452		

onion with a Use-By date of 06/04/2024 on the container
-A tray of individual side salads that were not covered
-3 trays that contained approximately 36 individual slices of frosted cake that were not covered

On 06/13/2024, at approximately 11:50 PM, Surveyor interviewed Director of Nursing (DON) A and Assistant Director B. Assistant Director B explained to DON A the kitchen observations. DON A stated s/he would address the concerns immediately.

"Time/temperature control for safety (TCS) guidelines indicate food prepared in a food establishment and held longer than a 24 hour period shall be marked to indicate the date or day by which the food is to be consumed on the premises, sold, or discarded when held at a temperature of 5°C (41°F) or less for a maximum of 7 days. The day of preparation shall be counted as Day 1. Refrigerated, RTE (ready-to-eat)/TCS food prepared and packaged by a food processing plant shall be clearly marked, at the time the original container is opened in a food establishment and if the food is held for more than 24 hours, to indicate the date or day by which the food shall be consumed or discarded." (US Food and Drug Administration (FDA) Food Code, 2017, Section 3-501.17)

"Keep foods covered. Store refrigerated foods in covered containers or sealed storage bags, and check leftovers daily for spoilage. Store eggs in their carton in the refrigerator itself rather than on the door, where the temperature is warmer." (Source: US Food and Drug Administration (FDA) website, Are You Storing Food Safety?, January

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016636	A. BUILDING: _____ B. WING _____	C 06/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASPIRE SENIOR LIVING	825 COBBLESTONE LN KIMBERLY, WI 54136

(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 452	Continued From page 4 18, 2023, https://www.fda.gov/consumers/consumer-updates/are-you-storing-food-safely (retrieval date - June 13, 2024).)	N 452		