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
	0015547	A. BUILDING: _____ B. WING _____	07/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROTOLOC NORTH ABBE HILL	2119 ABBE HILL EAU CLAIRE, WI 54701

(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 07/25/2025, Surveyor conducted an abbreviated survey at Brotoloc North Abbe Hill. One deficiency was identified. Census: 4	M 000		
M 316	88.05(3)(j) BEDROOM REQUIREMENTS A resident's bedroom may not be used by anyone else to get to any other part of the home. This Rule is not met as evidenced by: Based on observation and interview, the provider had a designated emergency exit of the home requiring residents and staff to pass through Resident 1's bedroom. This is a repeat deficiency. See Statement of Deficiency (SOD) G50R11, dated 02/21/2020. Findings include: On 07/25/2025 at approximately 12:15 PM, Surveyor toured the home. Surveyor observed an evacuation map located on the wall. The map showed 3 exit paths: 1) The front door 2) Garage 3) Patio door in Resident 1's room. Surveyor noted the front door and garage were located directly next to each other. The third exit was located down the hallway. When asked to see the 3rd designated exit, Caregiver A retrieved keys and unlocked Resident 1's bedroom. Caregiver A informed Surveyor all residents preferred to lock their bedroom doors.	M 316		

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

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M 316	Continued From page 1 Surveyor asked Caregiver A if the patio through Resident 1's bedroom was a designated emergency exit. Caregiver A stated, "Yes, if necessary." On 07/25/2025, Surveyor reviewed the "state binder" at the facility which showed a waiver request was completed and filed in the binder for the emergency exit, but did not contain evidence the waiver was submitted to the Department or approved. On 07/25/2025 at approximately 12:30 PM, Program Manager (PM) B stated s/he would follow-up on the waiver. As of 07/30/2025, no additional information was provided. On 07/30/2025 at approximately 4:15 PM, Surveyor discussed the above concern with PM B via phone. PM B stated s/he would revise the evacuation maps to remove the patio door in Resident 1's room as a designated exit path.	M 316		