STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017445	A. BUILDING: _____ B. WING _____	R 08/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MY PLACE OF IXONIA II	N8616B NORTH RD IXONIA, WI 53036

(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 08/07/2024, with information obtained through 08/08/2024, the Bureau of Assisted Living, Southern Regional Office, conducted a verification visit at My Place of Ixonia II, an adult family home (AFH) located in Ixonia, WI. As a result of the survey, 1 deficiency was identified. This deficiency is a repeat deficiency. See Statement of Deficiency (SOD) IJX311, dated 04/03/2024. Under statutory provisions of Wis. Stat. Chapter 50, a $200 revisit fee is being assessed. Census: 4	M 000		
M 276	88.05(3)(a) HOME ENVIRONMENT An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that the adult family home was well-maintained and provided a homelike environment. This is a repeat deficiency. See Statement of Deficiency (SOD) IJX311, dated 04/03/2024. Findings include:	M 276		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MY PLACE OF IXONIA II	N8616B NORTH RD IXONIA, WI 53036

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M 276	Continued From page 1 On 08/07/2024, at approximately 9:50 a.m., Surveyor toured the home with Manager A and observed the following: - The interior flooring leading to the door on the upper level to the deck appeared to have an approximate 6"x30" section of floor missing, exposing the layer underneath the vinyl (Photo 1). The subfloor layer appeared to have damage consistent in appearance with previous water damage. - The wall above the downstairs shower appeared to have the paint chipping away. In one area, a section of paint with an unknown layer of material underneath appeared to be peeling away from the wall (Photo 2). Also in the downstairs bathroom, one section of wall appeared to have a 3"x3" area dented inwards (Photo 3). At approximately 10:10 a.m., Surveyor interviewed Manager A. Manager A agreed with Surveyor's observation that the above areas appeared unchanged since Surveyor was last on site, including the bathroom wall dent which was previously caused by a resident. Manager A reported that the above areas were still on a maintenance list to be addressed. On 08/08/2024, at approximately 11:34 a.m., Surveyor interviewed Chief Operating Officer B. Chief Operating Officer B reported that s/he recalled a walk-through being done with several previous areas of concern being addressed, but that the areas identified above must have been overlooked. Chief Operating Officer B reported s/he had a plan going forward for how environment-related concerns would be handled and addressed.	M 276		

Wisconsin Department of Health Services

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MY PLACE OF IXONIA II	**N8616B NORTH RD IXONIA, WI 53036**

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