

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0011745	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/24/2025
NAME OF PROVIDER OR SUPPLIER WOODLAND VIEW ESTATE		STREET ADDRESS, CITY, STATE, ZIP CODE 348 S MILWAUKEE ST FREDONIA, WI 53021		
(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 An abbreviated survey was conducted at Woodland View Estate on 09/23/2025 with information gathered through 09/24/2025. As a result of this survey 2 deficiencies were identified. Census: 6	N 000		
N 404	83.37(1)(e) Medication regimen, administration review. Medication Regimen Review. 1. If residents ' medications are administered by a CBRF employee, the CBRF shall arrange for a pharmacist or a physician to review each resident ' s medication regimen. This review shall occur within 30 days before or 30 days after the resident ' s admission, whenever there is a significant change in medication, and at least every 12 months. 2. At least annually, the CBRF shall have a physician, pharmacist, or registered nurse conduct an on-site review of the CBRF ' s medication administration and medication storage systems. 3. The CBRF shall obtain a written report of findings under subds. 1. and 2., and address any irregularities for appropriate action. When the review is done by someone other than the prescribing practitioner, the prescribing practitioner shall receive a copy of the report when there are irregularities identified with the resident's medication regimen, which may need physician involvement to address. This Rule is not met as evidenced by: Based on record review and staff interview the provider did not ensure a physician, pharmacist, or registered nurse conducted an on-site review of the CBRF's (Community Based Residential	N 404		

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

TITLE

(X6) DATE

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N 404	Continued From page 1 Facility) medication administration and medication storage systems for 2023 and 2024 and to date in 2025. Findings include: On 09/23/2025 at 11:00 a.m., Surveyor requested LIC (Licensee) - A to provide the review of the facility's medication system by a pharmacist, physician, or registered nurse for the past 2 years of 2023 and 2024 and to include 2025 if it had already been done this year. LIC - A told Surveyor that there was no review done in any of those years and was not aware that this had to be done. LIC - A indicated a physician reviewed each residents medications quarterly but there had never been a complete review of the facility's medication system conducted.	N 404		
Z 022	50.065(3)(b) COMPLETE BACKGROUND CHECK PROCESS Every 4 years or at any other time within that period that an entity considers appropriate, the entity shall request the information specified in sub. (2) (b) 1. to 5. for all caregivers of the entity. This Rule is not met as evidenced by: Based on record review and staff interview, the	Z 022		

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Z 022	Continued From page 2 provider did not ensure a complete caregiver background check be completed every 4 years for 2 out of 2 employees reviewed. Findings include: On 09/23/2025 Surveyor reviewed the provider's records for employees. Employee files reviewed showed CG (Caregiver) - B was hired on 08/25/2013 and CG - C was hired on 09/01/2013 as caregivers at this facility. The caregiver background checks in employee files for CG - B and for CG - C were both last completed on 12/13/2019. On 09/23/2025 at 11:30 a.m., Surveyor requested LIC (Licensee) - A provide current caregiver background checks for CG - B and CG - C done within the last 4 years. LIC (Licensee) - A confirmed to Surveyor that the background checks for CG - B and CG - C had not been re-done since 2019 for both employees.	Z 022		