STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017986	A. BUILDING: _____ B. WING _____	C 01/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW RIDGE COMMUNITY BASED RESIDENTIAL F	N36585 COUNTY ROAD QQQ WHITEHALL, WI 54773

(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 01/08/2026, Surveyor conducted a licensure survey at Willow Ridge Community Residential Facility. Data collection continued through 01/12/2026. Two deficiencies were identified. Census: 9	N 000		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 employees reviewed had obtained documentation from a physician, physician assistant, clinical nurse practitioner, or a licensed registered nurse, indicating they had been screened within 90 days before the start of employment for clinically apparent communicable disease, including tuberculosis (TB).	N 220		

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

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N 220	Continued From page 1 Findings include: On 01/08/2026, Surveyor conducted a review of 2 employee records. Surveyor requested communicable disease screenings and TB tests from Director of Community Programs (DOCP) A and reviewed them. Caregiver C was hired on 10/01/2025. Caregiver C's record did not contain evidence from a physician, physician assistant, clinical nurse practitioner, or a licensed registered nurse, indicating s/he had been screened within 90 days before the start of employment for clinically apparent communicable disease. Caregiver D was hired on 03/04/2025. Caregiver D's record did not contain evidence from a physician, physician assistant, clinical nurse practitioner, or a licensed registered nurse, indicating s/he had been screened within 90 days before the start of employment for clinically apparent communicable disease. On 01/08/2025 at 4:05 PM, Surveyor interviewed DOCP A and Program Manager (PM) B. DOCP A stated their hire process included a 2-step TB test and was done upon hire. DOCP A stated the infection control nurse went through the 7 TB screening questions with staff prior to their TB test, but they did not have any documentation indicating staff were screening for other clinically apparent communicable disease.	N 220		
N 499	83.45(3) Toxic substances. Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a	N 499		

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N 499	Continued From page 2 secure area. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure toxic substances were securely stored. Findings include: This provider is licensed to care for up to 15 residents in the client groups of alcohol/drug dependent, developmentally disabled, physically disabled, and emotionally disturbed/mental illness. On 01/08/2026 at approximately 11:45 AM, Surveyor observed in the unsecured laundry room a spray can of stain remover in the sink. On 01/08/2026 at approximately 12:15 PM, Surveyor observed in the unsecured storage room the following toxic substances unsecured on an open shelving unit and unsecured on a housekeeping cart: -disinfectant -carpet cleaner -rinse aid -air freshener -sanitizer -window cleaner. On 01/08/2026 at 2:45 PM, Surveyor observed in the unsecured staff bathroom a spray can of disinfectant on a side table. On 01/08/2025 at 4:05 PM, Surveyor interviewed Director of Community Programs (DOCP) A and Program Manager (PM) B. PM B stated s/he had just noticed the past week the storage room door	N 499		

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N 499	Continued From page 3 not locking unless it was fully shut. DOCP A stated the storage room door was supposed to be kept locked. DOCP A confirmed there were no current residents at risk to ingest toxic substances.	N 499		