STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015950	A. BUILDING: _____ B. WING _____	C 12/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANCHOR COMMUNITIES LLC	209 FOREST ST FOX LAKE, WI 53933

(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 12/04/2024, Surveyor conducted 2 complaint investigations at Anchor Communities, a CBRF located in Fox Lake, WI. As a result of the survey, 4 violations of Chapter DHS 83 were issued. Two violations are repeat violations. One complaint subsantiated One complaint unsubstantiated. Census: 11	N 000		
N 427	83.38(1)(c) Leisure time activities. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Leisure time activities. The CBRF shall provide a daily activity program to meet the interests and capabilities of the residents. Employees shall encourage and promote resident participation in the activity program. The CBRF shall develop and post the activity schedule in an area available to residents. This Rule is not met as evidenced by: Based on observation and interview, the facility did not provide a daily activity program to meet resident interests. No residents were engaged in activities during survey.	N 427		

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

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N 427	Continued From page 1 This is a repeat violation from previous Statement of Deficiency (SOD) 65LL12 dated 02/01/2024. Findings include: On 12/04/2024 at 9:00 AM, Surveyor observed the activity calendar that indicated exercise for residents would take place at 10:00 AM. On 12/04/2024 at 10:00 AM, no activities were observed. On 12/04/2024 at 10:30 AM, no activities were observed. On 12/04/2024 at 11:00 AM, no activities were observed. On 12/04/2024 at 11:30 AM, no activities were observed. On 12/04/2024 at 11:45 AM, Surveyor interviewed Administrator A and asked why staff did not conduct any activities despite the calendar indicating exercise was to take place at 10:00 AM. Administrator A stated, "I don't know why activities were not done, they are supposed to do them. I tell them to do activities all the time."	N 427		
N 489	83.44(2)(a) Rooms clean and free from odors. The CBRF shall keep all rooms clean and shall make reasonable attempts to keep all rooms free from odors. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that all rooms were kept clean and	N 489		

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N 489	Continued From page 2	N 489		

were free from odors. Two resident bathrooms had a strong smell of urine, and 3 resident bathrooms had stains around the toilet.

Findings include:

On 11/03/2024, the Department received a complaint that alleged resident toilets were leaking, which made the rooms smell of urine/feces.

On 12/04/2024 at 9:15 AM, Surveyor observed an empty resident bedroom. Upon entering the bedroom, a very strong smell of urine was detected. Surveyor asked Caregiver B if anyone lived in the bedroom. Caregiver B stated no, but the resident had just moved last week and acknowledged the smell of urine.

On 12/04/2024 at 9:30 AM, Surveyor observed Resident 1's bathroom. The floor had a large brown stain all around the toilet that appeared to be rust. There was a smell of urine in the bathroom as well.

On 12/04/2024 at 9:45 AM, Surveyor observed Resident 2's bathroom. The toilet had a large brown stain all around the toilet that appeared to be rust.

On 12/04/2024 at 10:00 AM, Surveyor observed Resident 3's bathroom. The toilet had a large brown stain all around the floor surrounding the toilet. There was a small of urine in the bathroom as well.

On 12/04/2024 at 12:00 PM, Surveyor discussed the above concern with Administrator A. Administrator A acknowledged that, " a few bathrooms need better cleaning." Administrator A

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N 489	Continued From page 3 stated that the empty bedroom with the strongest smell of urine had been empty for almost a week and that, "the former resident urinated all over the floor, and we had trouble keeping it clean." Administrator A acknowledged that resident bathrooms need to be cleaned as necessary to prevent odors. Administrator A stated that flooring was being ordered to replace the bathroom flooring that was stained.	N 489		
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 secure area. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that toxic substances were labeled and stored in a secure area. This is a repeat violation from previous Statement of Deficiency (SOD) 65LL12 dated 02/01/2024. Findings include: On, 11/03/2024 the Department received a complaint that alleged that a bottle of bleach is used to prop open the medication room door. Complaint alleges that there are residents that wander the facility that could ingest the substance(s) if medication room is left open. On 12/04/2024 at 9:00 AM, Surveyor observed that the medication room door was propped open by a bottle containing an unknown substance.	N 499		

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N 499	Continued From page 4 On 12/04/2024 at 9:40 AM, Surveyor observed that the medication door was propped open by a bottle containing an unknown substance. On 12/04/2024 at 10:30 AM, Surveyor interviewed Administrator A and asked what the bottle that propped open the medication room door contained. Administrator A stated that the bottle contained bleach and that the label had been removed some time ago. Surveyor asked if the bottle is ever used to prop open the medication room door. Administrator A replied, "Yes, and I have told staff they are not to do that. I need to get rid of that." Administrator A acknowledged understanding that substances such as bleach are to be secured so that resident are not in danger of ingesting the chemicals.	N 499		
N 612	83.55(3) Bath and toilet areas: hand drying. Hand drying. All sink areas shall have dispensers for single use paper towels, cloth towel dispensing units that are enclosed for protection against being soiled or electric hand dryers. This requirement does not apply to sink areas located in toilet rooms accessed directly from a resident bedroom. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that all sink areas had dispensers for single use paper towels. The common bathroom used by both caregivers and residents contained an empty paper towel dispenser and an open roll of paper towels on the sink. Findings include: On 12/04/2024 at 9:15 AM, Surveyor observed	N 612		

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N 612	Continued From page 5 the common bathroom used by both residents and staff. The paper towel dispenser was empty and there was a roll of paper towels (not enclosed) on the bathroom sink. On 12/04/2024 at 11:00 AM, Surveyor interviewed Administrator A. Administrator A acknowledged that the paper towel dispenser in the common bathroom was empty. Administrator A stated that paper towels that fit into that particular dispenser are hard to find. Administrator A acknowledged that paper towels in common bathrooms are to be enclosed for infection control purposes.	N 612		