STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011783	A. BUILDING: _____ B. WING _____	R-C 08/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RUTLEDGE HOME	300 BRIDGEWATER AVENUE CHIPPEWA FALLS, WI 54729

(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 08/17/2023, Surveyor conducted a verification visit at Rutledge Home. One deficiency was identified. This is a repeat violation (see SOD JQVK11, dated 03/13/2023). Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 42	{N 000}		
{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 toxic substances were stored securely. This is a repeat deficiency. See Statement of Deficiency (SOD) JQVK11, dated 03/13/2023. Findings include: The provider is licensed to care for 63 residents in the client groups advanced aged, physically disabled, and irreversible dementia/Alzheimer's disease. On 08/17/2023 between 1:37 PM and 2:25 PM, Surveyor observed the following toxic substances unsecured in the facility:	{N 499}		

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

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{N 499}	Continued From page 1 Beauty parlor - disinfectant - cleanser - antibacterial cleaner 2nd floor bathrooms -cleanser At 3:16 PM, Surveyor interviewed Director A. Director A stated s/he did not know about the unsecured toxic substances and would get the toxic substances secured immediately.	{N 499}		