STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012025	A. BUILDING: _____ B. WING _____	C 06/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLINGTON PLACE OF FORT ATKINSON	200 S WATER ST WEST FORT ATKINSON, WI 53538

(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 06/17/2024, with information gathered through 06/21/2024, Surveyor conducted a complaint investigation. One deficiency was identified. Complaint was substantiated. Census: 18	N 000		
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 interview and observation, the provider did not ensure that all rooms are clean and free from odor. Findings include: On 05/24/2024, the Department received a concern alleging resident rooms were not cleaned. On 06/17/2024, at approximately 12:15 PM, Surveyor toured the facility and observed the following: Resident 1's room smelled of a strong of a urine like scent. Upon entrance into the room, there was a laundry basket with damp soiled clothing that had a urine like scent. Resident 2's recliner chair, in his/her bedroom, was covered with a brown blanket that had brown colored markings that appeared to be feces on the portion of the blanket that covered the sitting area. Resident 3's room smelled of a strong urine like scent. Surveyor determined that Resident 3's	N 489		

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

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N 489	Continued From page 1 cloth recliner chair contained a strong urine like scent. Resident 3's bathroom had brown smudge like stains on his/her floor. Resident 4's bathroom had black marking on his/her floor that appeared to be created by his/her wheelchair. Resident 5's room smelled of a urine like scent. Surveyor determined that Resident 5's cloth recliner chair contained a strong urine like scent. On 05/24/2024, approximately 12:45 PM, Surveyor interviewed Administrator A. Administrator A stated they had hired a new housekeeper who would assist the caregivers with maintaining the resident rooms. Administrator A stated s/he would discuss the concerns regarding resident recliners with staff to determine if they could be cleaned and/or with the resident representatives to determine if replacement was needed.	N 489		