STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014061	A. BUILDING: _____ B. WING _____	C 04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLVIEW SENIOR LIVING	210 MEMORIAL DR MONDOVI, WI 54755

(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 04/15/2024, Surveyor conducted a complaint investigation and abbreviated survey at Hillview Senior Living. Data collection continued through 04/18/2024. The complaint was substantiated. Two deficiencies were identified. Census: 29	N 000		
N 493	83.45(1)(b) Building integrity. Building integrity. The CBRF shall be structurally sound without visible evidence of structural failure or deterioration and shall be maintained in good repair. This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not ensure the facility was maintained in good repair. The basement mechanical room pipes had visible deterioration. The facility had multiple discolored ceiling tiles and ongoing water leaks. The roof was reported to need replacement. Findings include: On 02/22/2024, the department received a complaint with concerns of mold and water damage within the facility. On 04/15/2024, at approximately 10:20 AM, Surveyor interviewed Nursing Manager (NM) A. When asked about any concerns of mold or water damage in the facility, NM A stated some pipes had started to drip and those pipes were fixed.	N 493		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014061	A. BUILDING: _____ B. WING _____	C 04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLVIEW SENIOR LIVING	210 MEMORIAL DR MONDOVI, WI 54755

(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 493	Continued From page 1 At approximately 10:30 AM, Surveyor interviewed Supervisor B. Supervisor B stated s/he was aware of water damage that had affected some ceiling tiles in the facility. Supervisor B stated s/he was not aware of any active water leaks. Supervisor B stated the provider was working on getting a new roof installed. At 10:55 AM, Surveyor interviewed Caregiver D. Caregiver D stated s/he was aware of water damage on the hallway ceiling beginning last April. Caregiver D stated s/he could recall one area specifically that was damaged and later repaired. Caregiver D walked with Surveyor to the ceiling tiles being discussed. Surveyor observed a ceiling tile directly above Resident 2's room door with visible discoloration spanning approximately 18 inches. There were streaks running down the wall beneath the ceiling tile. Caregiver D stated that tile had previously "collapsed" from water damage but was repaired. (Photo 1). Surveyor continued touring the facility and identified the following: -2 side by side ceiling tiles near an exit stairway with visible discoloration. (Photo 4). -A ceiling tile near an activity bulletin board with visible discoloration. (Photo 5). -A ceiling tile near a patio door that was approximately 75% stained with yellow and brown discoloration. (Photo 6). At approximately 12:20 PM, Surveyor observed the facility's basement mechanical room with NM A. There was visible deterioration of the pipes and what appeared to be corrosion on the pipes. When asked about the condition of the pipes, NM A stated s/he was not aware of any concerns and that s/he stayed out of that department. (Photo 2 and Photo 3).	N 493		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014061	A. BUILDING: _____ B. WING _____	C 04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLVIEW SENIOR LIVING	210 MEMORIAL DR MONDOVI, WI 54755

(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 493	Continued From page 2 At approximately 12:45 PM, Surveyor interviewed Maintenance Worker (MW) E and MW F. When asked about the events contributing to water damage and discolored ceiling tiles, MW E stated the roof needed to be replaced and there was an upcoming meeting to discuss that. MW E stated corporate needed to "make a decision." MW E stated the facility had random leaks "here and there." When asked about the pipes in the basement mechanical room, MW E stated s/he did not think there was any asbestos on the pipes. MW E stated the old circulation pump had corrosion on it and s/he did not have the tools to remove the corrosion or assess the pipes. MW E stated that would need to be done by an outside agency. MW E stated s/he was not aware if an outside agency had assessed the pipes for mold. At 1:19 PM, MW E approached Surveyor with what s/he described as fiberglass wrapping material. ME W stated s/he would wrap the basement pipes with that material that day. At 2:30 PM, Surveyor interviewed Resident 1. Resident 1 stated s/he had been living at the facility for about 3 to 4 weeks. The ceiling tile that was approximately 75% stained was in line of sight during the interview. Resident 1 stated that ceiling tile was previously replaced but had turned yellow again. Resident 1 stated water came out of the ceiling when the tile was originally replaced. Resident 1 stated s/he hoped the tile would not fall on anyone's head. At 2:53 PM, Surveyor interviewed Caregiver G. Caregiver G stated s/he was aware of water leaking from the ceiling. Caregiver G stated the ceiling had leaked, "a few times," and maintenance would take care of it. Caregiver G	N 493		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014061	A. BUILDING: _____ B. WING _____	C 04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLVIEW SENIOR LIVING	210 MEMORIAL DR MONDOVI, WI 54755

(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 493	Continued From page 3	N 493		

stated s/he would notice water leaking when it rained.

At 3:00 PM, Surveyor interviewed NM A and Administrator B. Surveyor shared concerns with ongoing water leaks, discolored ceiling tiles and the condition of the basement pipes. Administrator B stated they were planning to replace the roof and bids for roof replacement were submitted to different vendors. Administrator B was not aware of a timeline for completion of the roof replacement. Administrator B stated MW E went outside and cleared the drains on the roof last Wednesday. Administrator B stated leaking pipes were addressed immediately. When asked about any incidents relating to water leaks, NM A stated a resident was moved from their room into a vacant room while repairs were completed for a leaking pipe. NM A stated the resident stayed in the vacant room for approximately 7 to 9 days before returning to his/her permanent room.

On 04/17/2024, Surveyor requested additional information from NM A and Administrator B via email.

On 04/18/2024, Administrator B responded via email with additional information that included the following:
-Administrator B stated in the email the facility piping was last inspected by an outside agency on 07/12/2022.
-An outside agency invoice, dated 11/15/2023, stated, "11/06/2023 [Maintenance Worker] had said [s/he] thought there was a leak somewhere in the wall and didn't know where it was coming from. Found a broken cast iron fitting. [Maintenance Worker] had the extra parts to fix it so we took the bad fitting out and replaced it with

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014061	A. BUILDING: _____ B. WING _____	C 04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLVIEW SENIOR LIVING	210 MEMORIAL DR MONDOVI, WI 54755

(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 493	Continued From page 4 a new fitting." -A typed document with a summary including signatures from MW E and MW F. The document stated, in part, "I was notified on 11/01/2023 by RA on duty via phone call that there was water on the carpet of the floor in [Resident 3's Room] behind the main door to the room outside of the bathroom door. I asked the staff member not to have the resident use the toilet in [his/her] room and to have [him/her] use the toilet near [his/her] room in the common area ...On 11/02/2023, I returned to [Resident 3's Room] and noted water on the floor near the toilet, and the carpet was still wet. I spoke with [NM A], and we decided that we needed to move the resident ...On 11/10/2024, after the paint and carpet had ample time to dry, I assisted [NM A] to move the resident who had temporarily moved to [vacant room] back to [his/her] original room." -Roofing estimates dated between 03/18/2024 and 04/16/2024. Estimates ranged from $124,428 to $595,500. The provider did not ensure the facility was maintained and in good repair when the basement pipes showed signs of deterioration, hallway ceiling tiles were visibly stained and the roof was needing replacement.	N 493		
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	N 499		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014061	A. BUILDING: _____ B. WING _____	C 04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLVIEW SENIOR LIVING	210 MEMORIAL DR MONDOVI, WI 54755

(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 499	Continued From page 5 did not ensure toxic substances were stored securely. Findings include: The provider is licensed to care for 38 residents in the client groups advanced aged and physically disabled. On 04/15/2024, between 10:30 AM and 3:00 PM, Surveyor observed the following toxic substances unsecured in the facility: Laundry room (on the counter, on the floor and in an unlocked wall cabinet) -Clorox urine remover -All-purpose spotter -Low acid bowl cleaner -Hand sanitizer -Germicidal bleach Room marked "Soiled Utility" (on the utility sink) -Low acid bowl cleaner Laundry room with emergency eye wash station (on the counter) -Germicidal bleach -All-purpose spotter Spa room (on a utility shelf) -6 bottles of 'Halt 5' disinfectant Room marked "Bath" (on a shelf near the washing machine) -Germicidal bleach -Laundry detergent At approximately 12:15 PM, Surveyor interviewed Nurse Manager (NM) A. Surveyor requested NM A accompany him/her to the laundry room where	N 499		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014061	A. BUILDING: _____ B. WING _____	C 04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLVIEW SENIOR LIVING	210 MEMORIAL DR MONDOVI, WI 54755

(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 499	Continued From page 6 unsecured toxic substances were found on the counter. NM A stated that was an area they usually stored the observed chemicals. Surveyor shared concerns about the unsecured substances with NM A. NM A stated there was not a lock on the laundry room door but advised Surveyor they could install one to ensure toxic chemicals were secured. At 3:00 PM, Surveyor interviewed NM A and Administrator B. Surveyor reviewed additional findings of unsecured toxic substances found while on site. NM A and Administrator B stated they would ensure the toxic substances were moved to a secure location.	N 499		