

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0011370	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/30/2024
NAME OF PROVIDER OR SUPPLIER WOLF RIVER COUNTRY ADULT HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 13231 CTY HWY H STANLEY, WI 54768		
(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
M 000	INITIAL COMMENTS On 01/30/2024, Surveyor conducted an abbreviated survey at Wolf River Country Adult Home. Three deficiencies were identified. Census: 4	M 000		
M 276	88.05(3)(a) HOME ENVIRONMENT An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the home was clean and well-maintained. Findings include: The provider is licensed to care for 4 residents in the client groups advanced aged, emotionally disturbed/mental illness, and developmentally disabled. On 01/30/2024, from 11:45 AM to 3:05 PM, Surveyor was on site and observed the following: - Floors throughout the home had visible dirt and debris. - The kitchen microwave had food remnants and yellow discoloration inside, with what appeared to be food residue on the door handle.	M 276		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0011370	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/30/2024
NAME OF PROVIDER OR SUPPLIER WOLF RIVER COUNTRY ADULT HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 13231 CTY HWY H STANLEY, WI 54768		
(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
M 276	Continued From page 1 - The wall near the kitchen oven had yellow and brown substances splattered on it. - The bottom of the kitchen refrigerator had a red substance spilled on the bottom and food residue on the door handles. - The bathroom used by residents had yellow discoloration on the shower floor tiles, grime on the windowsill, debris inside of the light fixture, and dust collection on the window curtains. At 1:20 PM, Surveyor asked Licensee A who cleaned the facility. Licensee A stated s/he and Licensee B completed the cleaning as they were able. At approximately 2:30 PM, Surveyor interviewed Licensee A and Licensee B. Surveyor discussed the above observations. Licensee A stated they did spring cleaning in March and will work on fixing the issues. Licensee B stated s/he knew the bathroom shower needed to be cleaned and s/he had the chemicals to clean it right away.	M 276		
M 458	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be securely stored, shall remain in its original container as received from the pharmacy and be stored as specified by the pharmacist.	M 458		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0011370	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/30/2024
NAME OF PROVIDER OR SUPPLIER WOLF RIVER COUNTRY ADULT HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 13231 CTY HWY H STANLEY, WI 54768		
(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
M 458	Continued From page 2 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure prescription medications were securely stored in the original container as received from the pharmacy. Medications were set up in medication cups prior to administration time. Findings include: On 01/30/2024 at approximately 1:35 PM, Surveyor asked to see resident medications. Medication cabinets were in a secured office that required a key code. Surveyor observed Licensee B unlock cabinets that contained resident medications. Surveyor observed multiple pill cups stacked upon each other, each with multiple pills in them, inside the medication cabinet. Licensee B stated s/he set up about 5 days of medications for residents ahead of time. At approximately 1:40 PM, Surveyor discussed medication concerns with Licensee B. Licensee B stated the office was usually locked and the medications were double locked. Licensee B stated s/he understood the concerns of setting up medications prior to administration.	M 458		
M 570	88.10(3)(I) Safe Physical Environment Individuals, except for correctional residents, have basic rights which they do not lose when they enter an adult family home. A resident shall have a safe environment in which to live. The adult family home shall safeguard residents who	M 570		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0011370	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/30/2024
NAME OF PROVIDER OR SUPPLIER WOLF RIVER COUNTRY ADULT HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 13231 CTY HWY H STANLEY, WI 54768		
(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
M 570	Continued From page 3 cannot fully guard themselves from environmental hazards to which they are likely to be exposed, including conditions which would be hazardous to anyone and conditions which would be or are hazardous to a particular resident because of the resident's condition or disability. This Rule is not met as evidenced by: Based on observation and interview, the provider did not safeguard residents from environmental hazards. Water temperature at a shared resident bathroom faucet exceeded 120 degrees Fahrenheit. Findings include: The provider is licensed to care for 4 residents in the client groups advanced aged, emotionally disturbed/mental illness, and developmentally disabled. On 01/30/2024, at 1:13 PM, Surveyor measured the hot water temperature at the bathroom sink faucet used by all 4 4 residents in the home. The water was 137 degrees Fahrenheit. The Bureau of Quality Assurance (BQA) and the Bureau of Assisted Living (BAL) issued, respectively, BQA Memo-98-021 (1998) and DQA publication P-01942 (2017) regarding hot water temperatures. These documents listed hot water temperature thresholds and the harm that hot water temperatures can inflict on consumers with physical or psychological conditions that prevent instant recoil from dangerously hot water. This document reaffirms the temperature thresholds listed in BQA Memo-98-021 and DQA P-01942.	M 570		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0011370	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/30/2024
NAME OF PROVIDER OR SUPPLIER WOLF RIVER COUNTRY ADULT HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 13231 CTY HWY H STANLEY, WI 54768		
(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
M 570	Continued From page 4 Exposure to hot water is a potential environmental danger for clients. Elderly clients and clients with mental and physical disabilities may have neurological conditions that prevent instant recoil from hot water. Because these individuals do not instantly react to dangerous temperature levels, they are at particular risk for injury. Hot water can cause scalding, e.g., second and third degree burns in which the skin blisters and swells. In such instances, skin does not return to normal and forms scar tissue upon healing. These burns may lead to permanent disability. (DQA publication P-01942, Hot Water Temperatures in Adult Family Homes, 08/2017). At approximately 1:15 PM, Surveyor asked Licensee A if they monitored water temperatures. Licensee A stated they did not, and s/he trusted the plumber. Licensee A stated s/he was not aware the water temperature was 137 degrees. At approximately 2:30 PM, Surveyor interviewed Licensee A and Licensee B. Licensee B stated their heating professional recently checked water temperatures. Licensee B stated s/he had a meter to check and adjust the water temperatures to ensure they were below 120 degrees.	M 570		