STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	110455	A. BUILDING: _____ B. WING _____	R 11/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARVEST GUEST HOME	875 WEST SIDE DR RICHLAND CENTER, WI 53581

(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 11/11/2025, the bureau of assisted living southern regional office conducted a verification visit at Hervest Guest Home a CBRF located in Richland Center, WI. As a result of this survey, 2 violations of DHS Chapter 83 were issued. 2 of 2 violations were repeat violations from SOD KQI711 dated 08/12/2025. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 22	{N 000}		
{N 452}	83.41(3)(b) Food safety. Food safety. Whether food is prepared at the CBRF or off-site, the CBRF shall store, prepare, distribute and serve food under sanitary conditions for the prevention of food borne illnesses, including food prepared off-site, according to all of the following: 1. The CBRF shall refrigerate all foods requiring refrigeration at or below 40°F. Food shall be covered and stored in a sanitary manner. 2. The CBRF shall maintain freezing units at 0°F or below. Frozen foods shall be packaged, labeled and dated. 3. The CBRF shall hold hot foods at 140°F or above and shall hold cold foods at 40°F or below until serving.	{N 452}		

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
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{N 452}	Continued From page 1 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure food was stored under sanitary conditions for the prevention of food borne illnesses, by maintaining freezing units at 0F or below and foods were covered. This is a repeat violation of previous statement of deficiency (SOD) 9BOU11 dated 08/12/2022, SOD 9BOU12 dated 12/12/2022, SOD 9BOU13 dated 05/22/2023, SOD 9BOU14 dated 09/18/2023 and SOD KGI711 dated 08/12/2025. FINDINGS INCLUDE: On 11/11/2025, Surveyor arrived at facility for a standard survey. On 11/11/2025 at approximately 9:00 AM, Surveyor toured the facility kitchen. Surveyor opened the beige freezer door and found the metal thermometer on a shelf next to frozen bread. The thermometer read 6F. Surveyor observed the beige refrigerator, and the metal thermometer read 46F. On 11/11/2025 at 10:30 AM, Surveyor showed Manager A the freezer and refrigerator. Surveyor and Manager A observed the freezer thermometer still read 6F, with the refrigerator still read 46F. Manager A verified staff did not document daily temperatures for the freezer and s/he did not know when the freezer temperature went above 0F.	{N 452}		