

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 510209	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 02/04/2025
NAME OF PROVIDER OR SUPPLIER ROSE VIEW			STREET ADDRESS, CITY, STATE, ZIP CODE 2710 N TOWN HALL RD EAU CLAIRE, WI 54703		
(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 02/04/2025, Surveyor conducted a standard survey and complaint investigation at Rose View. The complaint was substantiated. Two deficiencies were identified. Census: 8	N 000			
N 491	83.44(2)(c) Interior floors, walls and ceilings. Every interior floor, wall and ceiling shall be clean and in good repair. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure interior walls and ceilings were in good repair. Findings include: On 12/02/2024, the department received a complaint regarding the provider's history of water damage and need for building repairs. On 02/04/2025, at approximately 11:20 AM, Surveyor interviewed Assistant Program Manager (APM) A. APM A stated the provider had water damage that ruined some areas of the indoor siding. APM A stated they were waiting on someone to repair the indoor siding. When asked how long the provider had been waiting on the repairs, APM A stated s/he did not remember. At approximately 11:55 AM, Surveyor interviewed APM A, APM B and Program Manager (PM) C. APM B stated s/he used to be the APM for the home but now worked in a different home. When	N 491			

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

TITLE

(X6) DATE

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N 491	Continued From page 1 asked about the water damage, APM B stated the west hallway wall panels were removed because of a leaking pipe. The panels were removed so the area could dry out. At approximately 12:25 PM, Surveyor toured the facility with APM A, APM B, and PM C. Surveyor observed the following: -A crack in the hallway ceiling spanning the width of the hallway. The crack was aligned with the edge of a ceiling light fixture. The crack appeared to be approximately ¼ inch deep. -Multiple pieces of door trim was missing around resident bedrooms and bathrooms utilized by residents. -Multiple sections of the hallway walls appeared to have panels removed on the lower half section of the walls. The exposed sections of the wall had yellow discoloration and had various scrapes and what appeared to be handwritten measurements written in black marker. One section of the wall had a white panel that was loosely attached on one side and not secured on the opposite side. -The ceiling above a shower in a shared resident bathroom had white paint that appeared to be chipping. At approximately 2:25 PM, Surveyor interviewed APM A and PM C to discuss observations and environmental concerns. When asked if the provider had any written maintenance requests or records of maintenance tasks, APM A stated s/he did not. APM A stated s/he would call or text a maintenance staff to ensure the concerns would be addressed.	N 491		
N 492	83.45(1)(a) Exterior areas. Exterior areas. The CBRF shall maintain the	N 492		

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N 492	Continued From page 2 yard, any fences, sidewalks, driveways and parking areas of the CBRF in good repair and free of hazards. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure exterior areas of the CBRF (Community Based Residential Facility) were maintained and free of hazards. During a tour of the CBRF, 2 emergency exit pathways were observed to be snow covered. This had the potential to affect all 8 residents residing in the facility. Findings include: The provider is licensed to care for 8 residents in the client groups of developmentally disabled, alcohol/drug dependent and emotionally disturbed/mental illness. On 02/04/2025, at approximately 12:25 PM, Surveyor toured the facility with Assistant Program Manager (APM) A, APM B, and Program Manager (PM) C. Surveyor observed the provider's exit pathways. Surveyor observed 2 emergency exits were covered with snow and not shoveled. The weather outside was noted to be cloudy and not snowing. APM A verified the exits were emergency exit pathways. When asked when they were last shoveled, APM B stated they were shoveled the day before. APM B stated it was staff's responsibility to shovel the pathways and they should have been shoveled. At approximately 12:35 PM, Surveyor observed APM B outside shoveling the exit pathways on the west and north side of the facility. At approximately 1:45 PM, Surveyor observed the	N 492		

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N 492	Continued From page 3 emergency exit pathways were shoveled and cleared of snow.	N 492		