

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0016504	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/06/2026
NAME OF PROVIDER OR SUPPLIER CREAMERY CREEK		STREET ADDRESS, CITY, STATE, ZIP CODE 1049 CHICAGO AVE VIROQUA, WI 54665		
(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 04/01/2026, Surveyor conducted a complaint investigation, self-report review, and abbreviated survey at Creamery Creek. Data collection continued through 04/06/2026. The complaint was unsubstantiated. Four deficiencies were identified. Census: 38	N 000		
N 218	83.16(2) Resident care staff at least 18 years old Resident care staff shall be at least 18 years old. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each resident care staff was at least 18 years old. Findings include: On 04/01/2026 at approximately 10:45 AM, Surveyor interviewed Caregiver C, who was scheduled to work at the time of survey. Caregiver C stated s/he had been employed approximately 1.5 years and provided care to residents. Caregiver C stated s/he did not pass medications. On 04/01/2026, Surveyor reviewed Caregiver C's record and identified the following information: Caregiver C had a hire date of 08/27/2024. Caregiver C's date of birth was listed as 07/13/2008, retrieved from a copy of Caregiver C's driver's license in his/her record.	N 218		

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

TITLE

(X6) DATE

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N 218	Continued From page 1 On 04/01/2026 at approximately 1:30 PM, Surveyor interviewed Administrator A and asked if a waiver had been submitted for Caregiver C to work as a resident care staff. Administrator A provided the completed waiver request form for review, and informed Surveyor s/he had submitted the waiver at the end of August but did not recall receiving a written approval notification. Administrator A stated s/he would check his/her sent email folder to see if s/he had proof of email to the Department's regional office. On 04/02/2026 at approximately 1:00 PM, Administrator A stated s/he was unable to locate an approval from the Department for the waiver request, and had submitted the waiver for approval.	N 218		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure other evacuation drills were conducted at least semi-annually in 2024 and 2025. Findings include: On 04/01/2026 at approximately 1:10 PM, Surveyor requested to review other evacuation drill documentation for 2024 and 2025. Administrator A stated s/he had only conducted fire drills but had not conducted tornado, flooding, or other emergency or disaster evacuation drills.	N 526		

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N 526	Continued From page 2	N 526		
N 530	Administrator A informed Surveyor s/he would ensure other drills were completed semi-annually moving forward. 83.47(3) Fire inspection. Fire inspection. The CBRF shall arrange for an annual inspection by the local fire authority or certified fire inspector and shall retain fire inspection reports for 2 years. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a fire inspection was completed by the local fire authority or certified fire inspector for calendar year 2025. Findings include: On 04/01/2026 at approximately 10:30 AM, Surveyor requested fire inspection documentation for 2024 and 2025 from Administrator A. At approximately 1:15 PM, Administrator A informed Surveyor s/he had asked Maintenance Staff D for the requested documents, but MS D could not locate copies of the inspections. Administrator A stated MS D had contacted the local police chief, but s/he was responding to a call. Administrator A stated s/he expected to hear back soon and would email documents when received. On 04/02/2026 at approximately 12:00 PM, Surveyor contacted Administrator A via phone. Administrator A stated a fire inspection had been	N 530		

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N 530	Continued From page 3 conducted on 11/12/2025, and stated the documentation was "hard to read." Administrator A stated s/he would email the document for review. Upon review of the 2025 fire drill submitted by Administrator A, the date had been written over and was legible and read, "11/12/2025." The remaining contents of the document were difficult to read. On 04/02/2026 at 3:27 PM, Administrator A emailed Surveyor the 2024 fire drill, dated 11/12/2024 and had the following notes written: "Lower items in kitchen to 18" (inches) below ceiling. General housekeeping in mechanical rooms." The 2024 drill appeared to be the same inspection report as the 2025 fire inspection previously submitted by Administrator A. On 04/02/2026 at approximately 3:30 PM, Surveyor interviewed Administrator A via email and asked why the 2025 inspection report submitted appeared to be the same as the 2024 inspection. At approximately 4:00 PM, Administrator A stated the report was presented to him/her as the 2025 report, but was not for 2025. Administrator A confirmed s/he could not locate documentation for a 2025 inspection. On 04/03/2026 at approximately 4:15 PM, Surveyor asked Administrator A via email if the 2025 report s/he had submitted was altered. On 04/03/2026 at approximately 8:30 AM, Administrator A stated, "The paper I have is so light that I tried to write OVER THE TOP of the date. This is my mistake, and I did not know until [Fire Chief] told me it was actually from	N 530		

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N 530	Continued From page 4 2024...This will NEVER happen again..." Administrator A informed Surveyor the inspection for 2026 was scheduled for the following week.	N 530		
Z 012	50.065(2)(bm) OUT OF STATE BACKGROUND CHECKS If the person who is the subject of the search under par. (am) or (b) is not a resident of this state or if at any time within the 3 years preceding the date of the search that person has not been a resident of this state, or if the department or entity determines that the person's employment, licensing, or state court records provide a reasonable basis for further investigation, the department or the entity shall make a good faith effort to obtain from any state or other United States jurisdiction in which the person is a resident or was a resident within the 3 years preceding the date of the search information that is equivalent to the information specified in par. (am) 1. or (b) 1. The department or entity may require the person to be fingerprinted on 2 fingerprint cards, each bearing a complete set of the person's fingerprints. The department of justice may provide for the submission of the fingerprint cards to the federal bureau of investigation for the purposes of verifying the identity of the person fingerprinted and obtaining the records of his or her criminal arrests and convictions. This Rule is not met as evidenced by: Based on record review and interview, the	Z 012		

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Z 012	Continued From page 5 provider did not ensure a good faith effort was made to obtain an out of state background check for 1 of 1 employee records reviewed who indicated on the Background Information Discloser (BID) form that the employee lived out of state within three years prior to the date of the search. Findings include: On 04/01/2026, Surveyor reviewed Caregiver B's record. Caregiver B had a hire date of 01/06/2026. The completed BID form, signed and dated by Caregiver B on 01/05/2026 indicated s/he had resided in Montana from March 2024 to December 2025. On 04/01/2026 at approximately 12:40 PM, Surveyor reviewed Caregiver B's BID form with Administrator A and asked if an attempt was made to obtain an out of state background check for Caregiver B. Administrator A stated s/he was not aware of the requirement.	Z 012		