Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015651	A. BUILDING: _____ B. WING _____	C 01/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERFORD AT HARTFORD (THE)	**1025 BELL AVE HARTFORD, WI 53027**

(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 01/07/2025, Surveyor conducted a complaint investigation and abbreviated survey at Waterford at Hartford, a CBRF in Hartford. One deficiency was identified. The complaint was unsubstantiated. Census: 14	N 000		
N 486	83.44(1)(a) Adequate laundry appliances available Laundry area. The CBRF shall make an adequate number of laundry appliances available to residents who choose to do their own laundry. The CBRF shall have a laundry area to sort, process and store clean and soiled laundry and shall handle clean and soiled laundry so as to prevent the spread of infection. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure soiled laundry was handled in a way to prevent the spread of infection. Findings include: On 01/07/2025 at approximately 8:15 a.m., Surveyor toured the provider's facility. Surveyor observed piles of soiled clothing in the private bathrooms of Resident 1, Resident 2 and Resident 3. On 01/07/2025 at approximately 10:45 a.m., Surveyor returned to the rooms of Resident 1, Resident 2 and Resident 3 and observed the piles of soiled clothing remained on the bathroom floors.	N 486		

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
	0015651	A. BUILDING: _____ B. WING _____	C 01/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERFORD AT HARTFORD (THE)	**1025 BELL AVE HARTFORD, WI 53027**

(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 486	Continued From page 1 On 01/07/2025 at approximately 10:50 a.m., Surveyor interviewed Housekeeper C. Housekeeper C acknowledged the soiled clothing on bathroom floors and stated the residents' laundry baskets must be in the laundry room while their laundry is being done. On 01/07/2025 at approximately 11:15 a.m., Surveyor reviewed concern with Resident Care Coordinator B and Associate Administrator C that soiled laundry was not handled in a way that prevented the spread of infection. Associate Administrator C confirmed soiled laundry should be kept in laundry baskets and stated s/he would follow up on the facility's handling of laundry.	N 486		