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
	0016507	A. BUILDING: _____ B. WING _____	C 07/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARRENS HOUSE	**611 COLTON CT WARRENS, WI 54666**

(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 07/28/2023, Surveyor conducted a complaint investigation at Warrens House. The complaint was substantiated. One deficiency identified. Census: 6	N 000		
N 481	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not provide an environment that was safe, clean, comfortable, and homelike for Resident 1. Findings include: The facility is licensed as a class AA ambulatory facility with a capacity to care for 6 residents. The facility is licensed to serve residents within one the following client groups: irreversible dementia/Alzheimer's, developmentally disabled, physically disabled, terminally ill, traumatic brain injury, and alcohol/drug dependent. On 07/28/2023 at approximately 11:00 AM, Surveyor toured the facility with House Manager A. In the hallway outside of Resident 1's bedroom an odor of urine, body odor and garbage could be	N 481		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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N 481	Continued From page 1 detected by the Surveyor. Surveyor entered the room with House Manager A. During interview and tour with House Manager A, s/he acknowledged the smell of urine and acknowledged the room was dirty. Surveyor identified the following concerns: * the room was cluttered with dirty clothes * the bedding appeared dirty * there was a 5-gallon bucket nearly filled with coffee filters and old used coffee * Resident 1 appeared unclean and unkempt * the room had a heavy odor of urine and body odor Surveyor shared these concerns with House Manager A after touring Resident 1's bedroom. House Manager A stated Resident 1 often refuses cares and is often non-compliant with staff asking him/her to bathe or shower. House Manager A also stated Resident 1 will not do anything s/he asks him to do regardless of his/her approach. House manager A stated there is only one caregiver that can get Resident 1 to shower and Resident 1 will listen to regarding cleaning the bedroom and that caregiver is not always around when Resident 1 needs to shower or clean room.	N 481		