STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020073	A. BUILDING: _____ B. WING _____	12/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DOVE HEALTHCARE RUTLEDGE HOME ASSIS	300 BRIDGEWATER AVE CHIPPEWA FALLS, WI 54729

(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 12/16/2025, Surveyor completed a standard licensure survey at Dove Healthcare Rutledge Home Assisted Living. Data collected through 12/17/2025. Two deficiencies were identified. Census: 37	N 000		
N 239	83.20(2)(a)-(d) Department-approved training courses. Standard Precautions. All employees who may be occupationally exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions before the employee assumes any responsibilities that may expose the employee to such material. Fire safety. Within 90 days after starting employment, all employees shall successfully complete training in fire safety. First aid and choking. Within 90 days after starting employment, all employees shall successfully complete training in first aid and procedures to alleviate choking. Medication administration and management. Any employee who manages, administers or assists residents with prescribed or over-the-counter medications shall complete training in medication administration and management prior to assuming these job duties.	N 239		

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

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N 239	Continued From page 1 This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure 3 employees obtained all department approved training as required. Caregiver C, Caregiver D, and Caregiver E did not have training in fire safety within 90 days after starting employment. Caregiver C, Caregiver D, and Caregiver E did not have training in first aid and choking within 90 days after starting employment. Findings include: On 12/16/2025, Surveyor conducted a review of 4 employees to verify compliance with department approved training requirements. Surveyor requested training records from Administrator A for Caregiver C, Caregiver D, and Caregiver E. Fire Safety The record for Caregiver C, hired 03/13/2025, did not contain evidence of training or evidence of meeting an exemption for fire safety. On 12/16/2025, at approximately 11:36 AM, Surveyor interviewed Administrator A. Administrator A confirmed the provider did not have evidence Caregiver C completed or met an exemption for fire safety training. On 12/17/2025, Surveyor verified Caregiver C was not on the Community-Based Care and Treatment training registry for fire safety. The record for Caregiver D, hired 04/30/2025, did not contain evidence of training or evidence of meeting an exemption for fire safety. On 12/16/2025, at approximately 11:36 AM, Surveyor	N 239		

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N 239	Continued From page 2	N 239		

interviewed Administrator A. Administrator A confirmed the provider did not have evidence Caregiver C completed or met an exemption for fire safety training.

On 12/17/2025, Surveyor verified Caregiver D was not on the Community-Based Care and Treatment training registry for fire safety.

The record for Caregiver E, hired 03/03/2025, did not contain evidence of training or evidence of meeting an exemption for fire safety. On 12/16/2025, at approximately 11:36 AM, Surveyor interviewed Administrator A. Administrator A confirmed the provider did not have evidence Caregiver E completed or met an exemption for fire safety training.

On 12/17/2025, Surveyor verified Caregiver E was not on the Community-Based Care and Treatment training registry for fire safety.

First Aid and Choking

The record for Caregiver C, hired 03/13/2025, did not contain evidence of training or evidence of meeting an exemption for first aid and choking. On 12/16/2025, at approximately 11:36 AM, Surveyor interviewed Administrator A. Administrator A confirmed the provider did not have evidence Caregiver C completed or met an exemption for first aid and choking training.

On 12/17/2025, Surveyor verified Caregiver C was not on the Community-Based Care and Treatment training registry for first aid and choking.

The record for Caregiver D, hired 04/30/2025, did

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N 239	Continued From page 3 not contain evidence of training for first aid and choking within 90 days of starting employment. Caregiver D's record showed s/he completed first aid and choking training on 09/04/2025, 4 months after starting employment. On 12/16/2025, at approximately 11:36 AM, Surveyor interviewed Administrator A. Administrator A confirmed the provider did not have evidence Caregiver D met an exemption for first aid and choking. On 12/17/2025, Surveyor verified that the Community-Based Care and Treatment training registry showed Caregiver D completed first aid and choking on 09/04/2025, 4 months after starting employment. The record for Caregiver E, hired 03/03/2025, did not contain evidence of training or evidence of meeting an exemption for first aid and choking. On 12/16/2025, at approximately 11:36 AM, Surveyor interviewed Administrator A. Administrator A confirmed the provider did not have evidence Caregiver E completed or met an exemption for first aid and choking training. On 12/17/2025, Surveyor verified Caregiver E was not on the Community-Based Care and Treatment training registry for first aid and choking. On 12/16/2025 at 11:36 AM, Surveyor interviewed Administrator A. Administrator A stated they identified that training was not completed as required while pulling staff records today. Administrator A stated they will correct these issues immediately.	N 239		
N 532	83.47(4)(b) Fire extinguishers: locations.	N 532		

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N 532	Continued From page 4 A fire extinguisher shall be mounted on a wall or a post or in an unlocked wall cabinet used exclusively for that purpose. Fire extinguishers shall be clearly visible. The route to the fire extinguisher shall be unobstructed and the top of the fire extinguisher shall not be over 5 feet high. The extinguisher shall not be tied down, locked in a cabinet or placed in a closet or on the floor. Fire extinguishers on upper floors shall be located at the top of each stairway. Extinguishers shall be located so the travel distance between extinguishers does not exceed 75 feet. The extinguisher on the kitchen floor level shall be mounted in or near the kitchen. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that fire extinguishers were mounted and clearly visible on the third floor of the facility. On 12/16/2025 at 10:40 AM, Surveyor toured the third floor of the facility. Surveyor did not observe any fire extinguishers. Surveyor noted a sign that read: "fire extinguisher" with an arrow pointing down. Below the sign there was no fire extinguisher. At 10:50 AM, Surveyor interviewed Caregiver B. Caregiver B was sitting in the medication room on the third floor. As surveyor approached the room s/he noted multiple fire extinguishers sitting on the floor. Caregiver B stated that there should be fire extinguishers in the hallways. Surveyor re-toured the unit with Caregiver B. Caregiver B was unable to locate any fire extinguishers. Caregiver B stated they were usually mounted on the wall and maybe maintenance was doing updated on them.	N 532		

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N 532	Continued From page 5 At 11:55 AM, Surveyor interviewed Administrator A. Administrator A stated that they recently moved the fire extinguishers into the medication room. The change was made after a resident removed the fire extinguishers from the wall on two different occasions resulting in broken toes. Administrator A acknowledged the need for fire extinguishers to be mounted and clearly visible.	N 532		