

Wisconsin Department of Health Services

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>0009796</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R-C<br/>02/26/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>HIL HAWTHORNE HOUSE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>N60 W15734 W HAWTHORNE DR<br/>MENOMONEE FALLS, WI 53051</b>                  |  |                                                                |
| (X4) ID<br>PREFIX<br>TAG                                       | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ID<br>PREFIX<br>TAG                                                         | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                                       |
| {N 000}                                                        | Initial Comments<br><br>On 02/25/2025 to 02/26/2025, Surveyors conducted a standard survey and verification visit at HIL Hawthorne House.<br><br>Two deficiencies were identified.<br><br>One of 2 deficiencies was a repeat violation (See Statement of Deficiency (SOD) OIBQ13, dated 05/18/2022).<br><br>Under statutory provisions of Wis. Stat. Ch. 50, a \$200 revisit fee is being assessed.<br><br>Census: 6                                                                                                                                                                                                                                                   | {N 000}                                                                     |                                                                                                                          |  |                                                                |
| N 452                                                          | 83.41(3)(b) Food safety.<br><br>Food safety. Whether food is prepared at the CBRF or off-site, the CBRF shall store, prepare, distribute and serve food under sanitary conditions for the prevention of food borne illnesses, including food prepared off-site, according to all of the following: 1. The CBRF shall refrigerate all foods requiring refrigeration at or below 40°F. Food shall be covered and stored in a sanitary manner. 2. The CBRF shall maintain freezing units at 0°F or below. Frozen foods shall be packaged, labeled and dated. 3. The CBRF shall hold hot foods at 140°F or above and shall hold cold foods at 40°F or below until serving. | N 452                                                                       |                                                                                                                          |  |                                                                |

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

TITLE

(X6) DATE

Wisconsin Department of Health Services

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| N 452                                                          | <p>Continued From page 1</p> <p>This Rule is not met as evidenced by:<br/>Based on observation and interview, the provider did not ensure food was stored and served under sanitary conditions for the prevention of food borne illnesses, which had the potential to affect 6 of 6 residents residing in the facility.<br/>Findings include:</p> <p>On 02/25/2025 at 7:14 AM, Surveyors toured the facility and observed the following:</p> <p>Example 1- Refrigerator in laundry room<br/>2 containers of thawing cubed steak leaking a red liquid onto a head of lettuce on the 2nd shelf. The red liquid was also observed dripping onto the bottom shelf of the fridge. The head of lettuce was not properly sealed and had an opened date of 1/12.<br/>1 large tupperware container of meatballs not dated.<br/>1 large tupperware container of chicken alfredo not dated.<br/>1 package of deli-style turkey with "Best if used by" date of 02/21/2025.<br/>Inside the freezer, 5 sandwich baggies of frozen jalapeno poppers and 1 baggy of frozen bell peppers not dated.</p> <p>On 02/25/2025 at 8:36 AM, Surveyor inspected kitchen pantry and refrigerator.</p> <p>Sign on pantry door stated "Attention Staff please do not open food and not cook it all and properly store the rest in freezer bag. Also make sure all food have [sic] the date it was prepared on it. Thanks Management"</p> <p>Example 2- Expired food in kitchen pantry:<br/>2 boxes graham crackers expired 09/22/2024<br/>1 box microwave popcorn expired 02/17/2025</p> | N 452                                                                       |                                                                                                                          |  |                                                                |

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| N 452                                                          | <p>Continued From page 2</p> <p>2 boxes gelatin cheesecake expired 12/16/2024<br/>3 boxes scalloped potatoes expired 01/9/2025,<br/>02/19/2025<br/>1 box au gratin potatoes expired 07/25/2024<br/>1 box bread mix expired 05/07/2024<br/>1 box Taco shells expired 12/05/2024<br/>1 big maple and walnut oatmeal expired<br/>08/22/2024<br/>1 box gelatin cheesecake expired 12/16/2024<br/>1 box taco shells expired 10/24/2024<br/>1 box of taco shells expired 10/09/2024<br/>1 bag shrimp flavored noodle soup expired<br/>12/11/2022<br/>1 bag corn tortillas expired 1/23/2025 one big wild<br/>rice expired 1/31/2025<br/>1 can enchilada sauce expired 11/26/2024<br/>2 bags rolled oats both expired 2/18/2025</p> <p>Example 3- Opened and not labeled with "opened<br/>date" in pantry<br/>1 opened container of whipped cream cheese<br/>frosting. Label stated " ...cover and refrigerate<br/>leftover frosting for up to 30 days ..."<br/>1 can breadcrumbs<br/>1 jar taco sauce<br/>1 bottle ketchup<br/>1 bottle lemon juice<br/>1 bottle hot sauce<br/>1 bag corn chips<br/>1 bottle vegetable oil</p> <p>Example 4- Opened and not labeled with "opened<br/>date" in refrigerator:<br/>2 bottles taco sauce both expired 02/03/2025<br/>1 carton sour cream expired 02/04/2025<br/>4 plastic food storage containers each containing<br/>noodle casserole and vegetable mix, each<br/>labeled with a resident's initials<br/>2 plastic containers containing noodle casserole<br/>covered with paper towels and not dated (Photo</p> | N 452                                                                                                   |                                                                                                                          |                                                                |

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| N 452                                                          | <p>Continued From page 3</p> <p>1).</p> <p>1 bag turkey breast lunch meat, label stated "<br/>...sell by 12/27/2024 ..."</p> <p>1 bottle ketchup</p> <p>1 bottle lemon juice</p> <p>1 package bacon with 3 strips remaining</p> <p>1 jar jelly</p> <p>1 jar salsa verde</p> <p>1 bottle stir fry sauce</p> <p>1 bottle blue cheese dressing</p> <p>1 bottle sweet relish</p> <p>1 package bologna sandwich meat</p> <p>1 pitcher juice</p> <p>1 uncovered pitcher strawberry milk</p> <p>1 storage container of broccoli</p> <p>1 storage container of noodle casserole</p> <p>1 package sliced cheddar cheese</p> <p>1 package sliced colby jack cheese</p> <p>1 container rainbow sherbert</p> <p>½ green pepper in a plastic bag</p> <p>1 package smoked sausage.</p> <p>Example 5- Opened and not labeled with "opened<br/>date" in refrigerator's freezer:</p> <p>1 plastic zip bag of waffles</p> <p>1 plastic zipper bag of burritos</p> <p>1 plastic zipper bag of pancakes, waffles, and<br/>French toast sticks</p> <p>1 plastic zipper bag of fish sticks</p> <p>1 plastic zipper bag of pork broth</p> <p>2 plastic zipper bags of turkey broth.</p> <p>On 02/25/2025 at 8:36 AM, Surveyor interviewed<br/>Supervisor L who stated staff dated food with<br/>date it was purchased not opened. When<br/>Surveyor asked how they knew how long the food<br/>had been opened, Supervisor L stated, "That's a<br/>good question."</p> <p>On 02/25/2025 at 11:56 AM, Supervisor L</p> | N 452                                                                                                   |                                                                                                                          |                                                                |

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| N 452                                                          | Continued From page 4<br><br>informed Surveyor new refrigerated food was to be stored in the back of the refrigerator and older food was to be brought to the front. Supervisor L stated refrigerated left-over food was to be thrown out after 3 days. Supervisor L stated night shift staff prepared the 4 lunch containers labeled with resident's initials to be sent with residents to day programming, and they must have forgotten to date them.<br><br>On 02/25/2025 at approximately 12:00 PM, Surveyor observed staff throw out all expired food identified by Surveyor.<br><br>On 12/25/2025 at 12:18 PM, Surveyors discussed food safety concerns with Supervisor L, Client Service Manager O, Service Coordinator P and Regional Director Q. Client Service Manager O stated staff was to check panty food regularly and label food with date purchased.<br><br>Cross Reference:<br>N0481 DHS 83.41(1) Environment Safe, Clean And Comfortable | N 452                                                                                                   |                                                                                                                          |                                                                |
| N 481                                                          | 83.43(1) Environment safe, clean, and comfortable<br><br>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.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure the environment was clean and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | N 481                                                                                                   |                                                                                                                          |                                                                |

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| N 481                                                          | <p>Continued From page 5</p> <p>homelike.</p> <p>This is a repeat violation. See Statement of Deficiency (SOD) OIBQ13, dated 05/18/2022 and OIBQ12 dated 10/14/2019.</p> <p>Findings include:</p> <p>The facility is licensed as a CLASS CNA (nonambulatory) CBRF able to serve up to 8 residents within the client groups of physically disabled, developmentally disabled and advanced age.</p> <p>On 02/25/2025 at 11:38 AM, while touring facility with Supervisor L and Client Service Manager O, Surveyor observed the following:</p> <p>Example 1- Windows<br/>All windows throughout facility were heavily soiled.<br/>Supervisor L stated window washing was outsourced, and s/he did not remember last time they were washed.</p> <p>Example 2- Kitchen<br/>Clear plastic face of right bottom refrigerator drawer broken with jagged edges (Photo 1).<br/>Bottom shelf of refrigerator soiled with pink substance (Photo 2).<br/>Surface of lower kitchen cabinets splattered with white substance (Photos 3 and 4).<br/>Stove storage drawer littered with food debris (Photo 5).<br/>Approximately 4" of oven door seal missing (Photo 6).<br/>Surfaces of toaster, food processor, blender, crockpot, coffee pot, hand sanitizer dispenser, and refrigerator door were soiled (Photos 7-13).</p> | N 481                                                                                                   |                                                                                                                          |                                                               |

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| N 481                                                          | <p>Continued From page 6</p> <p>Electrical outlet and wall behind crockpot soiled with yellow substance (Photo 14).<br/>Plexi glass screwed to inside of large kitchen window's frame (Photo 15) and large kitchen window frame cracked with pieces of tape adhered to it. (Photo 16).<br/>Supervisor L stated the window had cracked 2-3 months prior and because they were unable to find a replacement window the plexi glass was added temporarily to prevent injuries.<br/>Legs on kitchen table loose.<br/>Kitchen sink's faucet loose.</p> <p>Example 3- Entry/Living room<br/>Black smudges running length of hallway area in living room (Photo 17)<br/>Light switch cover (with 6 switches) near front door soiled (Photo 18).<br/>Example 4- Medication room<br/>Note: Entry into 2 resident rooms was through the medication room.<br/>Heat vent under window rusted (Photo 19).<br/>Example 5- Resident 13's Room<br/>Floor tiles soiled with brown paint (Photo 20).<br/>Large area of headboard surface heavily soiled with white substance from container holding toothbrush and toothpaste (Photos 21 and 22).<br/>Door from Resident 13's room to his/her bathroom soiled with paint (Photo 23).<br/>Surfaces of 4 cube storage soiled and 1 of 4 fabric cubes misshapen (Photo 24).<br/>Spider webs in 2 corners where walls met ceilings.<br/>Two white adhesive strips on wall and 3 nail holes in wall (Photo 25)</p> <p>Supervisor L stated Resident 13 kept his/her toothbrush on the headboard and staff were responsible to clean that area. Supervisor L stated s/he did not see the white substance on</p> | N 481                                                                                                   |                                                                                                                          |                                                                |

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>HIL HAWTHORNE HOUSE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>N60 W15734 W HAWTHORNE DR<br/>MENOMONEE FALLS, WI 53051</b> |                                                                                                                          |                                                                |
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| N 481                                                          | <p>Continued From page 7</p> <p>the headboard prior to Surveyor pointing it out. Supervisor L stated Resident 13 often brought paint home from day programming without staff knowledge and the paint did not come off with regular mopping.</p> <p>Example 6- Resident 9's Room<br/>Bedroom door's kickplate heavily soiled with splatters and drips of white substance. (Photo 26).<br/>Supervisor L stated s/he would check if the kickplate was listed on the cleaning list.</p> <p>Example 7- Resident 12's Room<br/>Cable cord plate askew in drywall and black scuff marks on wall near cable cord plate and light switch. (Photo 27).<br/>Supervisor L stated staff notified him/her of issues and s/he submitted maintenance work orders. Supervisor L stated s/he was not aware of Resident 12's cable cord plate.</p> <p>Example 8- Main resident bathroom<br/>Black substance on caulk where floor meets wall, and walls intersect in walk-in shower (Photo 28).<br/>Supervisor L stated s/he did not know what the black substance was.</p> <p>Example 9- Resident 15's Room<br/>Electrical outlet plate cover missing (Photo 29).<br/>Both doorknobs missing from French style closet doors, leaving 2 holes in each closet door. (Photo 30).<br/>Supervisor L stated s/he did not ever remember handles on the closet doors and a lot of outlets were repaired recently.</p> <p>On 12/25/2025 at 12:18 PM, Surveyors discussed environmental concerns with Supervisor L, Client Service Manager O, Service Coordinator P and</p> | N 481                                                                                                   |                                                                                                                          |                                                                |



Wisconsin Department of Health Services

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION            |                                                                                                                                                                                                                         | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>0009796</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   |  | (X3) DATE SURVEY<br>COMPLETED<br><br><b>R-C<br/>02/26/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>HIL HAWTHORNE HOUSE</b> |                                                                                                                                                                                                                         |                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>N60 W15734 W HAWTHORNE DR<br/>MENOMONEE FALLS, WI 53051</b>                  |  |                                                                |
| (X4) ID<br>PREFIX<br>TAG                                       | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                            | ID<br>PREFIX<br>TAG                                                         | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) |  | (X5)<br>COMPLETE<br>DATE                                       |
| N 481                                                          | Continued From page 8<br><br>Regional Director Q. Client Service Manager O<br>stated they had a cleaning check list, and each<br>shift was assigned duties.<br><br>Cross Reference:<br>N0452 DHS83.41(3)(b) Food Safety | N 481                                                                       |                                                                                                                          |  |                                                                |