STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013060	A. BUILDING: _____ B. WING _____	C 09/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COTTAGE CARE CIRCLE	320 ATTEWELL STREET MAUSTON, WI 53948

(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 09/09/2025, Surveyor conducted a complaint investigation and abbreviated survey at Cottage Care Circle. Data collection continued through 09/16/2025. The complaint was substantiated. One deficiency was identified. Census: 11	N 000		
N 158	83.12(2)(a) Caregiver: Investigating abuse & neglect Investigating and reporting abuse, neglect, or misappropriation of property. Caregiver. 1. When a CBRF receives a report of an allegation of abuse or neglect of a resident, or misappropriation of property, the CBRF shall take immediate steps to ensure the safety of all residents. 2. The CBRF shall investigate and document any allegation of abuse or neglect of a resident, or misappropriation of property by a caregiver. If the CBRF ' s investigation concludes that the alleged abuse, or neglect of a resident or misappropriation of property meets the definition of abuse or neglect of a resident, or of misappropriation of property, the CBRF shall report the incident to the department on a form provided by the department, within 7 calendar days from the date the CBRF knew or should have known about the abuse, neglect, or misappropriation of property. The CBRF shall maintain documentation of any investigation. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure an investigation was	N 158		

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
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N 158	Continued From page 1	N 158		

completed and documented when Caregiver C left his/her shift on 06/14/2025 and left the facility unattended for approximately 3 hours. The provider did not report 1 of 1 incident to the Department within 7 calendar days.
Findings include:

On 06/19/2025, the Department received a complaint regarding resident supervision.

On 09/09/2025 at 11:30 AM, Surveyor interviewed Assistant Administrator (AA) A and asked if there were any staffing related incidents at the facility. AA A informed Surveyor there was an incident in June 2025 where the only overnight (NOC) shift staff left his/her shift for a medical emergency and drove him/herself to the hospital and left the facility unattended for approximately 2-3 hours. AA A further stated the cook arrived for his/her shift around 4:30 AM and found no staff present at the facility. Surveyor asked if the facility reported the incident or completed an investigation. AA A directed Surveyor to speak with Administrator B.

At approximately 11:40 AM, Surveyor interviewed Administrator B. Administrator B stated s/he was out of town, and Caregiver C did not follow facility procedures and did not notify management or call anyone. Administrator B stated Caregiver C texted and messaged AA A via Facebook messenger at approximately 1:00 AM. Administrator B stated Caregiver C did have a history of heart conditions but was able to work without restrictions. Administrator B stated Caregiver C refused to return his/her calls, blocked him/her on social media accounts and refused to discuss the incident. Caregiver C did not call 911 and apparently drove him/herself to the hospital. Administrator B stated AA A

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N 158	Continued From page 2 attempted to contact DQA for further guidance but did not receive a call back. Administrator B stated s/he did not submit a report to the Department and did not have a documented investigation. On 09/09/2025 at approximately 12:00 PM, Surveyor reviewed a draft copy of the provider's policy for responding to emergency situations. Administrator B informed Surveyor s/he did revise their policy after the incident, instructing staff to call management staff and/or 911. Administrator B stated s/he would implement and train staff on the policy at the next staff meeting. Surveyor requested incident reports from 06/14/2025 through 06/15/2025. AA A informed Surveyor there were no incidents during that timeframe. The provider did not complete or document an investigation, and did not report to the Department when Caregiver C left the facility unattended for approximately 3 hours on 06/14/2025.	N 158		