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
	0011594	A. BUILDING: _____ B. WING _____	C 10/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIL STONE CREEK	563 WILD GOOSE LN SHEBOYGAN FALLS, WI 53085

(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
M 000	INITIAL COMMENTS On 10/01/2025, Surveyor conducted an abbreviated survey and one (1) complaint investigation at HIL Stone Creek. Additional information was gathered through 10/02/2025. As a result of the survey 1 complaint was unsubstantiated, 1 deficiency identified during the survey. This home serves non-ambulatory residents. Census: 4	M 000		
M 570	88.10(3)(l) Safe Physical Environment Individuals, except for correctional residents, have basic rights which they do not lose when they enter an adult family home. A resident shall have a safe environment in which to live. The adult family home shall safeguard residents who cannot fully guard themselves from environmental hazards to which they are likely to be exposed, including conditions which would be hazardous to anyone and conditions which would be or are hazardous to a particular resident because of the resident's condition or disability. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure residents were safeguarded from environmental hazards. The driveway had a 4' x 4' square with cracked and sunken concrete and front entrance to the house was not ramped to grade with the concrete having a ½" - 1" drop. Findings include: On 10/01/2025 at 8:45 AM, Surveyor entered the	M 570		

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

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M 570	Continued From page 1 home and observed Resident 1 in a wheelchair being loaded in the bus, and the exit out of the front door not ramped to grade. Surveyor interviewed Caregiver A who stated there were 2 non-ambulatory residents and 2 ambulatory residents. Caregiver A stated they load the residents through the garage on the bus. The garage had an overhead door, but there was not a service door in the garage. The concrete slab outside of the garage door was 4' x 4' and was cracked with an area sunken. On 10/01/2025 at 9:00 AM Client Service Manager (CSM) B arrived at the home. Surveyor shared finding with CSM B, and s/he acknowledged it could be a safety concern. CSM B stated staff use the garage and not the front door, but did confirm if the power went out, staff would need to use the front entrance/exit. CSM B stated s/he will work on fixing the front entrance and the cracked slab in the driveway. The provider did not ensure residents were safeguarded from environmental hazards.	M 570		