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
	310538	A. BUILDING: _____ B. WING _____	R-C 05/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST COLETTA OF WI LOURDES	140 S KRANZ AVE JEFFERSON, WI 53549

(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 04/23/2026, Surveyor conduced a verification visit and complaint investigation at St Coletta of WI Lourdes. One deficiency was identified. The complaint was substantiated. One previous deficiency was substantially corrected. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 8	{N 000}		
N 425	83.38(1)(a) Personal care. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident's highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Personal care. Personal care services shall be designed and provided to allow a resident to increase or maintain independence. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure Resident 2 was provided with services adequate to meet Resident 2's personal care needs including oral cares.	N 425		

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

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N 425	Continued From page 1 The findings include: On 03/19/2026, the department received complaint allegations including resident oral care needs were not being provided, as required. On 04/23/2026, Surveyor conducted a verification visit and complaint investigation. Surveyor reviewed the record of Resident 2. Resident 2 was admitted to the facility on 12/09/2008 with diagnoses including developmental disability. On 04/23/2026 at approximately 9:00 a.m., Director of Case Management A stated that s/he had been contacted by Resident 2's Managed Care F with concerns about Resident 2's oral hygiene after his/her most recent dental visit; alleging that Resident 2 had 26 of 28 teeth with cavities. Director of Case Management A provided Surveyor with Resident 2's most recent dental record, dated 03/06/2026, that documented cleaning, xrays, and fluoride treatment were completed with a recommendation to return in a year. Director of Case Management A stated that there had been some miscommunication in the past between the provider and the dentist about appointment dates and times but that the provider tries to ensure a dental visit annually. Director of Case Management A stated that s/he did not have documentation of major dental concerns but acknowledged that Resident 2's oral may not have been preformed as thoroughly due to him/her being resistive to cares. Director of Case Management A stated that after receiving the concerns regarding Resident 2's oral hygiene, staff were retrained and Resident 2's individual service plan (ISP) had been updated.	N 425		