STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015263	A. BUILDING: _____ B. WING _____	C 08/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY TERRACE TOMAHAWK	300 THEILER TOMAHAWK, WI 54487

(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 08/06/2024, Surveyor conducted a complaint survey at Country Terrace Tomahawk. Data collection continued through 08/07/2024. The complaint was substantiated. Two deficiencies were identified. Census: 20	N 000		
N 445	83.41(1)(a) Food supply. Food supply. 1. The CBRF shall maintain a food supply that is adequate to meet the needs of the residents. 2. Food shall be obtained from acceptable sources. This Rule is not met as evidenced by: Based on observation and interview, the provider did not maintain a food supply that was adequate to meet the needs of the residents. Findings include: On 06/20/2024, the department received a complaint alleging the facility was understaffed, cleaning was not being done and the facility ran out of food items. The facility is licensed to care for 33 residents in the following client groups: advanced aged, irreversible dementia/Alzheimer's disease, physically disabled, terminally ill. On 08/06/2024 at 11:45 AM, Surveyor observed the noon meal. A resident asked for milk and was told by Caregiver B that there was no milk	N 445		

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
	0015263	A. BUILDING: _____ B. WING _____	C 08/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY TERRACE TOMAHAWK	300 THEILER TOMAHAWK, WI 54487

(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 445	Continued From page 1	N 445		

available for lunch.

On 08/06/2024 at 12:00 PM, Surveyor interviewed Caregiver B. Surveyor asked Caregiver B if the facility ever ran out of food or drink. Caregiver B responded, "Yes." Caregiver B reported that the facility ran out of items (butter, eggs, bread, milk and coffee) weekly. Caregiver B stated, "Today, we ran out of milk during lunch. The residents complained; we have a lot of milk drinkers."

On 08/06/2024 at 12:30 PM, Surveyor interviewed Caregiver C. Surveyor asked Caregiver C if the facility ever ran out of food or drink. Caregiver C responded, "Yes." Caregiver C reported that the facility ran out of items (butter, eggs, bread, milk and coffee) regularly. Caregiver C stated, "I have been here 9 years and I have never seen it get this bad. We run out of food every month. We always go to the grocery store. We run out of coffee, milk, eggs, bread and butter."

On 08/06/2024 at 2:00 PM, Surveyor interviewed Caregiver D. Surveyor asked Caregiver D if the facility ever ran out of food or drink. Caregiver D responded, "Yes." Caregiver D reported that the facility has run out of food every month for the past 6 months. Surveyor asked Caregiver D about the facility menu. Caregiver D reported that the menu has not been followed for the past few weeks because the menu items were not available.

On 08/06/2024 at 2:20 PM, Surveyor interviewed Resident 1. Surveyor asked Resident 1 about the meals. Resident 1 reported that the meals were "pretty good." Resident 1 stated, "They run out of stuff, like coffee and milk, once or twice a month."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015263	A. BUILDING: _____ B. WING _____	C 08/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY TERRACE TOMAHAWK	300 THEILER TOMAHAWK, WI 54487

(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 445	Continued From page 2 On 08/06/2024 at 2:35 PM, Surveyor interviewed Resident 2. Surveyor asked Resident 2 about the meals. Resident 2 reported that s/he was not pleased with the meals. Resident 2 stated, "They ran out of milk today and I asked for toast and butter for breakfast today and they didn't have butter." Resident 2 commented that the facility runs out of food, milk and coffee sometimes. On 08/06/2024 at 3:55 PM, Surveyor interviewed Director A. Director A reported that the facility does not have a cook or housekeeper; the caregivers cook and clean. Director A stated, "We ran out of milk today, I forgot to get milk yesterday." On 08/07/2024 at 1:00 PM, Surveyor interviewed Assistant Director (AD) E. AD E reported that the facility did not have a cook and caregivers do the cooking. AD E stated, "We run out of coffee, butter, milk and eggs throughout the month."	N 445		
N 489	83.44(2)(a) Rooms clean and free from odors. The CBRF shall keep all rooms clean and shall make reasonable attempts to keep all rooms free from odors. This Rule is not met as evidenced by: Based on observation and interview, the provider did not keep all rooms clean and free from odors. Findings include: On 06/20/2024, the department received a complaint alleging the facility was understaffed, cleaning was not being done and the facility ran out of food items.	N 489		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015263	A. BUILDING: _____ B. WING _____	C 08/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY TERRACE TOMAHAWK	300 THEILER TOMAHAWK, WI 54487

(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 489	Continued From page 3 The facility is licensed to care for 33 residents in the following client groups: advanced aged, irreversible dementia/Alzheimer's disease, physically disabled, terminally ill. On 08/06/2024 at 9:00 AM, Surveyor toured the facility. There was a strong urine smell coming from a resident's room on the west side of the building, near the dining room and common sitting area. A few rooms down the hallway, Surveyor observed the floor in resident 1's room was messy and full of crumbs. On 08/06/2024 at 12:00 PM, Surveyor interviewed Caregiver B. Surveyor asked Caregiver B about room cleaning. Caregiver B stated that the cleaning was "not good." Caregiver B indicated that half of the resident rooms were cleaned last weekend. Caregiver B stated, "Resident rooms should be deep cleaned one time per week and be touched up each day." Caregiver B reported that the facility does not have a housekeeper and staff are trying to keep up on cleaning. Caregiver B stated, "We are slacking on cleaning because of staffing. I feel bad for the residents; I try to clean when I can." Surveyor asked Caregiver B if the residents complained about the cleaning. Caregiver B responded, "Yes." Surveyor asked Caregiver B if family members complained about the cleaning. Caregiver B responded, "Yes." Caregiver B reported that some family members come in and clean resident rooms and one former resident's family hired a cleaning service to clean the resident's room. On 08/06/2024 at 12:30 PM, Surveyor interviewed Caregiver C. Surveyor asked Caregiver C about room cleaning. Caregiver C	N 489		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015263	A. BUILDING: _____ B. WING _____	C 08/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY TERRACE TOMAHAWK	300 THEILER TOMAHAWK, WI 54487

(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 489	Continued From page 4	N 489		

reported that resident room cleaning has not been getting done and Caregiver C admitted that residents and family members have complained. Caregiver C stated that staff take out residents' garbage but rooms are not being thoroughly cleaned. Caregiver C stated that s/he has seen family members clean their family member's rooms. Caregiver C indicated that the facility has been without a housekeeper for over a year or two.

On 08/06/2024 at 2:00 PM, Surveyor interviewed Caregiver D. Surveyor asked Caregiver D about room cleaning. Caregiver D stated, "I think staff are falling short on room cleaning and residents and family members have complained." Caregiver D reported that the facility does not have a housekeeper or cook and the caregivers are trying to keep up with all of the tasks while trying to ensure resident cares are being done.

On 08/06/2024 at 2:20 PM, Surveyor interviewed Resident 1. While entering Resident 1's room, Surveyor observed the floor to be messy and full of food particles. Resident 1 reported that his/her floor "has not been cleaned or vacuumed for a month or so." Resident 1 stated that his/her room "is supposed to be cleaned one time per week on shower days." Resident 1 stated, "I am getting my shower each week but my room is not being cleaned."

On 08/06/2024 at 2:35 PM, Surveyor interviewed Resident 2. Surveyor asked Resident 2 about cleaning. Resident 2 reported, "I sometimes go a few weeks without my room being vacuumed; the cleaning is not consistent. When I first moved in, this was a 5-Star place. It has since gone downhill." Resident 2 stated that his/her bathroom is not cleaned regularly and the garbage is not

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015263	A. BUILDING: _____ B. WING _____	C 08/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY TERRACE TOMAHAWK	300 THEILER TOMAHAWK, WI 54487

(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 489	Continued From page 5 changed regularly. On 08/06/2024 at 3:55 PM, Surveyor interviewed Director A. Surveyor asked Director A about room cleaning. Director A stated, "Staff cook and clean, it's rough. I help clean when I can. Rooms are supposed to be 'deep cleaned' each week. Surveyor asked Director A if staff are keeping up on room cleaning. Director A stated, "No." On 08/07/2024 at 1:00 PM, Surveyor interviewed Assistant Director (AD) E. Surveyor asked AD E about room cleaning. AD E stated that "full room cleanings have not been done for the past few months and laundry is hard to keep up on at times." AD E reported that staff clean resident toilets and take out garbage but full room cleanings are not getting done. AD E reported that the facility has not had a housekeeper for a long time and caregivers are expected to clean and cook. AD E stated, "Resident cares come first." AD E commented that the washer and dryers do not always work and due to all of the soiled laundry, it would be beneficial to have industrial size washers and dryers.	N 489		