

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>0009553</b>         | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>06/16/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>CATHOLIC CHARITIES SIESTA DR</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>140 SIESTA DR<br/>MONTELO, WI 53949</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                               |
| M 000                                                                   | INITIAL COMMENTS<br><br>On 06/16/2025, Surveyor conducted an abbreviated survey at Catholic Charities Siesta Drive AFH. As a result of the survey, one (1) new deficiency was identified.<br><br>Census: 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | M 000                                                                               |                                                                                                                          |                                                        |
| M 276                                                                   | 88.05(3)(a) Homelike Environment<br><br>An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment.<br><br>This Rule is not met as evidenced by:<br>Based on observations and interview, the provider did not ensure the home was clean and well-maintained.<br><br>Findings include:<br><br>Facility is licensed to care for up to 4 residents who may have developmental disabilities.<br><br>On 06/16/2025 at approximately 11:45 AM, while on tour of the facility with Program Manager A, Surveyor observed windows in all four (4) resident rooms and the kitchen with dark discoloration along the bottom corners, base, and sides. Some areas were raised and fuzzy with clusters of dark circular patches that resembled mold and/or mildew. While touring Resident 1's room, Surveyor acquired a paper towel and wiped | M 276                                                                               |                                                                                                                          |                                                        |

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

TITLE

(X6) DATE

Wisconsin Department of Health Services

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>CATHOLIC CHARITIES SIESTA DR</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>140 SIESTA DR<br/>MONTELLO, WI 53949</b> |                                                                                                                          |                                                        |
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| M 276                                                                   | <p>Continued From page 1</p> <p>a thick dark substance off an area approximately 3 inches long on the base of the window frame. Surveyor noted all four resident beds were either located directly under a window or within 1 foot of a widow.</p> <p>On 06/16/2025 at approximately 1:00 PM, Surveyor interviewed Program Manager A and Program Coordinator B. Both acknowledged Surveyor's observations and stated the windows are cleaned monthly with bleach. Upon request, Program Manager A and Program Coordinator B were unable to provide documentation showing the cleaning schedule or that cleaning had occurred to the windows.</p> | M 276                                                                                |                                                                                                                          |                                                        |