STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014460	A. BUILDING: _____ B. WING _____	10/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVERLINE HOME	1314 N RIVERLINE DR OCONOMOWOC, WI 53066

(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 10/30/2024, the Bureau of Assisted Living, Southern Regional Office conducted an abbreviated licensing survey at Riverline Home, located at 1314 N Riverline Drive in Oconomowoc, WI. One citation of noncompliance was issued. Census: 7	N 000		
N 612	83.55(3) Bath and toilet areas: hand drying. Hand drying. All sink areas shall have dispensers for single use paper towels, cloth towel dispensing units that are enclosed for protection against being soiled or electric hand dryers. This requirement does not apply to sink areas located in toilet rooms accessed directly from a resident bedroom. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the single use paper towel dispensers located in 2 of 4 bathrooms were functioning. The findings include: On 10/30/2024 at 7:50 A.M., Program Manager B and Surveyor observed a bathroom located in the hallway on the lowest level of the home with an empty wall mounted, single use paper towel dispenser and a roll of single use paper towels located directly on the bathroom sink. Program Manager B told Surveyor this bathroom was shared by residents, staff, and visitors. At 8:00 A.M., Program Manager B and Surveyor observed a bathroom located in the hallway on the second level of the home with an empty wall	N 612		

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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RIVERLINE HOME	1314 N RIVERLINE DR OCONOMOWOC, WI 53066

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N 612	Continued From page 1 mounted, single use paper towel dispenser and a roll of single use paper towels located directly on the bathroom sink. Program Manager B told Surveyor this bathroom was shared by residents, staff, and visitors. Program Manager B told Surveyor both single use paper towel dispensers were broken and a request for repair had been submitted to the home's maintenance department. On 10/30/2024 at approximately 9:30 A.M., Program Director A told Surveyor s/he was not aware the single use paper towel dispensers located in 2 of 4 bathrooms were not functioning. Program Director A told Surveyor the dispensers would be repaired as soon as possible.	N 612		