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
	0018519	A. BUILDING: _____ B. WING _____	C 09/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEFOREST PLACE	206 N MAIN STREET DE FOREST, WI 53532

(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 09/20/2023, with information gathered through 09/21/2023, Surveyor conducted a complaint investigation at DeForest Place. One deficiency was identified. Complaint was unsubstantiated. Census: 20	N 000		
N 164	83.12(4)(b) Reporting when law enforcement is called. A CBRF shall send a written report to the department within 3 working days after any of the following occurs: Any time law enforcement personnel are called to the CBRF as a result of an incident that jeopardizes the health, safety, or welfare of residents or employees. The CBRF ' s report to the department shall provide a description of the circumstances requiring the law enforcement intervention. This reporting requirement does not apply to residents under the jurisdiction of government correctional agencies. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure law enforcement responding to the facility for the safety of residents was reported to the Department. The provider did not report an incident in which law enforcement responded to the facility. Findings include: On 09/20/2023, at approximately 6:15 PM, Surveyor interviewed Resident 1. Resident 1 explained that s/he had contacted local law enforcement because s/he had concerns regarding interactions staff had with residents.	N 164		

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

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N 164	Continued From page 1 On 09/20/2023, at approximately 8:30 PM, Surveyor interviewed Administrator A. Administrator A stated that they had completed an internal investigation into the alleged concern that occurred on 09/05/2023, and that a written report was submitted to the Department by the regional nurse. On 09/21/2023, Surveyor requested and reviewed the police department records regarding identified concern. The report documented that police were called to the facility to investigate an allegation on 09/03/2023. On 09/21/2023 at 2:30 PM, Surveyor reviewed the Department's facility file and did not locate a written report for the 09/05/2023 allegation of misconduct between a staff member and a resident.	N 164		