

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0014805	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/06/2024
NAME OF PROVIDER OR SUPPLIER CHARTER SENIOR LIVING CBRF-VERONA		STREET ADDRESS, CITY, STATE, ZIP CODE 143 PRAIRIE OAKS DRIVE VERONA, WI 53593		
(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 11/06/2024, Surveyor conducted a complaint investigation at Charter Senior Living, a CBRF located in Verona, WI. As a result of the investigation, 1 violation of Chapter DHS 83 was issued. The complaint was substantiated.	N 000		
N 452	83.41(3)(b) Food safety. Food safety. Whether food is prepared at the CBRF or off-site, the CBRF shall store, prepare, distribute and serve food under sanitary conditions for the prevention of food borne illnesses, including food prepared off-site, according to all of the following: 1. The CBRF shall refrigerate all foods requiring refrigeration at or below 40°F. Food shall be covered and stored in a sanitary manner. 2. The CBRF shall maintain freezing units at 0°F or below. Frozen foods shall be packaged, labeled and dated. 3. The CBRF shall hold hot foods at 140°F or above and shall hold cold foods at 40°F or below until serving. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that food was stored in a safe and sanitary manner. There were boxes of food on the floor of the walk-in freezer.	N 452		

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

TITLE

(X6) DATE

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0014805	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 11/06/2024
NAME OF PROVIDER OR SUPPLIER CHARTER SENIOR LIVING CBRF-VERONA			STREET ADDRESS, CITY, STATE, ZIP CODE 143 PRAIRIE OAKS DRIVE VERONA, WI 53593		
(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 452	Continued From page 1 Findings include: On 11/06/2024, Surveyor observed the kitchen. OBSERVATIONS: There was a box of frozen chicken on the floor of the walk-in freezer. There was a box of frozen vegetables on the floor of the walk-in freezer. There was a box of frozen potatoes on the floor of the freezer. On 11/06/2024 at 10:00 AM, Surveyor discussed the above concern with Administrator A. Administrator A acknowledged that food cannot be store on the floor of a pantry, refrigerator or freezer. Administrator A acknowledged that there were several boxes of food on the floor of the walk-in freezer.	N 452			