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
	0014267	A. BUILDING: _____ B. WING _____	C 06/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLUFFVIEW MEMORY CARE	**2101 BLUFFVIEW CT HOLMEN, WI 54636**

(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 06/28/2024, Surveyor conducted a complaint investigation at Bluffview Memory Care. The complaint was substantiated. One deficiency identified. This is a repeat deficiency from SOD 9WPE11, dated 10/11/2022. Census: 55	N 000		
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 staff interview, the provider did not keep all rooms clean and free from odors. Findings include: This is a repeat deficiency. See Statement of Deficiency (SOD) 9WPE11, dated 10/11/2022. The facility has a capacity to serve up to 64 residents in the client group of irreversible dementia/Alzheimer's disease. During an environment tour of the facility at approximately 9:40 AM, Surveyor was able to detect a strong smell of urine. The facility consists of four quads labeled A, B, C and D. Surveyor was able to identify the smell was strongest in quad A and B.	N 489		

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

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N 489	Continued From page 1 At approximately 9:50 AM, Surveyor re-toured the area with Maintenance Person A. Maintenance Person A identified two resident rooms on B quad, stating both of the residents in the identified rooms are very incontinent of urine. At approximately 10:00 AM, Surveyor talked with Administrator B outside the B quad dining room. Administrator B stated this area was where a lot of the strong smell of urine originated. At approximately 11:30 AM, Surveyor shared this concern with Administrator B. Surveyor shared with Administrator B part of the complaint was related to the strong smell of urine in the facility. Administrator B acknowledged the smell of urine and stated the facility was actively working on the urine odors.	N 489		