| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0012115 | A. BUILDING: _____ B. WING _____ | 11/25/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| RIVER CITY ESTATES LLC III | 550 WISCONSIN STREET WISCONSIN RAPIDS, WI 54494 |

| (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 |
|---|---|---|---|---|
| M 000 | INITIAL COMMENTS<br><br>On 11/07/2024, Surveyor conducted an abbreviated survey at River City Estates LLC III. Additional information was gathered through 11/25/2024. As a result of the survey, one (1) new deficiency was identified.<br><br>Census: 4 | M 000 | | |
| M 276 | 88.05(3)(a) HOME 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 observation and interview, the provider did not ensure the home was clean and well-maintained.<br><br>Findings include:<br><br>The provider is licensed to care for up to 4 residents who may have developmental disabilities and/or emotionally disturbed/mental illness.<br><br>On 11/07/2024 between 11:20 AM and 2:00 PM, Surveyor observed the following while on tour with Program Director A and Program Director B:<br><br>Living Room:<br>-- Dresser located in the entryway was damaged. Roughly 16 inch section of wood was missing from the bottom drawer causing the wood to | M 276 | | |

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 |
|---|---|---|---|
| | 0012115 | A. BUILDING: _____ B. WING _____ | 11/25/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| RIVER CITY ESTATES LLC III | 550 WISCONSIN STREET WISCONSIN RAPIDS, WI 54494 |

| (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 |
|---|---|---|---|---|
| M 276 | Continued From page 1 | M 276 | | |

splinter. There were multiple scratches which appeared to be animal related on the bottom portion of the dresser.
-- The recliner where Resident 1 was sitting in appeared to be broken. The recliner was tilted backwards and had the footrest up. The footrest was tilted to the side and was unable to retract.
-- Lampshade located approximately 2 feet away from where Resident 1 was sitting was covered in dust.
-- Dirt and dust were scattered alongside the edges of the floor.
-- Cobwebs approximately 5 feet long lined the joint of the wall and ceiling directly above the sofa.

Kitchen:
-- Three (3) out of 4 table legs were damaged with exposed splintering wood that resembled damage from an animal chewing.
-- Both of the oven racks were covered with tinfoil. There were multiple spots that had what appeared to be burnt food stuck onto the tinfoil. The bottom surface of the oven was also covered in tinfoil.
-- Cobweb and dust accumulation located on the ceiling metal exhaust fan above the stove. Directly under the fan, surveyor noted a glass pan with a partially eaten baked food inside which was loosely covered with saran wrap.
-- Dust accumulation on the majority of cabinet and drawer surfaces.
-- Dark, dirt like substance covering the bottom surface of cabinet located next to the oven with a variety of baking pans stored in cabinet that were coming in contact with the dirt like substance.
-- Two dirty pill crushers that were stored in un-locked drawer with other miscellaneous items including a box of 1inch nails, electric cords, door alarms, and a flashlight. The pill crushers both

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0012115 | A. BUILDING: _____ B. WING _____ | 11/25/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| RIVER CITY ESTATES LLC III | 550 WISCONSIN STREET WISCONSIN RAPIDS, WI 54494 |

| (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 |
|---|---|---|---|---|
| M 276 | Continued From page 2 | M 276 | | |

contained a layers of white powdered substance lining the inside. One pill crusher displayed what appeared to be faded black handwritten initials on the side.
-- Three, dirty, approximately 3-inch-long adhesive strips attached to the kitchen floor. All of the adhesive strips were surrounded by a line of black dirt, frayed, and partially detaching from the floor.
-- Dirt and dust were scattered alongside the edges of the floor.
-- Disorganized and cluttered closet located adjacent to the back door.

Laundry Room:
-- 3 hooks on the ceiling covered in a think layer of dust.
-- Dirt and dust were scattered alongside the edges of the floor.
-- Mini refrigerator utilized to store resident's mediations was dirty.
-- Areas on the floor where the laminate tiles were separated approximately ¼ inch away from the adjacent tile exposing the subfloor.

Hallway:
-- Broken purple and gold chair with missing padding on the backrest. Three sharp screws were sticking out of the wooden backrest where padding appeared to have been attached to. One padded backrest was lying on floor next to the chair.
-- Dust and cobweb accumulation on the large vents on the ceiling and small coffee table located outside of Resident 1's room,
-- A cobweb containing what appeared to be a cluster of at least 8 spider egg sacs located in the corner of the hallway near Resident 1's room.
-- Broken and missing flooring by the exterior door located by Resident 1's room exposing the

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0012115 | A. BUILDING: _____ B. WING _____ | 11/25/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| RIVER CITY ESTATES LLC III | 550 WISCONSIN STREET WISCONSIN RAPIDS, WI 54494 |

| (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 |
|---|---|---|---|---|
| M 276 | Continued From page 3 | M 276 | | |

cement floor.
-- Two large circular spots on the ceiling approximately 12 inches in circumference resembling water damage.
-- Two light switches with tape covering the switch and a handwritten sign taped above one of the light switched which read "Keep Switch Down."
-- Unorganized closet located next to bathroom 1 that contained multiple boxes of puzzles for residents to access. The puzzles were piled on top of containers of wall paint, paint trays, and painting products.
-- Dirt and dust were scattered alongside the edges of the floor.

Bathroom 1:
-- Grab bar fixture located near the toilet that had a piece detached from the wall.
-- Roll of toilet paper sitting on the bathroom vanity. Surveyor did not observe a means for Residents to dry their hands or hand soap.

Bathroom 2 with Shower:
-- Shower floor was chipped and stained in multiple areas.
-- Small shower drain was missing a cover.
-- Stained off-white shower mat located on the shower floor.
-- Dusty and rusted air vent located on the ceiling.
-- Dark black substance located in the back of the upper wooden built-in shelving unit next to the shower. The black substance resembled mold.

Resident Rooms:
-- Dust accumulation on the surfaces of all resident rooms. Heavy dust accumulation noted on the TV, electronic devices, and black circular fan in Resident 3's room.
-- Cobwebs on the joints of the walls and ceiling in Resident 2 and Resident 3's room.

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0012115 | A. BUILDING: _____ B. WING _____ | 11/25/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| RIVER CITY ESTATES LLC III | 550 WISCONSIN STREET WISCONSIN RAPIDS, WI 54494 |

| (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 |
|---|---|---|---|---|
| M 276 | Continued From page 4 | M 276 | | |

-- Closet doors was missing in Resident 3's room.
-- In Resident 3's room, a cupcake themed pillow was lying on the recliner with multiple brown streaks covering the center area of the pillow. One beige cloth pad lying under the cupcake pillow also contained a brown stain with what appeared to be flecks of dried feces. The recliner upholstery where the pillow and padding were covering appeared to have multiple stains resembling urine and feces.
-- In Resident 3's room, two areas of the flooring were missing tiles and exposed the cement floor. Two tiles were found amongst Resident 3's belongings that matched the missing areas.

On 11/07/2024 at 10:10 AM, Surveyor interviewed Caregiver C regarding the broken recliner located in the living room and the dirty pill crushers in the kitchen. S/he confirmed the recliner is broken and explained the footrest can't be lowered and it had been like that since July. S/he described how Resident 1 crawls onto the chair while the footrest is up and acknowledged it is not safe for residnets or staff to utilize. S/he acknowledged the dirty pill crushers and that they must have been from a previous resident due to the initials on the side. S/he was unsure why the pill crushers were located in the drawer and could not recall when they had been washed last.

On 11/07/2024 at 1:21 PM, Surveyor interviewed Resident 4. S/he stated one staff member will dust and clean, but s/he "wished" staff would clean the home more often. S/he also stated there are spiders in the home and said "they (spiders) are crawling on me and biting me."

On 11/25/2024 at 2:00 PM, Surveyor interviewed Program Director A and Program Director B. Program Director A acknowledged the items

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0012115 | A. BUILDING: _____ B. WING _____ | 11/25/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| RIVER CITY ESTATES LLC III | 550 WISCONSIN STREET WISCONSIN RAPIDS, WI 54494 |

| (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 |
|---|---|---|---|---|
| M 276 | Continued From page 5<br>listed above and stated they deep cleaned the home in addition to replacing some of the flooring following surveyor's visit. Program Director B stated that they will be implementing a system to assure daily cleaning tasks are being completed by staff. | M 276 | | |