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	0009905	A. BUILDING: _____ B. WING _____	C 11/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW BEGINNINGS OF BARRON COUNTY INC	4 CORNELL AVENUE RICE LAKE, WI 54868

(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 11/17/2025. Surveyor began an abbreviated licensure survey and complaint investigation at New Beginnings of Barron County Inc. Data was collected through 11/25/2025. Eight citations were identified. The complaint was unsubstantiated. Census: 5.	N 000		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes. This Rule is not met as evidenced by: Based on record review and interview, the facility did not ensure all employees were screened for communicable diseases prior to the start of employment. Four of 4 staff members sampled did not have a completed screening within 90 days before the start of employment. Findings include:	N 220		

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

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N 220	Continued From page 1 The provider is licensed to care for 8 residents in the client group emotional disturbances/mental illnesses. On 11/25/2025, Surveyor reviewed the staff records for Caregiver A, Caregiver B, Caregiver C, and Caregiver D. Caregiver A was hired 06/12/2019. Caregiver B was hired 06/24/2024. Caregiver C was hired 11/29/2023. Caregiver D was hired on 05/14/2024. Caregiver A, Caregiver B, Caregiver C and Caregiver D's record did not include communicable disease screens. From 9:00 AM to 10:44 AM, Surveyor interviewed Administrator A who stated upon hire s/he sent staff to the clinic for a tuberculosis test and sent a screening form for communicable disease, but the medical providers would not fill them out. The provider did not ensure all employees were screened for communicable disease.	N 220		
N 427	83.38(1)(c) Leisure time activities. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Leisure time activities. The CBRF shall provide a daily	N 427		

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N 427	Continued From page 2	N 427		

activity program to meet the interests and capabilities of the residents. Employees shall encourage and promote resident participation in the activity program. The CBRF shall develop and post the activity schedule in an area available to residents.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not develop and post the activity schedule.

Findings include:

The provider is licensed to care for 8 residents in the client group emotional disturbances/mental illnesses.

On 11/17/2025 at approximately 12:45 PM, Surveyor interviewed Caregiver A and Caregiver B and requested the activity calendars for the past 2 months. Caregiver A and Caregiver B stated there was not a posted activity schedule and Administrator E would let them know when an activity was going to occur.

At approximately 2:30 PM, Surveyor interviewed Resident 1 who stated there never was a posted activity calendar.

On 11/25/2025 at approximately 10:30 AM, Surveyor interviewed Administrator E who stated s/he tried to work around the residents' work schedules so they could all attend activities. Administrator E confirmed s/he did not post a monthly activity calendar.

The provider did not post a monthly activity

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N 427	Continued From page 3 calendar.	N 427		
N 488	83.44(1)(c) Clothes dryers enclosed and vented Clothes dryers. The CBRF shall enclose any clothes dryer having a rated capacity of more than 37,000 Btu/hour in a one-hour fire resistive rated enclosure. If the clothes dryer requires a vent, the CBRF shall use dryer vent tubing that is of rigid material with a fire rating that exceeds the temperature rating of the dryer. The dryer vent tubing shall be clean and maintained. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the dryer vent tubing was of rigid material and the tubing was clean and maintained. Findings include: The provider is licensed to care for 8 residents in the client group emotional disturbances/mental illnesses. On 11/17/2025 at approximately 3:30 PM, Surveyor toured the interior and exterior of the building with Caregiver B. Surveyor observed that the interior dryer vent tubing was rigid except behind the dryer a section of the tubing was of flexible material. Surveyor observed the exterior dryer vent was covered with lint, the garbage cans in front of the vent were lint covered, and the sidewalk and siding in the area were covered with lint. On 11/25/2025 from 9:00 AM to 10:44 AM, Surveyor interviewed Administrator E who stated s/he was aware there was lint all over outside and	N 488		

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N 488	Continued From page 4 s/he needed to find someone to take care of the dryer vent problem. Administrator E stated s/he had purchased a new dryer, and the installer must have used the flexible vent tubing. The provider did not ensure the dryer vent tubing was of rigid material and the tubing was kept clean and maintained.	N 488		
N 490	83.44(2)(b) Toilet and bathing area. All toilet and bathing areas, facilities and fixtures shall be clean and in good working order. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all toilet and bathing areas, facilities and fixtures were clean and in good working order. Findings include: The provider is licensed to care for 8 residents in the client group emotional disturbances/mental illnesses. On 11/17/2025 at approximately 3:30 PM, Surveyor toured the facility with Caregiver B and observed in a second-floor resident bathroom that the shower stall wall was broken from the base of the shower and that the exterior of the shower, walls, and baseboards were extremely yellowed and appeared dirty. Caregiver B stated that the bathtub (separate from the shower) and within the same bathroom was not functioning due to a leak. In a bathroom on the first floor, Surveyor observed the ceiling was covered in dark spots. Caregiver B stated the residents did not always turn on the fan. Surveyor observed in	N 490		

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N 490	Continued From page 5 2 of the bathrooms the ceiling fan was extremely dirty and in 1 bathroom an area approximately 1 foot by 1 foot around the vent was covered in large pieces of dust. Surveyor observed in 2 of the bathrooms that the light fixtures only had 1 lightbulb but there were four bulb receptacles. Surveyor observed in 1 bathroom approximately 5 tiles by the bathtub were missing and the vent was rusted. On 11/25/2025 from 9:00 AM to 10:44 AM, Surveyor interviewed Administrator E who stated the bathroom ceiling had been treated with a stain blocker and painted more than once but the spots kept returning. Administrator E stated the bathroom ventilation was terrible and for the fan to function in 1 bathroom, residents had to ensure the fan in the other bathroom was turned on. Administrator E stated all the bathroom light fixtures were to have bulbs installed in each receptacle. The provider did not ensure all toilet and bathing areas were clean and in good working order.	N 490		
N 491	83.44(2)(c) Interior floors, walls and ceilings. Every interior floor, wall and ceiling shall be clean and in good repair. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure every interior floor and ceiling was clean and in good repair. Findings include: The provider is licensed to care for 8 residents in	N 491		

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N 491	Continued From page 6 the client group emotional disturbances/mental illness. On 11/17/2025 at approximately 3:30 PM, Surveyor toured the interior of the building with Caregiver B. Surveyor observed the following: -In the 2 hallways on the first-floor multiple stained ceiling tiles, -The kitchen/dining area had many chipped and damaged floor tiles, -Multiple kitchen/dining area ceiling tiles had holes about the size of a broom handle. On 11/25/2025 from 9:00 AM to 10:44 AM, Surveyor interviewed Administrator E who stated s/he planned on relacing the tile flooring in sections. Administrator E stated the hallway ceiling tiles had been previously replaced as a resident had left the water on in a second-floor bathroom causing an overflow, and s/he would ensure the kitchen/dining ceiling tiles would be replaced as soon as s/he could hire a repair person. The provider did not ensure every floor and ceiling was in good repair.	N 491		
N 495	83.45(1)(d) Hazards. Hazards. The CBRF shall maintain each building in good repair and free of hazards. This Rule is not met as evidenced by: Based on observation and interview, the provider did not maintain the building in good repair and free of hazards. Findings include:	N 495		

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N 495	Continued From page 7 The provider is licensed to care for 8 residents in the client group emotional disturbances/mental illnesses. On 11/17/2025 at approximately 3:30 PM, Surveyor toured the outside of the building with Caregiver B. Surveyor noted multiple 1 inch to 1 and ½ inch holes in the building siding and these holes were on most of the building especially the front and back. Surveyor observed there were larger pieces of broken siding at the kitchen entrance below the threshold, and by the first floor back exit where the second floor protrudes. Caregiver B stated s/he thought the holes were from hail damage. Surveyor observed the area by the dryer vent had a significant amount of lint blown on the sidewalk and building siding. Surveyor observed there was debris such as large sticks, dead bushes, and a stump that was approximately 2 feet high around the building. On 11/25/2025 from 9:00 AM to 10:44 AM, Surveyor interviewed Administrator E who stated the siding damage was due to hail, the roof had been replaced, and that as soon as s/he was able to replace the windows, the siding would be replaced. Administrator E stated for now s/he would ensure the holes in the siding were filled. Administrator E stated s/he had removed multiple items such as doors and paint cans from the back of the building and would keep working on cleaning up the area. The provider did not ensure the building was in good repair and free of hazards.	N 495		

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N 668	Continued From page 8	N 668		
N 668	83.60(1) Total/openable window area Minimum size. Every habitable room shall have at least one outside window with a total window area of at least 8% of the floor area in the room. The window shall be openable from the inside without the use of tools or keys. The openable area of the window shall be not less than 4% of the floor area of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure every habitable room had at least one outside window and the window was openable from the inside without the use of tools or keys. Findings include: The provider is licensed to care for 8 residents in the client group emotional disturbances/mental illnesses. On 11/17/2025 at approximately 3:30 PM, Surveyor toured the facility with Caregiver B. Surveyor observed that almost all the habitable rooms had crank out windows, but almost all of the cranks were removed. Surveyor observed that some of the cranks were laying on the windowsills. Surveyor attempted to attach the crank to open the window, but the crank would not attach. On 11/25/2025 from 9:00 AM to 10:44 AM, Surveyor interviewed Administrator E who stated there were many window cranks that were not	N 668		

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N 668	Continued From page 9 functioning and that the windows could be opened with the use of a plyers. Administrator E stated the windows in bedroom #8 could not be opened but s/he planned on getting that fixed. Administrator E stated s/he planned on having all the windows replaced due to the poor condition. The provider did not ensure all habitable rooms had openable windows.	N 668		
N 669	83.60(2) Insect-proof screens on openable windows Screens. All required openable windows shall have insect-proof screens. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all required openable windows had insect-proof screens. Findings include: The provider is licensed to care for 8 residents in the client group emotional disturbances/mental illnesses. On 11/17/2025 at approximately 3:30 PM, Surveyor toured the facility with Caregiver B and observed in multiple bedrooms on the second floor and in the common area on the first and second floor, including the living room, the screens were missing or broken. Surveyor observed in bedroom #8 on the second floor that the windows were not openable, and the glass was opaque. On 11/25/2025 from 9:00 AM to 10:44 AM, Surveyor interviewed Administrator E who stated	N 669		

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N 669	Continued From page 10 that s/he had removed the screens from bedroom #8 due to an attempted resident elopement. Administrator E stated s/he understood that the windows could not remain as they were and planned to get them repaired and have screens installed. Surveyor asked Administrator E how many windows in the building were missing screens and s/he stated, "There are a lot of missing screens." Administrator E stated some residents remove them and s/he planned to replace the windows within the next year. The provider did not ensure all required openable windows had screens.	N 669		