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 |
|---|---|---|---|
| | 0013855 | A. BUILDING: _____ B. WING _____ | 01/22/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **NEW BEGINNINGS** | **3208 LIBAL ST GREEN BAY, WI 54301** |

| (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 01/22/2025, Surveyor conducted an abbreviated survey at New Beginnings in Green Bay. As a result, 1 deficiency was identified.<br><br>Census: 3 | 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 interviews, the provider did not ensure the home was clean and well-maintained, having the potential to affect 3 of 3 residents.<br><br>Findings include:<br><br>The provider is licensed to care for up to 4 residents who may be developmentally disabled, emotionally disabled/mentally ill and/or have a traumatic brain injury.<br><br>On 01/22/2025 at approximately 11:25 AM, Surveyor toured the home accompanied by Licensee A. Surveyor observed the following:<br><br>*The ceiling above the dining room table had an area approximately 12 inches wide and 24 inches long with peeling plaster. There was clear tape covering the peeling plaster and several dark spots resembling a black-like substance. | M 276 | | |

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

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| M 276 | Continued From page 1<br><br>*A ceiling fan near the stove in the kitchen covered in layers of dust.<br><br>*The walls and corners in the kitchen were dusty.<br><br>*The outside of the refrigerator had dried food splatter and was dirty.<br><br>*The carpeting throughout in the kitchen, dining room, living room, hallways and bedrooms had dark stains.<br><br>*The walls in the dining room table had scuffs and dried food splatter.<br><br>*The bottom of the dining room table was covered in dust.<br><br>*The curtains in the living room, kitchen and bathroom had cobwebs and a layer of dust.<br><br>*A vent in Resident 1's bedroom was covered in dust.<br><br>*The bathroom tub and walls were covered in soap scum and the tiled walls appeared to have dark spots resembling a black-like substance.<br><br>*There was dried urine on the back of the toilet seat and surrounding the base of the toilet. There was feces on the inside of the toilet seat cover that appeared to have been wiped but was still present.<br><br>*The bathroom floor had lint and other debris on the floor.<br><br>*The toilet paper was sitting on the floor in the bathroom and there was no toilet paper holder. | M 276 | | |

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| M 276 | Continued From page 2<br><br>*The windows in the living room had cobwebs and dead flies in between the window and screens.<br><br>*An empty resident bedroom had debris and garbage throughout the room, and small broken table.<br><br>*The ramped deck (an identified exit) in the backyard had a board with a missing piece which was approximately 6 inches long and 3 inches wide.<br><br>*Two out of 3 recliner chairs in the living room were patched in various spots with duct tape.<br><br>On 01/22/2025 at approximately 12:00 PM, Surveyor interviewed Licensee A who acknowledged Surveyor's findings. When Surveyor asked about a cleaning schedule, Licensee A reported s/he tries to clean every week and has the carpet cleaned every year. Licensee A stated a resident moved out of the empty bedroom and s/he has not had time to clean it. | M 276 | | |