

Wisconsin Department of Health Services

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>0018302</b>                | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br>R-C<br><b>06/18/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>WELLINGTON PLACE AT RIB MOUNTAIN</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>149500 COUNTY ROAD NN<br/>WAUSAU, WI 54401</b> |                                                                                                                          |                                                               |
| (X4) ID<br>PREFIX<br>TAG                                                    | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ID<br>PREFIX<br>TAG                                                                        | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                      |
| {N 000}                                                                     | Initial Comments<br><br>On 06/18/2025, Surveyor conducted a complaint investigation and x2 verification visit at Wellington Place at Rib Mountain for Statement of Deficiencies (SODs) P3E311 and WUGI12.<br><br>The complaint was unsubstantiated.<br><br>Two deficiencies were identified.<br><br>One of 2 violations was a repeat deficiency.<br><br>Under statutory provisions of Wis. Stat. Ch. 50, a \$200 revisit fee is being assessed.<br><br>Census: 24                                                                                                                                                                                                                                                             | {N 000}                                                                                    |                                                                                                                          |                                                               |
| {N 200}                                                                     | 83.14(2)(e) Notify within 7 days of administrator change<br><br>The licensee shall notify the department within 7 days after there is a change in the administrator.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the licensee did not notify the Department within 7 days after a change in administrator.<br><br>Findings include:<br><br>This is a repeat deficiency. See Statement of Deficiency WUGI12, dated 11/11/2024.<br><br>On 06/18/2025, Surveyor reviewed the provider's information with the Department, which indicated Director of Operations (DOO) C was the administrator.<br><br>On 06/18/2025 at 08:40 AM, Surveyor interviewed Administrator A. Administrator A | {N 200}                                                                                    |                                                                                                                          |                                                               |

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

TITLE

(X6) DATE

Wisconsin Department of Health Services

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>WELLINGTON PLACE AT RIB MOUNTAIN</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>149500 COUNTY ROAD NN<br/>WAUSAU, WI 54401</b> |                                                                                                                          |                                                               |
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| {N 200}                                                                     | Continued From page 1<br><br>stated s/he was hired as the administrator approximately 6 months ago, in January 2025, and was at the facility daily. Administrator A stated DOO C stayed on a couple months after s/he started, for support.<br><br>On 06/18/2025 at 11:30 AM, Surveyor interviewed Administrator A. Administrator A stated s/he was unsure if the Department was updated with the change of administrator within 7 days of start date, and provided Vice President of Operations (VPOO) B's contact information.<br><br>On 06/18/2025 at 3:05 PM, Surveyor interviewed VPOO B. VPOO B stated DOO C left employment in April 2025. VPOO B stated s/he assumed the Department was updated with the change in administrator and admitted it was an oversight on their part. VPOO B stated s/he would send the update to the Department. | {N 200}                                                                                    |                                                                                                                          |                                                               |
| N 452                                                                       | 83.41(3)(b) Food safety.<br><br>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.                                                                                                                                                                               | N 452                                                                                      |                                                                                                                          |                                                               |

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| N 452                                                                       | <p>Continued From page 2</p> <p>This Rule is not met as evidenced by:<br/>Based on observation and interview, the provider did not ensure food was stored and served under sanitary conditions. A bag of frozen chicken breasts and separate bag of green bean were thawing at room temperature in the kitchen island sink for at least 3 hours.</p> <p>Findings include:</p> <p>On 06/18/2025 at 8:55 AM, Surveyor interviewed Cook D. Cook D stated this was his/her first role as solely a cook but had previous experience helping with dietary matters as a caregiver. Cook D stated s/he had some dietary training upon hire through the provider's training program. During the interview, Surveyor observed 1 large zip lock bag of frozen chicken breasts sitting in the kitchen island sink and 1 bag of frozen green beans next to the bag of chicken in the sink. Surveyor asked Cook D about the food. Cook D stated the chicken was for the chicken pot pie for supper that night. Cook D stated the overnight shift usually pulled out the meat from the freezer between approximately 5:00 AM and 6:00 AM and put it in the kitchen island sink, which they called the "defrosting sink". Cook D stated s/he would wait until the meat was a little thawed and then place it in a tray at the bottom of the refrigerator. Surveyor observed Cook D lift the bag of chicken up to check how thawed it was. Surveyor observed parts of the chicken breasts were not frozen and the bag dripped raw meat juice covering the bottom of the sink and touching</p> | N 452                                                                       |                                                                                                                          |  |                                                                |

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| N 452                                                                       | <p>Continued From page 3</p> <p>the frozen bag of green beans. At 9:03 AM, Surveyor observed Cook D place the bag of chicken in the tray at the bottom of the refrigerator and the bag of green beans on a shelf above the meat tray. Surveyor observed the bag of green beans had raw meat juice dripping off the bottom of the bag.</p> <p>On 06/18/2025 at 9:47 AM, Surveyor interviewed Care Coordinator (CC) E. CC E stated s/he had a past experience as a kitchen manager and filled in for Cook D last week. Surveyor inquired about the practices of thawing meat and CC E stated meat should be thawed in a tray at the bottom of the refrigerator.</p> <p>According to the SERVSAFE 7th Edition Coursebook ©2017 National Restaurant Association Educational Foundation chapter 8, page 3, refers to thawing frozen food and states, "When frozen food is thawed and exposed to the temperature danger zone, pathogens in the food will begin to grow. To reduce this growth, NEVER thaw food at room temperature."</p> <p>On 06/18/2025, at 11:30 AM, Surveyor interviewed Administrator A. When Surveyor inquired about the practices of thawing meat, Administrator A reported the meat should be thawed in the refrigerator in a tray. Surveyor shared what was observed and Administrator A stated s/he would provide staff education and correct this immediately.</p> | N 452                                                                                      |                                                                                                                          |                                                                |