

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0016010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/01/2025
NAME OF PROVIDER OR SUPPLIER WOODLAND HILL		STREET ADDRESS, CITY, STATE, ZIP CODE 431 STAGELINE ROAD HUDSON, WI 54016		
(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 07/01/2025, Surveyors conducted an abbreviated licensure survey at Woodland Hill. Three violations were identified. One is a repeat deficiency. See Statement of Deficiency (SOD) ZUZX11, dated 10/08/2019. Census: 67.	N 000		
N 239	83.20(2)(a)-(d) Department-approved training courses. Standard Precautions. All employees who may be occupationally exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions before the employee assumes any responsibilities that may expose the employee to such material. Fire safety. Within 90 days after starting employment, all employees shall successfully complete training in fire safety. First aid and choking. Within 90 days after starting employment, all employees shall successfully complete training in first aid and procedures to alleviate choking. Medication administration and management. Any employee who manages, administers or assists residents with prescribed or over-the-counter medications shall complete training in medication administration and management prior to assuming these job duties.	N 239		

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

TITLE

(X6) DATE

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0016010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/01/2025
NAME OF PROVIDER OR SUPPLIER WOODLAND HILL		STREET ADDRESS, CITY, STATE, ZIP CODE 431 STAGELINE ROAD HUDSON, WI 54016		
(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 239	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 4 of employees obtained all department approved training as required. Caregiver C did not have training in fire safety or first aid and choking training within 90 days after starting employment. This is a repeat violation. See Statement of Deficiencies (SOD) ZUZX11, dated 10/08/2019. Findings include: The facility is licensed to provide care to 81 adults from client groups Advanced Aged and Irreversible Dementia/Alzheimer's disease. On 07/01/2025, Surveyors conducted a review of 4 employees to verify compliance with department approved training requirements. Surveyors requested training records from Campus Administrator A and Clinical Administrator B for Caregiver C. The record for Caregiver C, hired 03/18/2025, did not contain evidence of training or evidence of meeting an exemption for either fire safety or first aid and choking trainings. Surveyors verified Caregiver C was not on the Community-Based Care and Treatment training registry for fire safety or first aid and choking. At approximately 2:00 PM, Surveyors interviewed Campus Administrator A and Clinical Administrator B, who confirmed the provider did not have evidence Caregiver C completed or met an exemption for fire safety training or first aid and choking training. Clinical Administrator B stated the provider was behind on some things and did not ensure that Caregiver C received fire	N 239		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0016010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/01/2025
NAME OF PROVIDER OR SUPPLIER WOODLAND HILL		STREET ADDRESS, CITY, STATE, ZIP CODE 431 STAGELINE ROAD HUDSON, WI 54016		
(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 239	Continued From page 2 safety training or first aid and choking training within 90 days of being hired. The facility did not ensure 1 of 4 caregivers sampled completed department approved courses in fire safety or first aid and choking within 90 days of hire.	N 239		
N 525	83.47(2)(d) Fire drills. Fire drills. 1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of the drill and the CBRF ' s total evacuation time. The CBRF shall record residents having an evacuation time greater than the time allowed under s. HFS 83.35(5) and the type of assistance needed for evacuation. Fire evacuation drills may be announced in advance. 2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleeping hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the employees scheduled to work during the residents ' normal sleeping hours. This Rule is not met as evidenced by: Based on record review and interview, the provider did not conduct fire evacuation drills at least quarterly in 2024 and 2025, and did not hold an annual fire evacuation drill that simulated the conditions during usual sleeping hours in 2024. Findings include:	N 525		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0016010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/01/2025
NAME OF PROVIDER OR SUPPLIER WOODLAND HILL		STREET ADDRESS, CITY, STATE, ZIP CODE 431 STAGELINE ROAD HUDSON, WI 54016		
(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 525	Continued From page 3 The facility is licensed to provide care to 81 adults from client groups Advanced Aged and Irreversible Dementia/Alzheimer's disease. On 07/01/2025, Surveyors reviewed the provider's fire drill documentation for 2024 and 2025. Records indicated that quarterly fire evacuation drills had not been completed. Additionally, there were no records indicating a fire evacuation drill that simulated the conditions during usual sleeping hours had occurred in 2024. At approximately 1:00 PM, Surveyors interviewed Campus Administrator A, who stated quarterly fire evacuation drills had not been conducted in 2024 or 2025, only that staff had been trained on procedures. Campus Administrator A was not aware that residents had to evacuate for a drill. At approximately 1:15 PM, Surveyors interviewed Environmental Services Director (ESD) D, who stated s/he had not conducted quarterly fire evacuation drills in 2024 or 2025, and s/he had not conducted a fire evacuation drill that simulated the conditions during usual sleeping hours in 2024. The provider did not conduct fire evacuation drills at least quarterly, and did they not conduct at least one fire evacuation drill that simulated the conditions during usual sleeping hours annually.	N 525		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually.	N 526		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0016010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 07/01/2025
NAME OF PROVIDER OR SUPPLIER WOODLAND HILL		STREET ADDRESS, CITY, STATE, ZIP CODE 431 STAGELINE ROAD HUDSON, WI 54016		
(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 526	Continued From page 4 This Rule is not met as evidenced by: Based on record review and interview, the provider did not conduct an "other" (other than fire) evacuation drill, at least semi-annually. Findings include: The facility is licensed to provide care to 81 adults from client groups Advanced Aged and Irreversible Dementia/Alzheimer's disease. On 07/01/2025, Surveyors reviewed the provider's safety binder for "other" evacuation drills conducted in 2024. There were no "other" evacuation drills documented in 2024. At approximately 1:00 PM, Surveyors interviewed Environmental Services Director (ESD) D, who stated no "other" evacuation drills had been conducted at the facility in 2024, only that staff had been trained in how to conduct them. S/he was not aware that evacuation of residents was part of the safety drill procedure. The provider did not ensure safety evacuation drills (other than fire) were conducted at least semi-annually.	N 526		