STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018628	A. BUILDING: _____ B. WING _____	R-C 08/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABRIDGE CARE COTTAGE OF KEWAUNEE	1100 BAUMEISTER DR KEWAUNEE, WI 54216

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{N 000}	Initial Comments On 08/25/2025 with additional information gathered through 08/27/2025, Surveyor conducted a verification visit, complaint investigation and standard survey at Abridge Care Cottage of Kewaunee. One (1) of 1 previous deficiencies were corrected. One (1) of 1 complaints was unsubstantiated. Seven (7) deficiencies were identified. One (1) of 7 deficiencies was a repeat deficiency. See Statement of Deficiency (SOD) TUXM11, dated 06/06/2024. Under statutory provisions of WI Stat. Ch. 50 a $200 revisit fee is being assessed. Census: 17	{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.	N 220		

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

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N 220	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 staff (Caregiver F and Caregiver G) reviewed were screened for clinically apparent communicable disease within 90 days before the start of employment. Caregiver F and Caregiver G did not have a communicable disease screening. Findings include: On 08/25/2025 at approximately 12:25 PM, Surveyor reviewed Caregiver F and Caregiver G's staff records to verify they were screened for communicable disease. The following was identified: -- Caregiver F was hired on 08/19/2024. His/her record contained documentation a TB test was administered on 08/20/2024, but no further information regarding the reading or results of the test. In addition, Caregiver F's record did not contain evidence s/he was screened for communicable diseases. -- Caregiver G was hired on 10/25/2023. His/her record contained a TB test dated 11/01/2023. Caregiver G's record did not contain evidence s/he was screened for communicable diseases. On 08/25/2025 at approximately 12:35 PM, Surveyor interviewed Executive Director (ED) A who confirmed s/he did not have any additional documentation to provide showing Caregiver F and Caregiver G were screened for communicable diseases. S/he stated, "The nurse is coming to complete the screenings on all the staff. I don't have communicable disease screens for anyone."	N 220		

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N 220	Continued From page 2 The provider did not obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating employees were screened for clinically apparent communicable disease within 90 days before the start of employment.	N 220		
N 277	83.25 Continuing education The administrator and resident care staff shall receive at least 15 hours per calendar year of continuing education beginning with the first full calendar year of employment. Continuing education shall be relevant to the job responsibilities and shall include, at a minimum, all of the following: (1) Standard precautions; (2) Client group related training; (3) Medications; (4) Resident rights; (5) Prevention and reporting of abuse, neglect and misappropriation; (6) Fire safety and emergency procedures, including first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 staff (Caregiver G) received 15 hours of continuing education in all required topics in 2024. Caregiver G did not have documented completed continuing education training in 2024. Findings include: On 08/25/2025 at 12:45 PM, Surveyor reviewed Caregiver G's staff file provided by Executive Director (ED) A. Caregiver G was hired	N 277		

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N 277	Continued From page 3 10/25/2023. His/her file did not contain documentation s/he completed continuing education in 2024. Surveyor requested Caregiver G's continuing education training for 2024 from ED A. S/he stated s/he did not have access to Alea, an electronic training record but would reach out to another staff who has access and let Surveyor know. Surveyor requested an update on 08/26/2025 by 12:00 PM. On 08/26/2025 at 12:45 PM, Surveyor received a follow up phone call from ED A who stated s/he did not have documentation yet to provide regarding Caregiver G's continuing education training for 2024. ED A stated they will provide the information as soon as they receive it. On 08/27/2025 at 10:05 AM, Surveyor sent a follow up email to ED A regarding Caregiver G's continuing education training for 2024. At 10:51 AM, Surveyor received an email from ED A stating, "[Manager I] and I both tried to figure it out. We're thinking the originally HR had [his/her] orientation set for [his/her] 2024 continuing education as well. I'm really not sure because like I said I just gained access to this [sic all]." At 12:58 PM, Surveyor received an additional email from ED A stating, "I have nothing more for continuing education for [Caregiver G] for 2024. From our understanding the way [s/he] was hired Alea only used the orientation for continuing education. We will now be using the binder I made with the tests at the end." On 08/27/2025 at 2:30 PM, Surveyor interviewed ED A who confirmed s/he does not have any additional documentation to provide showing Caregiver G completed continuing education in 2024.	N 277		

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N 277	Continued From page 4 On 08/27/2025 at 3:38 PM, Surveyor received an email from ED A stating, "I wanted to reach out to you about ALEA [Assisted Living Education Academy]. I have been trying to get in contact with them because [Caregiver G and Caregiver J] are positive they completed their continuing education last year but I cannot see it. If ALEA does get back to me I will let you know." As of the end of day on 08/27/2025, no additional information was received. The provider did not ensure resident care staff received the required continuing education training annually.	N 277		
N 416	83.37(2)(e) Other administration given or delegated by RN Other administration. Injectables, nebulizers, stomal and enteral medications, and medications, treatments or preparations delivered vaginally or rectally shall be administered by a registered nurse or by a licensed practical nurse within the scope of their license. Medication administration described under sub. (2)(e) may be delegated to non-licensed employees pursuant to s. N 6.03(3). This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 caregivers (Caregiver H), who administered injectable medication, were delegated by a registered nurse (RN) within the scope of their license to do so. Caregiver H administered insulin injections without delegation. Findings include:	N 416		

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N 416	Continued From page 5 The provider is licensed to provide care for up to 20 residents who are physically disabled, terminally ill, advanced age and/or irreversible dementia/Alzheimer's. On 08/25/2025 at approximately 11:15 AM during a tour of the facility, Surveyor observed Caregiver H at the medication cart preparing to administer a resident medication. Surveyor interviewed Caregiver H who confirmed s/he was hired in July 2025 and is certified to pass medications. Caregiver H reported s/he passes medication and administers insulin injections to 2 residents. S/he confirmed s/he has not been delegated by an RN at the facility to administer injectable medication. On 08/25/2025 at 12:55 PM, Surveyor interviewed Executive Director (ED) A who stated Caregiver H was hired on 07/14/2025 and is certified to pass medications. ED A confirmed Caregiver H passes medication and administers insulin to 2 residents. S/he stated, "[Caregiver H] will be delegated on Wednesday. [S/he] was supposed to be delegated 2 weeks ago, but it was cancelled by the nurse." The provider did not ensure injectable medications were delegated by a RN.	N 416		
N 481	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room.	N 481		

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N 481	Continued From page 6 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a living environment that was safe, clean and homelike. This is a repeat deficiency. See Statement of Deficiency (SOD) TUXM11, dated 06/06/2024. Findings include: The provider is licensed to provide care for up to 20 residents who are physically disabled, terminally ill, advanced age and/or irreversible dementia/Alzheimer's. On 08/25/2025 at approximately 11:30 AM during a tour of the facility, Surveyor observed the following: -- The front of a drawer and a cabinet door in the kitchen were missing. -- The refrigerator light was burnt out and the shelving inside of the door were missing and/or broken. -- Two (2) of 2 shower rooms had soap scum build up in the bottom of the showers that was black and brown in color. -- The shower room near the kitchen had a black-like substance resembling mold in the grout of the shower. -- The shower room near the dining room had 1 of 3 light bulbs burnt out. -- A ceiling vent in the shower room near the kitchen was filled with dust and a black-like	N 481		

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N 481	Continued From page 7 substance resembling mold. -- A vent near the floor in the hallway near the laundry room (containing only washing machines) was filled with dust. On 08/27/2025 at 2:30 PM, Surveyor interviewed Executive Director (ED) A who acknowledged Surveyor's concerns. The provider did not ensure a living environment that was safe, clean and homelike for all residents.	N 481		
N 504	83.46(1)(c) Heating system maintenance. Heating. The CBRF shall maintain the heating system in a safe and properly functioning condition. The CBRF shall ensure that a heating contractor or local utility company completes all of the following maintenance and makes available to the facility documentation of the maintenance performed: 1. An oil furnace shall be serviced at least once each year. 2. A gas furnace shall be serviced at least once every 3 years. 3. The CBRF shall have a chimney inspected at intervals corresponding with the heating system service under subd. 1. or 2. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the gas furnace was inspected at least every 3 years for 3 of 3 furnaces. The provider could not find evidence the gas furnaces were serviced at least once every 3 years.	N 504		

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N 504	Continued From page 8 Findings include: On 08/25/2025 at 1:00 PM, Surveyor reviewed the provider's inspection binder. There was no evidence of a gas furnace inspection in the last 3 years. Surveyor requested the furnace inspection from Executive Director (ED) A who stated s/he would reach out to maintenance and let Surveyor know. Surveyor requested an update on 08/26/2025 by 12:00 PM. On 08/25/2025 at 3:30 PM, during a tour of the facility accompanied by Caregiver E, Surveyor observed 3 gas furnaces in the basement. Surveyor observed handwritten dates, 01/03/2020 and 09/02/2020, on a service tag located on each furnace by a heating contractor. On 08/26/2025 at 11:20 AM, Surveyor received an email from ED A verifying they were unable to locate a furnace inspection. S/he reported a heating contractor is scheduled to come out to the facility on 09/08/2025 to complete a furnace inspection. The provider did not ensure the heating system was serviced at least once every 3 years. Cross Reference: N0531 DHS 83.47(4)(a) Fire Extinguishers: Type and Inspection N0530 DHS 83.47(3) Fire Inspection	N 504		
N 530	83.47(3) Fire inspection. Fire inspection. The CBRF shall arrange for an annual inspection by the local fire authority or certified fire inspector and shall retain fire	N 530		

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N 530	Continued From page 9 inspection reports for 2 years. This Rule is not met as evidenced by: Based on record review and staff interview, the provider did not ensure the fire inspection by the local fire authority or certified fire inspector was completed for 1 of 1 calendar year (2024). Findings include: The provider is licensed to provide care for up to 20 residents who are physically disabled, terminally ill, advanced age and/or irreversible dementia/Alzheimer's. On 08/25/2025 at 1:00 PM, Surveyor reviewed the facility's inspection binder. There was no evidence of an annual fire inspection for calendar year 2024. The most recent inspection was dated 11/22/2023. Surveyor requested the annual fire inspection for calendar year 2024 from Executive Director (ED) A. ED A reviewed their facility's inspection binder and confirmed s/he was unable to locate a fire inspection from calendar year 2024. S/he stated s/he would reach out to maintenance and let Surveyor know. Surveyor requested an update on 08/26/2025 by 12:00 PM. On 08/26/2025 at 12:45 PM, Surveyor received a follow up phone call from ED A who stated the local fire department completed an inspection in 2024, but they are in the process of trying to obtain the documentation. S/he stated they will provide the documentation to Surveyor as soon as they receive it. On 08/27/2025 at 2:30 PM, Surveyor interviewed ED A who confirmed they still have not received	N 530		

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N 530	Continued From page 10 the documentation from the local fire department. As of the end of day on 08/27/2025, Surveyor did not receive any additional evidence of an annual fire inspection for calendar year 2024 from ED A. The provider did not ensure an annual fire inspection was completed as required. Cross Reference: N0504 DHS 83.46(1)(c) Heating System Maintenance N0531 DHS 83.47(4)(a) Fire Extinguishers: Type and Inspection	N 530		
N 531	83.47(4)(a) Fire extinguishers: type and inspection. At least one portable dry chemical fire extinguisher with a minimum 2A, 10-B-C rating shall be provided on each floor of the CBRF. All fire extinguishers shall be maintained in readily usable condition. Inspections of the fire extinguisher shall be done by a qualified professional one year after initial purchase and annually thereafter. Each fire extinguisher shall be provided with a tag documenting the date of inspection. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure fire extinguisher inspections were done by a qualified professional one year after initial purchase and annually thereafter. Nine (9) of 9 fire extinguishers observed had not been inspected annually. Findings include:	N 531		

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N 531	Continued From page 11 On 08/25/2025 at 11:30 AM, Surveyor toured the facility. Surveyor observed approximately 9 fire extinguishers throughout the facility. The inspection date on all fire extinguishers observed was March 2024. On 08/25/2025 at 12:10 PM, Surveyor interviewed Executive Director (ED) A who acknowledged the fire extinguishers were overdue for their annual inspection. S/he reported they will all be inspected in September. The provider did not ensure all fire extinguishers were inspected annually by a qualified professional. Cross Reference: N0504 DHS 83.46(1)(c) Heating System Maintenance N0530 DHS 83.47(3) Fire Inspection	N 531		