STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017481	A. BUILDING: _____ B. WING _____	R-C 10/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLACK ROCK ADULT LIVING LLC	W4715 POTTER RD ELKHORN, WI 53121

(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 On 10/22/2024, Surveyors conducted a verification visit at Black Rock Adult Living LLC, an AFH located in Elkhorn, WI. As a result of the survey, 1 violation of Chapter DHS 88 was issued. One violation is a repeat violation from previous Statement of Deficiency (SOD) YTIC11 dated 05/22/2024. Four violations from previous SOD YTIC11 were corrected. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 4	{M 000}		
{M 474}	88.07(4)(c) FOOD PREPARED AND STORED SANITARY WAY Food shall be prepared and stored in a sanitary manner. This Rule is not met as evidenced by: Based on observation and interview, the provider did not store food in a safe and sanitary manner. There were unsealed food items in the facility freezer. This is a repeat violation from previous Statement of Deficiency (SOD) YTIC11 dated 05/22/2024. Findings include:	{M 474}		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017481	A. BUILDING: _____ B. WING _____	R-C 10/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLACK ROCK ADULT LIVING LLC	W4715 POTTER RD ELKHORN, WI 53121

(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 474}	Continued From page 1 On 10/22/2024 at 9:00 AM, Surveyor observed the facility refrigerator and freezer. OBSERVATIONS There was an opened, unsealed bag of corn in the freezer. There was an opened, unsealed bag of green beans in the freezer. There was an opened, unsealed bag of fish (tilapia) in the freezer. There was an opened, unsealed bag of dinner rolls in the freezer. There was an opened, unsealed bag of french fries in the freezer. There was an opened, unsealed bag of fish (cod) in the freezer. There was an opened, unsealed bag of beef patties in the freezer. There was an opened, unsealed bag of chicken patties in the freezer. There was an opened, unsealed bag of vegetables (variety) in the freezer. There was an opened, unsealed bag of potatoes in the freezer. On 10/23/2024 at 11:00 AM, Surveyors discussed the above concern with Administrator A. Administrator A acknowledged that when a bag of food is put back in the freezer, it should be sealed to avoid spoiling/contaminating of the food item.	{M 474}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017481	A. BUILDING: _____ B. WING _____	R-C 10/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLACK ROCK ADULT LIVING LLC	W4715 POTTER RD ELKHORN, WI 53121

(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 474}	Continued From page 2 Administrator A acknowledged that there were several food items in the freezer that were opened and unsealed in the facility freezer.	{M 474}		