STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016507	A. BUILDING: _____ B. WING _____	C 04/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARRENS HOUSE	**611 COLTON CT WARRENS, WI 54666**

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N 000	Initial Comments On 03/21/2025, Surveyor conducted a complaint investigation x2 and licensure survey at Warrens House. Data Collection continued through 04/18/2025. One of the 2 complaints were substantiated. Fifteen deficiencies were identified. Two of the 15 deficiencies were repeat violations. See Statement of Deficiency (SOD) 0LO811, dated 07/26/2022, SOD M7ZE11, dated 07/28/2023, SOD 62C211, dated 11/21/2023, and SOD 62C212, dated 03/14/2025. Census: 6	N 000		
N 215	83.15(3)(b) Administrator responsible for staff training The administrator shall be responsible for the training and competency of all employees. This Rule is not met as evidenced by: Based on record review and interview, the administrator did not ensure training and competency of all employees. Findings include: On 03/21/2025 at 10:58 AM, Surveyor arrived at the facility to survey and made introductions to Caregiver C. Caregiver C stated s/he usually worked at a different facility within the company, and it was his/her first day working at this provider for over 1 year. Owner A was notified about the survey and could not make it to the provider.	N 215		

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
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N 215	Continued From page 1	N 215		

Manager B was notified about the survey and could not make it to the provider due to covering at another provider. Surveyor requested via phone and email, that Owner A provide documentation, including employee training, with a 48-hour deadline. Surveyor did not receive employee training documentation that was accessible until 04/02/2025.

On 04/09/2025 at 11:38 AM, Surveyor interviewed Guardian J. Guardian J commented s/he did not feel staff knew how to handle different resident situations.

On 04/09/2025 at 11:41 AM, Surveyor interviewed Case Manager (CM) K. CM K indicated s/he felt staff needed to be more educated with resident behaviors and how to handle incidents.

On 04/11/2025, Surveyor reviewed employee training records and noted the following:
- 4 of 4 employees reviewed did not complete orientation training prior to assuming job responsibilities
- 2 of 2 employees reviewed did not complete training on resident rights, the provider's licensed client groups, or challenging behaviors, within 90 days of hire
- 4 of 4 employees reviewed had not completed training on provisions of care or food safety
- 3 of 4 staff reviewed completed continuing education requirements in 2023 and 2024.

On 04/18/2025 at 8:19 AM, Surveyor interviewed Manager B. Manager B stated s/he was newer to his/her current position and they were currently working on restructuring his/her role since the survey started. Manager B stated s/he would be stepping away from direct resident care to focus more on managerial tasks. Manager B confirmed

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N 215	Continued From page 2 s/he was responsible for employee training. Manager B stated all employee education was documented in their electronic charting system and s/he had not been consistently documenting employee training, including orientation, all employee training, and task specific training. Manager B stated s/he needed to follow up more frequently to make sure employees were completing the required continued education. On 04/18/2025 at 11:00 AM, Surveyor interviewed Owner A. Owner A confirmed Surveyor was given all the employee education they had documented in the electronic charting system. Owner A stated it was a documentation issue and clerical error on their part for staff not having documented and/or completed their required training. Owner A stated Manager B was not the best with paperwork and moving forward they were going to focus on improving their employee training process. Cross Reference: N0230 DHS 83.19 Orientation N0243 DHS 83.21 (1)-(3) All Employee Training N0247 DHS 83.22 (1)-(4) Task Specific Training N0277 DHS 83.25 Continuing Education	N 215		
N 219	83.17(1) Licensee conduct caregiver background check Caregiver background check. At the time of hire, employment or contract and every 4 years after, the licensee shall conduct and document a caregiver background check following the procedures in s. 50.065, Stats., and ch. DHS 12. A licensee shall not employ, contract with or permit a person to reside at the CBRF if the person has been convicted of the crimes or offenses, or has a governmental finding of	N 219		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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N 219	Continued From page 3 misconduct, found in s. 50.065, Stats., and ch. DHS 12, Appendix A, unless the person has been approved under the department ' s rehabilitation process as defined in ch. DHS 12. This Rule is not met as evidenced by: Based on record review and interview, the provider did not complete a caregiver background check (CBC) for 4 of 6 staff sampled (Manager B, Caregiver C, Caregiver H, and Caregiver I). Findings include: On 04/11/2025, Surveyor reviewed employee records. A complete CBC consists of 3 components: 1. A background disclosure (BID) filled out by the employee, 2. A criminal history record search from the Department of Justice (DOJ), 3. The Integrated Background Information Systems (IBIS) letter to alert the employers to findings, restrictions and licenses from the Department of Health Services (DHS). Manager B was hired on 08/01/2017. Manager B's record did not include the second page of the BID with the date of hire. Caregiver C was hired on 02/13/2020. Caregiver C's last background check was completed over 4 years ago upon hire. Caregiver H was hired on 02/06/2024. Caregiver H's record did not include evidence of a CBC completed at hire.	N 219		

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N 219	Continued From page 4 Caregiver I was hired on 12/30/2024. Caregiver I's record did not include evidence of a CBC completed at hire. On 04/18/2025 at 8:19 AM, Surveyor interviewed Manager B. Manager B stated s/he took over conducting employee background checks for Owner A last week. Manager B stated s/he was trying to "catch up" on getting 4-year background checks done. On 04/18/2025 at 11:00 AM, Surveyor interviewed Owner A. Owner A confirmed s/he missed getting Caregiver C's 4-year background check done and would correct the concern immediately. Owner A stated Caregiver H used to work for his/her family member and the employee record had not fully transferred over. Owner A stated they were looking at restructuring their hiring process.	N 219		
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		

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	0016507	A. BUILDING: _____ B. WING _____	C 04/18/2025

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N 220	Continued From page 5 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 4 of 4 employees sampled (Caregiver F, Caregiver G, Caregiver H, and Caregiver I) were screened for communicable illness, including tuberculosis (TB), prior to working with residents. Findings include: The provider is licensed to care for 4 adults in the client groups alcohol/drug dependent, emotionally disturbed/mental illness, traumatic brain injury, physically disabled, terminally ill, advanced aged, and irreversible dementia/Alzheimer's disease. On 04/11/2025, Surveyor reviewed employee records. Caregiver F was hired on 04/30/2023. Caregiver F's record did not include evidence of communicable disease screening or TB test. Caregiver G was hired on 05/23/2023. Caregiver G's record did not include evidence of communicable disease screening or TB test. Caregiver H was hired on 02/06/2024. Caregiver H's record did not include evidence of communicable disease screening or TB test. Caregiver I was hired on 12/30/2024. Caregiver I's record did not include evidence of communicable disease screening. Caregiver I's record had a TB test dated 03/31/2025; completed after his/her date of hire. On 04/18/2025 at 11:00 AM, Surveyor interviewed Owner A. Owner A confirmed they did not have a communicable screening or TB test on file for	N 220		

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N 220	Continued From page 6 Caregiver F, Caregiver G, and Caregiver H. Owner A stated they had trouble with the clinic completing a communicable disease screening for Caregiver I.	N 220		
N 230	83.19 Orientation Before an employee performs any job duties, the CBRF shall provide each employee with orientation training which shall include all of the following: (1) Job responsibilities; (2) Prevention and reporting of resident abuse, neglect and misappropriation of resident property; (3) Information regarding assessed needs and individual services for each resident for whom the employee is responsible; (4) Emergency and disaster plan and evacuation procedures under s. HFS 83.47(2); (5) CBRF policies and procedures; (6) Recognizing and responding to resident changes of condition. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 4 of 4 employees reviewed (Caregiver F, Caregiver G, Caregiver H, and Caregiver I), completed orientation training prior to assuming job responsibilities. Findings include: The provider is licensed to care for 4 adults in the client groups alcohol/drug dependent, emotionally disturbed/mental illness, traumatic brain injury, physically disabled, terminally ill, advanced aged, and irreversible dementia/Alzheimer's disease.	N 230		

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	0016507	A. BUILDING: _____ B. WING _____	C 04/18/2025

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N 230	Continued From page 7 On 04/11/2025, Surveyor reviewed employee records. Caregiver F was hired on 04/30/2023. Caregiver F's record did not include evidence of orientation training. Caregiver G was hired on 05/23/2023. Caregiver G's record did not include evidence of orientation training. Caregiver H was hired on 02/06/2024. Caregiver H's record did not include evidence of orientation training. Caregiver I was hired on 12/30/2024. Caregiver I's record did not include evidence of orientation training. On 04/11/2025 at 7:49 PM, Surveyor received an email from Owner A describing the orientation process. The email stated, in part, "New hires spend a minimum of 3 full working shifts with the house manager after completing their CBRF (community based residential facility) training. During this time they are acclimated to their daily duties as well as given time to read and review each individual care plan of residents they will serve. After that their respective house manager and I discuss their performance and determine how many more training shifts they require before working independently in the homes. Once they are working independently myself and/or the house manager does a daily check in with them to ensure cares are being provided appropriately and resident needs are being met to our expectation." On 04/18/2025 at 8:19 AM, Surveyor interviewed Manager B. Manager B stated all employee	N 230		

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N 230	Continued From page 8 education was documented in their electronic charting system and s/he had not been documenting employee orientation. On 04/18/2025 at 11:00 AM, Surveyor interviewed Owner A. Owner A confirmed Surveyor was given all the employee education they had documented. Owner A stated it was a clerical error on their part and s/he had already started to make changes to their process.	N 230		
N 243	83.21(1)-(3) All employee training. The CBRF shall provide, obtain or otherwise ensure adequate training for all employees in all of the following: Resident rights. Training shall include general rights of residents including rights as specified under s. DHS 83.32(3). Training shall be provided as applicable under ss. 50.09 and 51.61 and chs. 54, 55, and 304, Stats., and ch. DHS 94, depending on the legal status of the resident or service the resident is receiving. Specific training topics shall include house rules, coercion, retaliation, confidentiality, restraints, self-determination, and the CBRF ' s complaint and grievance procedures. Residents ' rights training shall be completed within 90 days after starting employment. Client Group. Training shall be specific to the client group served and shall include the physical, social and mental health needs of the client group. Specific training topics shall include, as applicable: characteristics of the client group served, activities, safety risks, environmental considerations, disease processes, communication skills, nutritional needs, and vocational abilities. Client group specific training shall be completed within 90 days after starting	N 243		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016507	A. BUILDING: _____ B. WING _____	C 04/18/2025

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N 243	Continued From page 9 employment. Client Group. In a CBRF serving more than one client group, employees shall receive training for each client group. Recognizing, preventing, managing, and responding to challenging behaviors. Specific training topics shall include, as applicable: elopement, aggressive behaviors, destruction of property, suicide prevention, self-injurious behavior, resident supervision, and changes in condition. Challenging behaviors training shall be completed within 90 days after starting employment. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 employees reviewed (Caregiver F and Caregiver G), completed training on resident rights, the provider's licensed client groups, or challenging behaviors, within 90 days of hire. Findings include: The provider is licensed to care for 4 adults in the client groups alcohol/drug dependent, emotionally disturbed/mental illness, traumatic brain injury, physically disabled, terminally ill, advanced aged, and irreversible dementia/Alzheimer's disease. On 04/10/2025, Surveyor conducted a review of 2 employees to verify compliance with all employee training requirements. Surveyor requested training records from Owner A and Manager B for Caregiver F and Caregiver G.	N 243		

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	0016507	A. BUILDING: _____ B. WING _____	C 04/18/2025

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WARRENS HOUSE	611 COLTON CT WARRENS, WI 54666

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N 243	Continued From page 10 Resident Rights The record for Caregiver F, hired on 04/30/2023, did not contain evidence training or evidence of meeting an exemption for resident rights. The record for Caregiver G, hired on 05/23/2023, did not contain evidence training or evidence of meeting an exemption for resident rights. Recognizing, Preventing, Managing and Responding to Challenging Behaviors The record for Caregiver F, hired on 04/30/2023, did not contain evidence training or evidence of meeting an exemption for challenging behaviors training. The record for Caregiver G, hired on 05/23/2023, did not contain evidence training or evidence of meeting an exemption for challenging behaviors training. Client Group The record for Caregiver F, hired on 04/30/2023, did not contain evidence training or evidence of meeting an exemption for client group training. The record for Caregiver G, hired on 05/23/2023, did not contain evidence training or evidence of meeting an exemption for client group training. On 04/18/2025 at 8:19 AM, Surveyor interviewed Manager B. Manager B stated all employee education was documented in their electronic charting system and s/he had not been documenting resident rights, the provider's licensed client groups, or challenging behaviors	N 243		

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	0016507	A. BUILDING: _____ B. WING _____	C 04/18/2025

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N 243	Continued From page 11 with employees. On 04/18/2025 at 11:00 AM, Surveyor interviewed Owner A. Owner A confirmed Surveyor was given all the employee education they had documented. Owner A stated it was a documentation issue with staff not signing a form and s/he had already started to make changes to their process.	N 243		
N 247	83.22(1)-(4) Task specific training. The CBRF shall provide, obtain or otherwise ensure adequate training for employees performing job duties in all of the following: Assessment of residents. All employees responsible for resident assessment shall successfully complete training in the assessment of residents prior to assuming these job duties. Specific training topics shall include: assessment methodology, assessment of changes in condition, sources of assessment information, and documentation of the assessment. Individual service plan development. All employees responsible for service plan development shall successfully complete training in individual service plan development prior to assuming these job duties. Specific training topics shall include: identification of the resident ' s needs and desired outcomes, development of goals and interventions, service plan evaluation and review of progress. Provision of personal care. All employees responsible for providing assistance with activities of daily living shall successfully complete training prior to assuming these job duties. Specific training topics shall include, as appropriate: bathing, eating, dressing, oral hygiene, nail and foot care, toileting and incontinence care, positioning and body alignment, and mobility and	N 247		

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N 247	Continued From page 12 transferring. Dietary training. All employees performing dietary duties shall complete dietary training within 90 days after assuming these job duties. Specific training topics shall include: determining nutritional needs, menu planning, food preparation and food sanitation. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 4 of 4 employees reviewed (Caregiver F, Caregiver G, Caregiver H, and Caregiver I), completed training on provisions of care or food safety. Caregiver F, Caregiver G, Caregiver H, and Caregiver I, who had responsibilities for providing assistance with activities of daily living, did not have training in the provision of personal care prior to assuming these duties. Caregiver F, Caregiver G, Caregiver H, and Caregiver I, who perform dietary duties, did not have training in dietary services within 90 days after assuming these job duties. Findings include: The provider is licensed to care for 4 adults in the client groups alcohol/drug dependent, emotionally disturbed/mental illness, traumatic brain injury, physically disabled, terminally ill, advanced aged, and irreversible dementia/Alzheimer's disease. On 04/10/2025, Surveyor conducted a review of 4 employees to verify compliance with task specific	N 247		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARRENS HOUSE	611 COLTON CT WARRENS, WI 54666

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N 247	Continued From page 13	N 247		

training requirements. Surveyor requested training records from Owner A and Manager B for Caregiver F, Caregiver G, Caregiver H, and Caregiver I.

Provision of Personal Care

The record for Caregiver F, hired on 04/30/2023, did not contain evidence of training or evidence of meeting an exemption for personal care training.

The record for Caregiver G, hired on 05/23/2023, did not contain evidence of training or evidence of meeting an exemption for personal care training.

The record for Caregiver H, hired on 02/06/2024, did not contain evidence of training or evidence of meeting an exemption for personal care training.

The record for Caregiver I, hired on 12/30/2024, did not contain evidence of training or evidence of meeting an exemption for personal care training.

Dietary Training

At approximately 11:30 AM, Surveyor observed Caregiver C support residents in the preparation of the noon meal.

The record for Caregiver F, hired on 04/30/2023, did not contain evidence of training or evidence of meeting an exemption for dietary training.

The record for Caregiver G, hired on 05/23/2023, did not contain evidence of training or evidence of meeting an exemption for dietary training.

The record for Caregiver H, hired on 02/06/2024, did not contain evidence of training or evidence of meeting an exemption for dietary training.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016507	A. BUILDING: _____ B. WING _____	C 04/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARRENS HOUSE	611 COLTON CT WARRENS, WI 54666

(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 247	Continued From page 14 The record for Caregiver I, hired on 12/30/2024, did not contain evidence of training or evidence of meeting an exemption for dietary training. The caregivers' job description indicated that part of their role was to help residents with activities of daily living and meal preparation. On 04/11/2025 at 7:49 PM, Surveyor received an email from Owner A describing their orientation process. The email stated, in part, "New hires spend a minimum of 3 full working shifts with the house manager after completing their CBRF (community based residential facility) training. During this time they are acclimated to their daily duties as well as given time to read and review each individual care plan of residents they will serve. After that their respective house manager and I discuss their performance and determine how many more training shifts they require before working independently in the homes. Once they are working independently myself and/or the house manager does a daily check in with them to ensure cares are being provided appropriately and resident needs are being met to our expectation." On 04/18/2025 at 8:19 AM, Surveyor interviewed Manager B. Manager B stated all employee education was documented in their electronic charting system, and s/he had not been documenting provisions of care and food safety training with employees. On 04/18/2025 at 11:00 AM, Surveyor interviewed Owner A. Owner A confirmed Surveyor was given all the employee education they had documented. Owner A stated it was a documentation issue with staff not signing a form and s/he had already	N 247		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016507	A. BUILDING: _____ B. WING _____	C 04/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARRENS HOUSE	**611 COLTON CT WARRENS, WI 54666**

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N 247	Continued From page 15 started to make changes to their process.	N 247		
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 3 of 4 staff reviewed (Caregiver C, Caregiver F, and Caregiver G), completed continuing education requirements in 2023 and 2024. Findings include: On 03/21/2025 at 12:02 PM, Surveyor requested continuing education for Caregiver C, Caregiver F, and Caregiver G. On 04/11/2025, Surveyor reviewed employee files. Caregiver C was hired on 02/13/2020. Caregiver C's training record indicated s/he completed 4 hours of continuing education in 2023 and no	N 277		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016507	A. BUILDING: _____ B. WING _____	C 04/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARRENS HOUSE	611 COLTON CT WARRENS, WI 54666

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N 277	Continued From page 16 hours in 2024. The training did not include training on medications, abuse/neglect, standard precautions, and/or fire and first aid. Caregiver F was hired on 04/30/2023. Caregiver F's continuing education training record indicated s/he had no hours in 2023 and 2024. The training did not include training on medications, abuse/neglect, standard precautions, resident rights, client specific, and/or fire and first aid. Caregiver G was hired on 05/23/2023. Caregiver G's continuing education training record indicated s/he had no hours in 2023 and 2024. The training did not include training on medications, abuse/neglect, standard precautions, resident rights, client specific, and/or fire and first aid. On 04/18/2025 at 8:19 AM, Surveyor interviewed Manager B. Manager B stated they offered employees 2 trainings each month. They were to come to another one of their facilities to receive the training and were paid for their time. Manager B stated s/he needed to monitor employees closer to make sure they completed the education requirement. Manager B stated all employee education was documented in the electronic charting system. On 04/18/2025 at 11:00 AM, Surveyor interviewed Owner A. Owner A confirmed Surveyor was given all the employee education they had documented. Owner A stated it was a documentation issue with staff not signing a form and s/he had already started to make changes to their process.	N 277		
N 302	83.28(4)(a) Resident health screening and documentation	N 302		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016507	A. BUILDING: _____ B. WING _____	C 04/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARRENS HOUSE	**611 COLTON CT WARRENS, WI 54666**

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N 302	Continued From page 17 Resident health screening. 1. Within 90 days before or 7 days after admission, a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse shall screen each person admitted to the CBRF for clinically apparent communicable disease, including tuberculosis, and document the results of the screening. 2. Screening for tuberculosis and all immunizations shall be conducted using centers for disease control and prevention standards. 3. The CBRF shall maintain the screening documentation in each resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure new residents were screened for communicable illness, including tuberculosis (TB). This is a repeat deficiency. See SOD 0LO811, dated 07/26/2022. Findings include: On 03/21/2025 at 12:02 PM, Surveyor requested Resident 1's record. On 04/02/2025, Surveyor reviewed the record for Resident 1. Resident 1 was admitted to the facility on 07/12/2024. His/her record did not include evidence s/he was screened for TB. On 04/11/2025 at 8:51 AM, Surveyor received an email from Owner A. Owner A stated in part, "[Resident 1] was transferred to the [facility] from	N 302		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016507	A. BUILDING: _____ B. WING _____	C 04/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARRENS HOUSE	**611 COLTON CT WARRENS, WI 54666**

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N 302	Continued From page 18 another [facility], unfortunately that documentation was lost in the transfer process, we will schedule an appointment for all three immediately." On 04/18/2025 at 11:00 AM, Surveyor interviewed Owner A. Owner A stated Resident 1 moved from one of their other facilities and new admission paperwork was not done including the health screening and TB test.	N 302		
N 343	83.32(2)(a) Explanation of rights, grievance procedure. Explanation of resident rights, grievance procedure, and house rules. Before the admission agreement is signed by the resident or the resident ' s legal representative or at the time of admission, the CBRF shall provide a copy of and explain resident rights, the grievance procedure under s. HFS 83.33 and the house rules to the person being admitted, the person ' s legal representative, and family members of the person. The resident or the resident ' s legal representative shall be asked to sign a statement to acknowledge the receipt of an explanation of resident rights. The CBRF shall document the date and to whom the information was provided. This Rule is not met as evidenced by: Based on record review and interview, the provider did not obtain a signed statement acknowledging the provider explained resident rights, the grievance procedure, and house rules to 2 of 2 residents reviewed (Resident 1 and Resident 3). Findings include:	N 343		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016507	A. BUILDING: _____ B. WING _____	C 04/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARRENS HOUSE	**611 COLTON CT WARRENS, WI 54666**

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N 343	Continued From page 19 On 03/21/2025 at 12:02 PM, Surveyor requested Resident 1's and Resident 3's records. On 04/02/2025, Surveyor reviewed the records of Resident 1 and Resident 3. Resident 1 was admitted to the provider on 07/12/2024. Surveyor was unable to locate documentation indicating resident rights, grievance procedures, and house rules were explained to or signed by Resident 1 upon admission. Resident 3 was admitted to the provider on 12/31/2024. Surveyor was unable to locate documentation indicating resident rights, grievance procedures, and house rules were explained to or signed by Resident 3 upon admission. On 04/18/2025 at 8:19 AM, Surveyor interviewed Manager B. Manager B stated it was his/her responsibility to review admission paperwork for new residents. Manager B stated s/he reviewed the resident rights and grievance procedure with new residents and/or their power of attorney (POA) or guardian upon admission but did not document it was completed.	N 343		
N 392	83.35(4) Resident satisfaction evaluation. Satisfaction evaluation. At least annually, the CBRF shall provide the resident and the resident ' s legal representative the opportunity to complete an evaluation of the resident ' s level of satisfaction with the CBRF ' s services. The evaluation shall be completed on either a department form or a form developed by the CBRF and approved by the department.	N 392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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WARRENS HOUSE	611 COLTON CT WARRENS, WI 54666

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N 392	Continued From page 20 This Rule is not met as evidenced by: Based on record review and interview, the provider did not provide the resident and the resident's legal representative the opportunity to complete an evaluation, at least annually, of the resident's level of satisfaction with the provider's services, for 2 of 2 (Resident 4 and Resident 5) residents reviewed. Findings include: On 03/21/2025 at 12:02 PM, Surveyor requested Resident 4's and Resident 5's records. On 04/02/2025, Surveyor reviewed records for Resident 4 and Resident 5. Resident 4 was admitted to the facility on 09/20/2019. Resident 4's record did not contain evidence to show a satisfaction survey was sent to Resident 4 or Resident 4's representative at least annually. Resident 5 was admitted to the facility on 03/09/2021. Resident 5's record did not contain evidence to show a satisfaction survey was sent to Resident 5 or Resident 5's representative at least annually. On 04/11/2025 at 9:04 AM, Surveyor received an email from Owner A. Owner A stated, in part, "Again although this was completed it appears the documentation was not properly uploaded. I have directed [Manager B] to complete another one immediately." On 04/18/2025 at 11:00 AM, Surveyor interviewed Owner A. Owner A stated s/he had missed completing the satisfaction surveys annually.	N 392		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016507	A. BUILDING: _____ B. WING _____	C 04/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARRENS HOUSE	**611 COLTON CT WARRENS, WI 54666**

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N 392	Continued From page 21 Owner A stated Manager B would be taking over responsibility of this task moving forward.	N 392		
N 393	83.35(5)(a) Initial evaluation of evacuation limitations. Initial evaluation. The CBRF shall evaluate each resident within 3 days of the resident ' s admission to determine whether the resident is able to evacuate the CBRF within 2 minutes in an unsprinklered CBRF and 4 minutes in a sprinklered CBRF without any help or verbal or physical prompting, and what type of limitations that resident may have that prevent the resident from evacuating the CBRF within the applicable period of time. A form provided by the department shall be used for the evaluation. The resident ' s evaluation shall be retained in the resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 4 (Resident 1) residents reviewed, were evaluated within 3 days of admission for evacuation capabilities. Findings include: The provider is licensed to care for 6 adults in the client groups alcohol/drug dependent, emotionally disturbed/mental illness, traumatic brain injury, physically disabled, terminally ill, advanced aged, and irreversible dementia/Alzheimer's disease. On 03/21/2025 at 12:02 PM, Surveyor requested Resident 1's record. On 04/02/2025, Surveyor reviewed Resident 1's	N 393		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016507	A. BUILDING: _____ B. WING _____	C 04/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARRENS HOUSE	**611 COLTON CT WARRENS, WI 54666**

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N 393	Continued From page 22 record. Resident 1 was admitted to the facility on 07/12/2024. Resident 1's record did not contain an initial evaluation of evacuation capabilities. On 04/11/2025 at 8:51 AM, Surveyor received an email from Owner A. Owner A stated, in part, "Although this was performed on [his/her] admission we do not have the supporting documentation. Unfortunately it appears as though the file was not uploaded and we simply do not have it. I have directed [Manager B] to complete another evacuation assessment immediately." On 04/18/2025 at 11:00 AM, Surveyor interviewed Owner A. Owner A stated Resident 1 moved from one of their other facilities, and new admission paperwork was not done including the evaluation of evacuation capabilities.	N 393		
N 404	83.37(1)(e) Medication regimen, administration review. Medication Regimen Review. 1. If residents ' medications are administered by a CBRF employee, the CBRF shall arrange for a pharmacist or a physician to review each resident ' s medication regimen. This review shall occur within 30 days before or 30 days after the resident ' s admission, whenever there is a significant change in medication, and at least every 12 months. 2. At least annually, the CBRF shall have a physician, pharmacist, or registered nurse conduct an on-site review of the CBRF ' s medication administration and medication storage systems. 3. The CBRF shall obtain a written report of findings under subds. 1. and 2., and address any irregularities for appropriate action. When the review is done by someone other than	N 404		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016507	A. BUILDING: _____ B. WING _____	C 04/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARRENS HOUSE	611 COLTON CT WARRENS, WI 54666

(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 404	Continued From page 23 the prescribing practitioner, the prescribing practitioner shall receive a copy of the report when there are irregularities identified with the resident's medication regimen, which may need physician involvement to address. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure an onsite review of the facility's medication administration and medication storage systems were completed in 2023 and 2024, by a physician, pharmacist or registered nurse. Findings include: On 03/21/2025 at 12:02 PM, Surveyor requested the 2023 and 2024 annual onsite reviews of the provider's medication system. Surveyor did not receive any annual onsite reviews of the facility's medication system on 04/02/2025, when other requested documentation was received. On 04/11/2025 at 10:35 AM, Surveyor received an email from Owner A that stated, in part, "Our nurse completed [his/her] annual review but neglected to file the paperwork with us. I have scheduled another review with [him/her] to be done ASAP (as soon as possible)." On 04/11/2025 at 3:18 PM, Surveyor interviewed Nurse E. Nurse E stated s/he did not do the medication reviews but pharmacy usually completed them. On 04/18/2025 at 11:00 AM, Surveyor interviewed Owner A. Owner A stated they had a new nurse take over in 2023 and the previous nurse did not	N 404		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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WARRENS HOUSE	**611 COLTON CT WARRENS, WI 54666**

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N 404	Continued From page 24 pass on the responsibility of the annual onsite reviews of the provider's medication system. Owner A confirmed the annual onsite reviews of the provider's medication system were not completed in 2023 or 2024.	N 404		
N 407	83.37(1)(h) Scheduled psychotropic medications. Scheduled psychotropic medications. When a psychotropic medication is prescribed for a resident, the CBRF shall do all of the following: 1. Ensure the resident is reassessed by a pharmacist, practitioner or registered nurse, as needed, but at least quarterly for the desired responses and possible side effects of the medication. The results of the assessments shall be documented in the resident ' s record as required under s. HFS 83.42(1)(q). 2. Ensure all resident care staff understands the potential benefits and side effects of the medication. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 residents reviewed that received a scheduled psychotropic medication, were assessed at least quarterly by a registered nurse (RN), pharmacist or practitioner, for the desired response and possible side effects of the medications. Findings include: The provider is licensed to care for 6 adults in the client groups alcohol/drug dependent, emotionally disturbed/mental illness, traumatic brain injury, physically disabled, terminally ill, advanced aged, and irreversible dementia/Alzheimer's disease.	N 407		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016507	A. BUILDING: _____ B. WING _____	C 04/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARRENS HOUSE	611 COLTON CT WARRENS, WI 54666

(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 407	Continued From page 25 On 03/21/2025 at 12:02 PM, Surveyor requested Resident 1's record. On 04/02/2025, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 07/12/2024. Resident 1's medication pass history from 01/01/2025 through 04/11/2025 indicated Resident 1 was on the following scheduled psychotropic medications: Desvenlafaxine ER 100 mg - take 1 tablet every day Lurasidone HCL 80 mg - take 1 tablet daily with breakfast Trazadone 50 mg - take 1 tablet daily at bedtime. The medication pass history indicated Resident 1 had been administered all 3 medications since at least 01/01/2025 to 04/10/2025. Surveyor did not receive any quarterly psychotropic medication reviews for Resident 1 in his/her record. On 04/11/2025 at 3:18 PM, Surveyor interviewed Nurse E. Nurse E stated s/he did not do the medication reviews. On 04/11/2025 at 7:49 PM, Surveyor received an email from Owner A. Owner A stated, in part, "Psych [sic] reviews are done on an annual or as needed basis. These are typically handled by the residents [sic] mental health provider. If of course we have concerns or residents seem to be exhibiting out of character behavior we contact the primary care provider immediately for an evaluation."	N 407		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016507	A. BUILDING: _____ B. WING _____	C 04/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARRENS HOUSE	611 COLTON CT WARRENS, WI 54666

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N 407	Continued From page 26 On 04/18/2025 at 8:19 AM, Surveyor interviewed Manager B. Manager B stated Resident 1 saw his/her psychiatrist quarterly and his/her medications were reviewed at that time. On 04/18/2025 at 11:00 AM, Surveyor interviewed Owner A. Owner A confirmed psychotropic medication reviews were not getting done by Nurse E and would get this corrected immediately.	N 407		
N 408	83.37(1)(i) PRN psychotropic medication. As needed (PRN) psychotropic medication. When a psychotropic medication is prescribed on an as needed basis for a resident, the CBRF shall do all of the following: 1. The resident ' s individual service plan shall include the rationale for use and a detailed description of the behaviors which indicate the need for administration of PRN psychotropic medication. 2. The administrator or qualified designee shall monitor at least monthly for the inappropriate use of PRN psychotropic medication, including but not limited to, use contrary to the individual service plan, presence of significant adverse side effects, use for discipline or staff convenience, or contrary to the intended use. 3. Documentation in the resident ' s record shall include the rationale for use, description of behaviors requiring the PRN psychotropic medication, the effectiveness of the medication, the presence of any side effects, and monitoring for inappropriate use for each PRN psychotropic medication given. This Rule is not met as evidenced by: Based on interview and record review, for as	N 408		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016507	A. BUILDING: _____ B. WING _____	C 04/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WARRENS HOUSE	611 COLTON CT WARRENS, WI 54666

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N 408	Continued From page 27	N 408		

needed (PRN) psychotropic medications, the provider did not review the rationale for use, describe the behaviors that indicated a need for them, record possible negative side effects, monitor for inappropriate use, or document and conduct monthly reviews, for 1 of 4 residents reviewed that were prescribed a PRN psychotropic medication.

Findings include:

The provider is licensed to care for 6 adults in the client groups alcohol/drug dependent, emotionally disturbed/mental illness, traumatic brain injury, physically disabled, terminally ill, advanced aged, and irreversible dementia/Alzheimer's disease.

On 03/21/2025 at 12:02 PM, Surveyor requested Resident 1's record.

On 04/02/2025, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 07/12/2024. Resident 1's medication pass history from 01/01/2025 through 04/11/2025 indicated Resident 1 was on the following PRN psychotropic medication:

Hydroxyzine HCL 25 mg - take one tablet 2 times a day as needed for anxiety.

The medication pass history indicated Resident 1 had been administered the medication approximately 9 times in the past 3 months.

Resident 1's active order list indicated Resident 1 had been on this medication since 10/04/2024.

Surveyor did not receive any PRN psychotropic medication reviews for Resident 1 in his/her record.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016507	A. BUILDING: _____ B. WING _____	C 04/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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N 408	Continued From page 28 On 04/11/2025 at 3:18 PM, Surveyor interviewed Nurse E. Nurse E stated s/he did not do the medication reviews. On 04/11/2025 at 7:49 PM, Surveyor received an email from Owner A. Owner A stated, in part, "Psych [sic] reviews are done on an annual or as needed basis. These are typically handled by the residents [sic] mental health provider. If of course we have concerns or residents seem to be exhibiting out of character behavior we contact the primary care provider immediately for an evaluation." On 04/18/2025 at 8:19 AM, Surveyor interviewed Manager B. Manager B stated Resident 1 saw his/her psychiatrist quarterly and his/her medications were reviewed at that time. On 04/18/2025 at 11:00 AM, Surveyor interviewed Owner A. Owner A confirmed psychotropic medication reviews were not getting done by Nurse E and would get this corrected immediately. The provider did not monitor at least monthly for the inappropriate use of PRN psychotropic medication.	N 408		
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		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016507	A. BUILDING: _____ B. WING _____	C 04/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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N 481	Continued From page 29	N 481		

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not provide an environment that was safe, clean, comfortable, and homelike.

Findings include:

The provider is licensed to provide care for 6 adults in the client groups of emotionally disturbed/mental illness, developmentally disabled, alcohol/drug dependent, physically disabled, terminally ill, advanced aged, irreversible dementia/Alzheimer's disease, and traumatic brain injury.

On 12/30/2024, the department received a complaint related to cleanliness.

On 03/21/2025, at 12:10 PM, Surveyor toured the facility with Caregiver C and observed the following:

Resident 2's Bedroom
-Grime and dead bugs on window ledge
-Door handle/lock loose

East Hallway
-Hole in wall behind entrance door
-Floor transition strip missing

East Bathroom
-Ceiling fan vent dusty
-Door lock difficult to use

Kitchen
-Sink faucet drips
-Drawer end with handle broke off with exposed nails and screws

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N 481	Continued From page 30 -Stove head dusty Living Room -Duct tape in 2 places where metal transition strips between the living room and kitchen came together. The transition strips were also lifted from the floor, causing a potential trip hazard -Metal transition strip between living room and kitchen leading down the hallway had 2 brown rubber transition strips covering each edge, with colored tape down the middle, causing an uneven walking surface and potential trip hazard -Electric fireplace dusty Resident 1's Bedroom -Transition strip between bedroom and hallway missing Resident 3's Bedroom -Transition strip between bedroom and hallway missing -Floor vent lifted causing potential trip hazard Patio Door -Screen coming out of bottom right edge Deck -Back deck not cleared of snow West Bathroom -Light bulb missing from light fixture above sink -Ceiling fan vent dusty At 12:40 PM, Surveyor interviewed Resident 1 about the environmental concerns. Resident 1 stated s/he accidentally broke the drawer in the kitchen off approximately 1 month ago when pulling it out. Resident 1 stated Caregiver C was going to fix it today before Surveyor had arrived at the facility. Resident 1 stated the transition strip in	N 481		

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N 481	Continued From page 31	N 481		

the east hallway had been damaged when furniture was moved out of the facility approximately 1 month ago. Resident 1 stated his/her bedroom transition strip had been missing since she moved in (date of admission 08/13/2024). Resident 1 stated the provider was planning to get a new kitchen sink.

At 2:37 PM, Surveyor interviewed Caregiver C. Caregiver C stated Maintenance D was planning to fix the transition strips between the kitchen and living room with the brown rubber strips. Caregiver C stated Resident 4 was diabetic and could cut his/her foot on the current metal transition strips.

On 04/11/2025 at 1:54 PM, Surveyor requested via email from Owner A, a description of his/her maintenance process at the facility. Owner A responded back the same day at 7:49 PM, "I provide maintenance for three of the homes. Staff reports directly to me when a maintenance concern is noticed or brought to their attention. I also have a minimum of a monthly dedicated walk through of the homes outside of my regular visits to the home. Once a maintenance request is received it is typically handled within 72hrs [sic] unless it is something very urgent i.e [sic] poses a health and safety risk or a contractor needs to be called in for specialized work that I cannot perform."

On 04/18/2025 at 11:00 AM, Surveyor interviewed Owner A. Owner A confirmed the bathroom needed a new door lock. Owner A stated the kitchen drawer had been fixed a month ago and broke again 1 week ago. Owner A stated Caregiver C was going to fix it. Owner A stated s/he had decided to pull the whole floor up and redo where the transition strips were between the

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N 481	Continued From page 32 kitchen and living room. Owner A stated that no matter how they had fixed the transition strips previously, they kept getting damaged due to being a high-trafficked area. Owner A stated s/he had another maintenance staff that could cover for him/her in an emergency. The provider did not provide an environment that was safe, clean, comfortable, and homelike.	N 481		