STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016522	A. BUILDING: _____ B. WING _____	R-C 07/20/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROTOLOC NORTH NEW HOPE II	**133 W ELM STREET CHIPPEWA FALLS, WI 54729**

(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 07/13/2026, Surveyor completed a verification visit at Brotoloc North New Hope II. Data was collected through 07/20/2026. One deficiency was identified. This was a repeat deficiency. See Statement of Deficiency (SOD) HJLY11, dated 09/04/2024 and SOD DD9H11, dated 07/16/2025. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed Census:7	{N 000}		
{N 491}	83.44(2)(c) Interior floors, walls and ceilings. Every interior floor, wall and ceiling shall be clean and in good repair. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure every interior wall was clean and in good repair. This is a repeat deficiency. See Statement of Deficiency (SOD) HJLY11, dated 09/04/2024 and SOD DD9H11, dated 07/16/2025. Findings include: On 07/13/2026 at approximately 10:40 AM, Surveyor toured the house with Caregiver A. Surveyor observed the laundry room closet. The sheetrock and shelves were removed from inside the closet. The exposed drywall and studs appeared to have black spots. Black debris was also observed on the floor.	{N 491}		

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 491}	Continued From page 1 At approximately 10:45 AM, Surveyor interviewed Caregiver A. Caregiver A stated that this was the closet that previously had mold. Surveyor asked how long the closet had been missing sheetrock and shelves. Caregiver A stated it had been like that for probably over a year. Caregiver A stated s/he was not responsible for the maintenance needs of the building. Caregiver A stated s/he reported to Program Manager (PM) B. Caregiver A stated s/he would let PM B know that it was still an issue and needed to be fixed. On 07/15/2026 at 4:55 PM, Surveyor received an e-mail from Administrator C. Administrator C stated that their maintenance person had removed the drywall and left it removed so that s/he could continue to monitor for additional mold or water damage. Surveyor informed Administrator C that when s/he was at the facility there still appeared to be black spots noted on the studs/drywall, in addition to black debris on the floor. Administrator C stated that s/he spoke with their maintenance person, who stated that s/he had been checking the moisture levels with a moisture meter and had not found any new mold or moisture issues. S/he stated that s/he planned to replace the drywall, shelves, and flooring next month. Administrator C stated that the black debris on the floor was from maintenance ripped out the drywall. S/he reported that maintenance swept the floor up on 07/20/2026.	{N 491}		