STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020231	A. BUILDING: _____ B. WING _____	R-C 08/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARETTA SENIOR LIVING EAU CLAIRE CBRF	4650 KEYSTONE CROSSING EAU CLAIRE, WI 54701

(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 08/11/2026, Surveyor conducted a complaint investigation and verification visit at Caretta Senior Living Eau Claire CBRF. Data collection continued through 08/25/2026. The complaint was substantiated. One deficiency was identified and was a repeat deficiency. See Statement of Deficiency J4WY11, dated 04/14/2026. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 23	{N 000}		
{N 399}	83.36(2) Maintain current written staffing schedule Staffing schedule. The CBRF shall maintain a current written schedule for staffing the CBRF. The schedule shall include each employee ' s full name, job assignment and time worked. This Rule is not met as evidenced by: Based on record review and interview, the provider did not maintain an accurate written staff schedule for 8 of 8 days reviewed. This is a repeat deficiency. See Statement of Deficiency J4WY11, dated 04/14/2026. Findings include: On 07/13/2026, the Department received a complaint regarding inadequate staffing concerns and scheduling.	{N 399}		

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

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{N 399}	Continued From page 1 This facility is a Community-Based Residential Facility (CBRF) located under the same roof as a registered Residential Care Apartment Complex (RCAC). On 08/11/2026 at approximately 10:00 AM, Surveyor interviewed Caregiver A and Caregiver B who were working at the time of survey and asked how the facility was staffed. Caregiver A and Caregiver B both stated there were 3 caregivers scheduled on day shift, 3 on the evening shift, and 2 scheduled on the overnight shift. On 08/11/2026 at approximately 10:30 AM, Director of Nursing (DON) C confirmed current staffing was 3 on day shift, 3 on the evening shift and 2 on the overnight shift. DON C also confirmed there was 1 resident who required 2-person assistance with care. On 08/11/2026 at approximately 12:45 PM, Surveyor requested the staff schedule for the previous week beginning 08/01/2026 from DON C. The schedule identified the following discrepancies for the overnight shift, confirmed by ED E via email on 08/12/2026 at 9:50 AM: -08/01/2026: Caregiver G was scheduled for RCAC cares from 10:00 PM to 6:00 AM but provided cares to residents in the CBRF. -08/02/2026: Caregiver G was scheduled for RCAC cares from 10:00 PM to 6:00 AM but provided cares to residents in the CBRF. -08/03/2026: Caregiver H was scheduled for RCAC medications from 10:00 PM to 6:00 AM but worked in the CBRF. ED E noted there was a username/log-in issue and cares/meds were completed by Caregiver H in the CBRF. -08/04/2026: Caregiver G was scheduled for	{N 399}		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARETTA SENIOR LIVING EAU CLAIRE CBRF	**4650 KEYSTONE CROSSING EAU CLAIRE, WI 54701**

(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 399}	Continued From page 2 RCAC cares from 10:00 PM to 6:00 AM but provided cares in the CBRF. -08/05/2026: Caregiver G was scheduled for RCAC cares from 10:00 PM to 6:00 AM but provided cares in the CBRF. -08/06/2026: Caregiver G was scheduled for RCAC cares from 10:00 PM to 6:00 AM but provided cares in the CBRF. -08/07/2026: Caregiver G was scheduled for RCAC cares from 10:00 PM to 6:00 AM but provided cares in the CBRF. -08/08/2026: Caregiver I was scheduled for RCAC cares from 10:00 PM to 6:00 AM but provided cares in the CBRF. The provider did not maintain an accurate written schedule when the scheduled caregiver's workplace location was not accurately assigned.	{N 399}		