STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016312	A. BUILDING: _____ B. WING _____	R 06/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW WINDS IV	**N 348 TWINKLING STAR RD WHITEWATER, WI 53190**

(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 06/14/2023, Surveyor conducted a verification visit at Willow Winds IV. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. 1 of 3 deficiencies were corrected. 2 of 4 deficiencies are recites. 4 deficiencies identified. Census 3	{M 000}		
M 276	88.05(3)(a) HOME ENVIRONMENT An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and interview the provider did not ensure a well-maintained homelike environment. Findings include: On 06/14/2023 at approximately 1:14 PM, Surveyor toured the facility and observed that in two of 4 bedrooms the blinds covering the bedroom windows were broken and hanging. On 06/14/2023 at approximately 1:20 PM, Surveyor shared findings with Administrator B.	M 276		

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
	0016312	A. BUILDING: _____ B. WING _____	R 06/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW WINDS IV	N 348 TWINKLING STAR RD WHITEWATER, WI 53190

(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 276	Continued From page 1 Administrator B confirmed the blinds were in poor repair and stated s/he would work on getting new ones up.	M 276		
{M 278}	88.05(3)(b) FREE OF HAZARDS The home shall be free from hazards and kept uncluttered and free of dangerous substances, insects and rodents. This Rule is not met as evidenced by: Based on observation and interview the provider did not ensure the home was free from hazards including a fire exit in disrepair and exposed wires. This is a recite from SOD # WV7111 dated 01/26/2023 and SOD # UDQY12 dated 07/29/2021. Findings include: On 06/14/2023 at approximately 1:14 PM, Surveyor toured the facility and observed the following: 1.) The dryer vent had socks and a plastic clothing hamper lying on top of the vent. 2.) The railing on the rear deck, which is marked as a fire exit, was very loose and missing one of the wood rails. The wood of the deck boards was very spongy. There were rotted wood boards	{M 278}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016312	A. BUILDING: _____ B. WING _____	R 06/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW WINDS IV	N 348 TWINKLING STAR RD WHITEWATER, WI 53190

(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 278}	Continued From page 2 visible on the frame of the deck. 3.) In the living room there was an outlet that was missing a cover leaving live wires exposed. On 06/14/2023 at approximately 1:20 PM, Surveyor interviewed Administrator B who confirmed the deck was in poor repair. Administrator B stated s/he would make sure the items observed on the dryer vent were removed and that an outlet cover is put over the exposed wires.	{M 278}		
M 404	88.06(3)(a) INDIVIDUAL SERVICE PLAN & ASSESSMENT The licensee shall ensure that a written assessment and individual service plan is completed and developed for each resident within 30 days after placement. This Rule is not met as evidenced by: Based on record review and interview the provider did not have an individual service plan in place within 30 days after placement for 2 of 3 residents. Findings include: On 06/14/2023 at approximately 12:30 PM, Surveyor requested Resident 4 and Resident 5's individual service plan and facesheet. Resident 4 was admitted to the facility on 09/14/2022.	M 404		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016312	A. BUILDING: _____ B. WING _____	R 06/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW WINDS IV	N 348 TWINKLING STAR RD WHITEWATER, WI 53190

(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 404	Continued From page 3 Resident 5 was admitted to the facility on 02/14/2023. Resident 4 and Resident 5's facility file did not contain an individual service plan. On 06/14/2022 at approximately 12:43 PM, Surveyor interviewed Administrator B who stated s/he has been working the floor to cover a lot of shifts because they are short staffed right now and s/he hasn't had time to complete individual service plans for Resident 4 and Resident 5.	M 404		
{M 424}	88.06(3)(f) REVIEW OF ISP The individual service plan shall be reviewed at least once every 6 months by the licensee, the resident or the resident's guardian, the service coordinator, if any, the designated representative, if any, the placing agency with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This review is to determine continued appropriateness of the plan and to update the plan as necessary. A plan shall be updated, in writing, whenever the resident's needs or preferences change substantially or when requested by the resident or the resident's guardian. This Rule is not met as evidenced by: Based on record review and interview the provider did not ensure Resident 1's individual	{M 424}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016312	A. BUILDING: _____ B. WING _____	R 06/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW WINDS IV	N 348 TWINKLING STAR RD WHITEWATER, WI 53190

(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 424}	Continued From page 4 service plan was reviewed at least once every 6 months by the licensee, the resident or resident's guardian, and service coordinator. This is a recite from SOD # WV7111 dated 01/26/2023. Findings include: On 06/14/2023 at approximately 12:30 PM, Surveyor requested Resident 1's facility file. Resident 1 was admitted to the facility on 03/14/2022. Surveyor reviewed Resident 1's individual service plan that was dated 09/13/2022. On 06/14/2023 at approximately 12:43 PM, Surveyor interviewed Administrator B who confirmed the individual service plan that was in Resident 3's facility file was the most recent. Administrator B stated s/he is working a lot of overtime at the facility because they are short staffed and has not had time to complete the individual service plan review.	{M 424}		