Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019940	A. BUILDING: _____ B. WING _____	C 09/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHADWICK ST CBRF	5006 CHADWICK ST WESTON, WI 54476

(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 09/15/2026, Surveyor conducted a standard licensure survey and complaint investigation at Chadwick St CBRF. Data collection continued through 09/21/2026. The complaint was unsubstantiated. One deficiency was identifed. Census: 8	N 000		
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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each resident and their legal decision maker had the opportunity to complete a department approved evaluation of the resident's satisfaction of the provider's services. Findings include: On 09/15/2026, Surveyor reviewed Resident 1's and Resident 2's records for satisfaction surveys. The records did not contain satisfaction surveys. Resident 1 had been a resident at the facility since 11/01/2023 and Resident 2 had been a resident at the facility since 11/01/2023.	N 392		

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

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N 392	Continued From page 1 On 09/15/2026 at approximately 2:40 PM, Surveyor interviewed Community Manager B. Surveyor requested satisfaction surveys for Resident 1 and Resident 2. Community Manager B reported that Resident 1 and Resident 2 did not have satisfaction surveys available. On 09/16/2026 at approximately 1:25 PM, Surveyor interviewed Resident 1's guardian, Guardian C, via telephone. Surveyor asked about satisfaction surveys. Guardian C stated that Guardian C had not received and/or had not filled out a satisfaction survey for Resident 1 for the past few years. On 09/21/2026 at 3:00 PM, Surveyor interviewed House Manager (HM) A via telephone. Surveyor asked if Resident 1 and Resident 2 had a satisfaction survey since 11/01/2023. HM A reported, "I don't know what you are talking about; I will speak to my boss." The provider did not ensure each resident and their legal decision maker had the opportunity to complete a department approved evaluation of the resident's satisfaction of the provider's services.	N 392		