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
	0018158	A. BUILDING: _____ B. WING _____	C 02/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RASCALS RESORT LLC	**29429 CTY HWY V KENDALL, WI 54638**

(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 02/02/2024, Surveyor conducted a complaint investigation and a standard licensure survey at Rascals Resort LLC. Data for this survey was received and reviewed through 02/06/2024. The complaint was not substantiated. One deficiency identified. Census: 2	M 000		
M 570	88.10(3)(l) Safe Physical Environment Individuals, except for correctional residents, have basic rights which they do not lose when they enter an adult family home. A resident shall have a safe environment in which to live. The adult family home shall safeguard residents who cannot fully guard themselves from environmental hazards to which they are likely to be exposed, including conditions which would be hazardous to anyone and conditions which would be or are hazardous to a particular resident because of the resident's condition or disability. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a safe physical environment for 2 of 2 residents. The facility's clothes dryer had a flexible vent pipe, causing a possible fire hazard. Findings include: This facility provides care and supervision for up	M 570		

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

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M 570	Continued From page 1 to 4 residents within the following client groups: developmentally disabled and emotionally disturbed/mental illness. On 02/02/2024 at approximately 9:10 AM, Surveyor toured the facility. Surveyor noticed the dryer venting was not rigid material. On 02/02/2024 at approximately 11:00 AM, Surveyor re-toured the facility with Caregiver A and asked Caregiver A if the dryer was new. Caregiver A was not sure. Surveyor showed Caregiver A the non-rigid dryer venting. Caregiver A noted the venting was not rigid material and stated s/he would share the concern with Licensee B.	M 570		