

Wisconsin Department of Health Services

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>0015112</b>                    | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>08/05/2026</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ADELAIDE PLACE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>478 W ARNDT ST</b><br><b>FOND DU LAC, WI 54935</b> |                                                                                                                          |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ID<br>PREFIX<br>TAG                                                                            | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                           |
| N 000                                                     | Initial Comments<br><br>On 08/05/2026, Surveyor conducted a complaint investigation at Adelaide Place, a Community-Based Residential Facility (CBRF) in Fond Du Lac, WI.<br><br>One deficiency identified.<br><br>Complaint unsubstantiated.<br><br>Census: 41                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | N 000                                                                                          |                                                                                                                          |                                                                    |
| N 387                                                     | 83.35(3)(b) Service plan development: parties involved<br><br>Development. The CBRF shall involve the resident and the resident ' s legal representative, as appropriate, in developing the individual service plan and the resident or the resident ' s legal representative shall sign the plan acknowledging their involvement in, understanding of and agreement with the plan. If a resident has a medical prognosis of terminal illness, a hospice program or home health care agency, as identified in s. HFS 83.38(2) shall, in cooperation with the CBRF, coordinate the development of the individual service plan and its approval under s. HFS 83.38 (2) (b). The resident ' s case manager, if any, and any health care providers, shall be invited to participate in the development of the service plan.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure the resident and/or the resident's legal representative, as appropriate, were involved in developing the individual service | N 387                                                                                          |                                                                                                                          |                                                                    |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Wisconsin Department of Health Services

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>ADELAIDE PLACE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>478 W ARNDT ST</b><br><b>FOND DU LAC, WI 54935</b> |                                                                                                                          |                                                                    |
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| N 387                                                     | <p>Continued From page 1</p> <p>plan (ISP) and signed the plan acknowledging their involvement in, understanding of, and agreement with the plan for 2 of 3 resident records reviewed (Resident 1 and Resident 2).</p> <p>Findings include:</p> <p>On 08/05/2026 at approximately 11:00 AM, Surveyor reviewed Resident 1's record and identified the following:</p> <ul style="list-style-type: none"> <li>-Resident 1 was admitted on 10/22/2025.</li> <li>-Resident 1 has a Health Care Power of Attorney (POA).</li> <li>-Resident 1's current ISP, dated 02/13/2026, was not signed by Resident 1's POA.</li> </ul> <p>On 08/05/2026 at approximately 11:15 AM, Surveyor reviewed Resident 2's record and identified the following:</p> <ul style="list-style-type: none"> <li>-Resident 2 was admitted on 09/12/2025.</li> <li>-Resident 2 was his/her own person.</li> <li>-Resident 2's current ISP, dated 06/20/2026, was not signed by Resident 2.</li> </ul> <p>On 08/05/2026 at approximately 11:30 AM, Surveyor interviewed Regional Nurse A. Regional Nurse A stated it is typically the Administrator's responsibility to make sure that each ISP is signed off by the resident and/or the resident's POA if applicable. Regional Nurse A stated with the turnover in administration, it must have been missed. Regional Nurse A acknowledged Resident 1's ISP was not signed by his/her POA and Resident 2's ISP was not signed by Resident 2.</p> | N 387                                                                                          |                                                                                                                          |                                                                    |