STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011165	A. BUILDING: _____ B. WING _____	R-C 10/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMEPLACE OF STANLEY (THE) LLC	225 E FOURTH AVE STANLEY, WI 54768

(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
{U 000}	INITIAL COMMENTS On 09/30/2025, Surveyor completed a licensure survey and verification visit at Homeplace of Stanley LLC (The). Data collected through 10/02/2025. One deficiency was identified. This deficiency is a repeat violation. See Statement of Deficiency (SOD) 3FIL11, dated 07/28/2023 and SOD 3FIL12 dated 01/25/2024, date 3FIL13 dated 10/24/2024. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 8 apartments/9 tenants	{U 000}		
{U 268}	89.34(17) TENANT RIGHTS Rights of tenants. A tenant of a residential care apartment complex shall have all the rights listed in this section. These rights in no way limit or restrict any other rights of the individual under the U.S. Constitution, civil rights legislation or any other applicable statute, rule or regulation. Tenant rights are all of the following: (17) SAFE ENVIRONMENT. To a safe environment in which to live. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a safe environment appropriate for resident needs. This is a repeat deficiency. See Statement of	{U 268}		

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
	0011165	A. BUILDING: _____ B. WING _____	R-C 10/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMEPLACE OF STANLEY (THE) LLC	225 E FOURTH AVE STANLEY, WI 54768

(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
{U 268}	Continued From page 1 Deficiency (SOD) 3FIL11, dated 07/28/2023, and SOD 3FIL12, dated 01/25/2024 and SOD 3FIL13, dated 10/24/2024. Findings include: On 09/30/2025, Surveyor toured the physical environment and found the following environmental concerns. 1.) There was a black substance on the weather stripping of both walk-in coolers in the kitchen. 2.) On the ceiling outside of the walk-in coolers there was a large hole with exposed piping. There was also paint peeling around the open hole and paint chips on the floor below the hole. At 11:50 AM, Surveyor interviewed Chief Operating Officer A (COO). COO A stated that the maintenance staff had fixed the hole about a month ago, however, when it rained recently it leaked again. COO A acknowledged the black substance on the weather stripping and stated they will contact a refrigeration company to come out and assess the issue as soon as possible.	{U 268}		