STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016579	A. BUILDING: _____ B. WING _____	C 02/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDSOR POND HOUSE	1722 DUCKTAIL COURT NEW RICHMOND, WI 54017

(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 02/17/2025, Surveyor conducted a complaint investigation at Windsor Pond House. The complaint was unsubstantiated. One violation was identified. Census: 2	M 000		
M 436	88.07(2)(a) SERVICES The licensee shall provide or arrange for the provision of individualized services specified in a resident's individual service plan that are the licensee's responsibility. This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not provide or arrange for services specified in Resident 1's individual service plan (ISP). Resident 1 did not receive assistance with his/her activities of daily living on 02/17/2025. Findings include: The provider is licensed to care for 4 residents in the client groups irreversible dementia/Alzheimer's disease, advanced aged, alcohol/drug dependent, emotionally disturbed/mental illness, physically disabled, terminally ill, traumatic brain injury, and developmentally disabled. The licensee had a second adult family home located next door	M 436		

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
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M 436	Continued From page 1 called Comfort Care Homes and Services LLC Alpine Ridge. On 02/17/2025 at 7:55 AM, Resident 1 stated s/he woke up to Surveyor's knocking at the front door. Resident 1 stated there was no staff at the facility and found it "odd." Resident 1 stated s/he and Resident 2 were the only people at the facility. Resident 1 invited Surveyor into the home. Resident 1 stated s/he did not know what to do and s/he did not know how to contact staff. At 8:09 AM, Resident 1 stated s/he needed to be to work by 9:00 AM. S/he stated s/he was unsure how s/he would get his/her medication or breakfast. Resident 1 was becoming increasingly anxious. S/he stated, "This is odd... staff always here." At 8:16 AM, Surveyor observed Resident 2 emerge from his/her room. Resident 1 said to Resident 2, "Guess what? We are here alone!" Resident 2 told Surveyor that was odd because there were typically staff at the facility. At 8:20 AM, Surveyor observed Caregiver A enter the building. Resident 1 told Caregiver A s/he had not received his/her medications yet and s/he needed to get to work. Caregiver A stated s/he was the only staff working at both facilities. Caregiver A stated s/he started his/her shift at 6:30 AM. Caregiver A stated Manager B was coming in to help cover the shift. At 8:35 AM, Manager B entered the facility. Surveyor requested to review resident records. Resident 1 was admitted on 10/07/2024 with diagnoses that included depression, schizophrenia, anxiety, and retinopathy. Resident	M 436		

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M 436	Continued From page 2 1's individual service plan (ISP), dated 02/03/2025, indicated Resident 1 was a fall risk due to his/her vision impairment and required assistance with meal preparation and medications. The ISP read, "Home Alone Time: [Resident 1] can have alone time in [his/her] own home if [s/he] requests it. [Resident 1] prefers not to ride with staff to pick up [his/her] housemates." At 8:43 AM, Surveyor interviewed Manager B. Manager B stated there was normally staff at the facility at all times. Manager B estimated there was no staff at the facility for 1 hour.	M 436		