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
	0009664	A. BUILDING: _____ B. WING _____	R-C 08/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY TERRACE APPLETON	749 W PARKWAY BLVD APPLETON, WI 54914

(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 08/05/2025, Surveyor conducted a verification visit at Country Terrace Appleton. Two (2) of 3 previous deficiencies were corrected. As a result of the visit, one deficiency will be recited. See SOD (Statement of Deficiency) 5DF714 dated 04/15/2025; SOD 5DF713 dated 10/10/2024; and SOD 5DF712 dated 05/31/2024 for additional information. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 9	{N 000}		
{N 481}	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a living environment that was safe, clean, comfortable and homelike. This is a repeat deficiency for the 4th time. See Statement of Deficiency (SOD) 5DF712, dated 05/31/2024; SOD 5DF713 dated 10/10/2024; and SOD 5DF714 dated 04/15/2025 for additional details. Findings Include:	{N 481}		

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

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{N 481}	Continued From page 1 On 08/05/2025, Surveyor conducted a verification visit at the facility. At approximately 9:30 AM, Surveyor toured the facility. The following was noted: *carpet in the main living room had several black spots by the main entrance door *carpet in the living room near the kitchen had several dark stains *three blue-green flowered chairs had multiple grey and black stains on them (specifically on the arm of the chairs) Resident 2: *carpeting in bedroom had large black stains near the entry of the bathroom On 08/05/2025 at 10:15 AM, Surveyor interviewed Caregiver A. Caregiver A had indicated previous director was fired yesterday and Director B was starting his/her first day. Caregiver A stated the facility is under new management and they did a walk through about a week ago and made notes. Caregiver A stated previous management did do some painting and replaced some of the panels on the wall. Caregiver A had indicated new management was aware of the need for new furniture and carpet.	{N 481}		