STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018704	A. BUILDING: _____ B. WING _____	C 09/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHRISMARK HOME MOULLETTE DRIVE	525 MOULLETTE DRIVE RICE LAKE, WI 54868

(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 09/02/2026, Surveyor conducted an abbreviated licensure survey and complaint investigation at Chrismark Home Moullette Drive. Data was collected through 09/10/2026. One of 1 complaint was unsubstantiated. One violation was identified. Census: 8	N 000		
N 277	83.25 Continuing education The administrator and resident care staff shall receive at least 15 hours per calendar year of continuing education beginning with the first full calendar year of employment. Continuing education shall be relevant to the job responsibilities and shall include, at a minimum, all of the following: (1) Standard precautions; (2) Client group related training; (3) Medications; (4) Resident rights; (5) Prevention and reporting of abuse, neglect and misappropriation; (6) Fire safety and emergency procedures, including first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure continuing education training that included standard precautions and abuse and neglect was completed. Findings include: On 09/08/2026, Surveyor conducted a review of 2 employee's training records.	N 277		

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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N 277	Continued From page 1 Caregiver C, hired 07/11/2016, did not have evidence of completion of standard precautions and abuse and neglect training in 2025. On 09/09/2026 from 2:19 PM to 2:24 PM, Surveyor interviewed Director A who stated they found Caregiver C had multiple accounts in their on-line training program. Director A was unable to locate the missing training in any of Caregiver C's accounts. Director A stated they were switching to a new on-line training vendor.	N 277		
N 538	83.48(3)(a) Fire detection systems inspected annually. After the first year following installation, fire detection systems shall be inspected, cleaned and tested annually by certified or trained and qualified personnel in accordance with the specifications in NFPA 72 and the manufacturer ' s specifications and procedures. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the fire detection system was inspected, cleaned and tested annually by certified or trained and qualified personnel. Findings include: The provider is licensed to care for 8 residents in the client groups: developmentally disabled and emotionally disturbed/mental illness. On 09/02/2026, Surveyor requested the annual smoke detector and heat inspection, but the provider was unable to find the certified	N 538		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018704	A. BUILDING: _____ B. WING _____	C 09/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHRISMARK HOME MOULLETTE DRIVE	**525 MOULLETTE DRIVE RICE LAKE, WI 54868**

(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 538	Continued From page 2 inspection. On 09/09/2026 from 12:13 PM to 12:31 PM, Surveyor interviewed Director A who stated s/he had not realized that the smoke detector and heat inspections had not been occurring. Director A stated that an inspection was scheduled for 09/15/2026. The provider did not ensure the smoke detector and heat inspection was completed.	N 538		