STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017459	A. BUILDING: _____ B. WING _____	07/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLUFF SUITES	707 SOUTH BLUFF STREET CUTLER, WI 54646

(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 07/09/2026, Surveyor conducted a licensure survey at Bluff Suites. Four deficiencies were identified. Census:8	N 000		
N 441	83.39(3) Hand washing. Employees shall follow hand washing procedures according to centers for disease control and prevention standards. This Rule is not met as evidenced by: Based on observation and interview, Caregiver C did not perform hand hygiene as recommended by the Centers of Disease Control and Prevention (CDC). Findings include: On 07/09/2026 at approximately 12:00 PM, Surveyor observed Caregiver C perform medication administration to multiple residents. Surveyor observed Caregiver C prepare medications in the medication cabinet and did not observe hand hygiene performed prior to preparing Resident 1's medications. Surveyor observed Caregiver C put Resident 1's medication into a cup and took them to Resident 1. Surveyor observed Caregiver C hand Resident 1 the medication cup. After the medications were administered to Resident 1, Caregiver C returned to the medication room. Surveyor did not observe hand hygiene performed prior to Caregiver C preparing Resident 2's medication at the medication cabinet. Surveyor again observed Caregiver C put medications into a cup. Surveyor observed Caregiver C take the medication cup to	N 441		

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

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N 441	Continued From page 1 Resident 2 and administer them to Resident 2. Surveyor observed Caregiver C return to the medication cabinet and did not observe hand hygiene performed after medication administration was completed. On 07/09/2026 at approximately 1:15 PM, Surveyors interviewed Manager A and Caregiver C. Manager A stated his/her expectation was for staff to perform hand hygiene prior, after, and in between medication administration. Caregiver C confirmed s//he forgot to perform hand hygiene during the observed medication administration. Caregiver C did not perform hand hygiene per CDC standards by not performing hand hygiene between each resident contact during medication administration.	N 441		
N 499	83.45(3) Toxic substances. Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure toxic substances were securely stored. Findings include: The provider is licensed to care for 8 residents in the client groups alcohol/drug dependent, emotionally disturbed/mental illness, terminally ill, developmentally disabled, advanced age, traumatic brain injury, irreversible	N 499		

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N 499	Continued From page 2 dementia/Alzheimer's disease, and correctional clients. On 07/09/2026 at approximately 9:40 AM, Surveyor observed on side 1 the kitchen counter had a container of dishwasher pods. Surveyor observed under the unsecured kitchen sink cabinet the following: -bleach -disinfectant -multipurpose cleaner -window cleaner -insect spray. On 07/09/2026 at approximately 10:10 AM, Surveyor observed in the unsecured closet on side 1 contained the following: -toilet bowl cleaner -disinfectant -window cleaner -dishwasher pods. On 07/09/2026 at approximately 10:15 AM, Surveyor observed in the bathroom and laundry room on side 1 a can of disinfectant spray unsecured on a shelf above the clothes washer and dryer. On 07/09/2026 at approximately 11:00 AM, Surveyor observed on side 2 a container of dishwasher pods on the kitchen counter and window cleaner under the unsecured kitchen sink cabinet. On 07/09/2026 at approximately 1:15 PM, Surveyor interviewed Manager A. Manager A stated the kitchen sink cabinet on side 1 was usually secured at night with a lock and showed Surveyor the lock on top of the refrigerator. Manager A had Caregiver C start securing the	N 499		

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N 499	Continued From page 3 toxic substances around the facility right away.	N 499		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure other evacuation drills were conducted at least semi-annually in 2025. Findings include: The provider is licensed to care for 8 residents in the client groups alcohol/drug dependent, emotionally disturbed/mental illness, terminally ill, developmentally disabled, advanced age, traumatic brain injury, irreversible dementia/Alzheimer's disease, and correctional clients. On 07/09/2026 at 11:21 AM, Surveyor reviewed documentation with Manager A. Surveyor did not find evidence that any emergency drills were conducted in 2025 or in 2026 yet. Surveyor found on 06/05/2026, an actual tornado warning occurred and documented emergency protocol was followed. Manager A stated s/he was unable to find documentation that emergency drills were conducted in 2025.	N 526		
N 617	83.55(6)(b) Bath and toilet areas: water temperature The CBRF shall set the temperature of all water heaters connected to sinks, showers and tubs	N 617		

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N 617	Continued From page 4 used by residents at a temperature of at least 140°F. The temperature of water at fixtures used by residents shall be automatically regulated by valves and may not exceed 115°F, except for CBRFs serving residents recovering from alcohol or drug dependency or clients of a government correctional agency. This Rule is not met as evidenced by: Based on interview and observation, the provider did not ensure the temperature of water at fixtures used by residents was automatically regulated by valves and did not exceed 115 degrees Fahrenheit. Findings include: The provider is licensed to care for 8 residents in the client groups alcohol/drug dependent, emotionally disturbed/mental illness, terminally ill, developmentally disabled, advanced age, traumatic brain injury, irreversible dementia/Alzheimer's disease, and correctional clients. On 07/09/2026 at approximately 9:27 AM to 11:21 AM, Surveyor did an environmental tour of the facility. The side 1 kitchen sink faucet had a water temperature of 128.8 degrees Fahrenheit. The side 1 bathroom and laundry room sink faucet had a water temperature of 130.8 degrees Fahrenheit. On 07/09/2026 at approximately 11:30 AM, Surveyor interviewed Manager A. Manager A stated they did not regularly check water temperatures of the facility and would add it to their task sheets. Manager A stated they would get the high water temperatures adjusted.	N 617		

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N 617	Continued From page 5 The provider did not ensure hot water was at or below 115 degrees Fahrenheit at faucets used by residents.	N 617		