

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0018658	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 07/22/2026
NAME OF PROVIDER OR SUPPLIER HAMMOND HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 3750 EAST HAMMOND AVENUE CUDAHAY, WI 53110		
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N 000	Initial Comments On 07/22/2026, Surveyor completed a standard survey and 2 complaint investigation at Hammond House. As a result, 4 deficiencies were identified, 1 complaint was substantiated, and 1 complaint was unsubstantiated. Census: 18	N 000		
N 388	83.35(3)(c) Implement, follow the individual service plan Implementation. The CBRF shall implement and follow the individual service plan as written. This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not ensure each resident's Individual Service Plan (ISP) was implemented for 1 of 1 (Resident 2) resident. Resident 2's vital signs and weight were not documented as outlined in her/his ISP. Findings include: On 07/02/2026, the Department received a complaint alleging resident cares/treatments were not being completed as outlined in ISPs. On 07/20/2026, at approximately 10:30 AM, Surveyors reviewed Resident 2's record. Resident 2 was admitted on 02/28/2026. Resident 2's ISP, dated 02/18/2026, indicated: "... Nursing Procedures - Current Status - Vitals taken monthly. Needs to have condition evaluated and monitored for good health and safety.	N 388		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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N 388	Continued From page 1 - Frequency of Service and Service Provided - Once, On all visits, Weight (Once every Monday) - Residents Desired Goal/Outcome - Maintain resident's health, Remain with nursing care for needs - Service Provider Responsibilities - Caregivers and Nurses - take vital signs (VS) monthly or as ordered by medical doctor (MD), Nurses - Monitor behavior and physical condition, and report to MD as appropriate. - Measurable Goals, Outcomes and Review - Will have VS done every (Q) month or as ordered by MD, Will remain with good health and behavior. Surveyors reviewed Resident 2's file for documentation of weights and vital signs and identified the following: Weights - 03/02/2026 - 203.4 pounds (lbs) - 03/16/2026 - 207lbs - 04/20/2026 - 207.8lbs - 05/11/2026 - 208.2lbs - 05/25/2026 - 206lbs - 06/08/2026 - 204lbs - 06/22/2026 - 207lbs - 06/29/2026 - 214.6lbs - 07/13/2026 - 209.8lbs - 07/13/2026 - 209lbs Summary - 2 weights not documented in April, 3 weights not documented in May, 2 weights not documented in June, and 1 weight not documented in July. Vital Signs - Blood pressure noted 06/23/2026 - 137/98 Summary - No blood pressure document for	N 388		

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N 388	Continued From page 2 February, March, April, May, or July to date. On 07/20/2026, at approximately 2:00 PM, Surveyor interviewed Administrator A. Administrator A confirmed Resident 2 required monthly vital signs and weights every Monday per her/his ISP. Administrator A reported Resident 2 frequently left the facility for multiple days at a time. Administrator A confirmed the facility should have documented Resident 2's weight and vital signs when s/he returned to the facility if s/he was not present the day it was scheduled.	N 388		
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 cleaning compounds and toxic substances were securely stored in 2 of 2 areas. Findings include: The facility is licensed as a Class AS (semi-ambulatory) Community Based Residential Facility which may serve up to 18 advanced aged, emotionally disturbed/mentally ill, physically disabled, irreversible dementia/Alzheimer's, and developmentally disabled residents. On 07/20/2026, at approximately 9:30 AM, Surveyor toured the facility and observed the following:	N 499		

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N 499	Continued From page 3 Kitchen - One bottle of bleach was located on the kitchen counter 1st floor storage closet - The door contained a locking mechanism which was not engaged. The closet contained 1 spray bottle of Keystone glass cleaner, 1 spray bottle of OdoBan disinfectant, 1 aerosol can of Sprayway glass cleaner, 1 spray bottle of Mold Armor mold and mildew killer, and 1 spray bottle of Windex glass cleaner. Surveyor observed residents moving freely throughout the facility. On 07/20/2026, at approximately 2:00 PM, Surveyor interviewed Administrator A. Administrator A confirmed the code requirement. Administrator A reported the bleach container was empty but should have been taken out immediately and the storage closet on the first floor should be locked at all times. Administrator A reported s/he would ensure all chemicals were securely stored.	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 tornado, flooding, or other emergency or disaster drills were conducted semi-annually for 2 of 2 years. There were no other emergency or disaster drills conducted in	N 526		

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N 526	Continued From page 4 2024 or 2025. Findings include: Record Review On 07/20/2026, at approximately 10:10 AM, Surveyor reviewed the facility safety files. The safety files did not contain evidence of other emergency or disaster drills for 2024 or 2025. On 07/21/2026, at approximately 6:32 AM, Surveyor reviewed a tornado drill emailed from Administrator A. The tornado drill was dated for "Sept, 12 2026 at 10:12 AM" Interview On 07/20/2026, at approximately 2:00 PM, Surveyor interviewed Administrator A. Administrator A confirmed the code requirement. Administrator A reported s/he was unsure if the drills were completed but would check files and email information to Surveyor. On 07/21/2026, Surveyor informed Administrator A the documentation for other evacuation drills received was dated for a future time in 2026. Administrator A reported s/he believed the date was a clerical error. Administrator A reported s/he would ensure the facility conducted other emergency or disaster drills and documented them correctly in the future.	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 5 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 observation, record review and interview, the provider did not ensure the temperature of water at fixtures used by residents did not exceed 115 degrees Fahrenheit (F) in 3 of 3 bathrooms. Bathroom water temperature measured from 131.2 to 148.3 degrees F. Findings include: The facility is licensed as a Class AS (semi-ambulatory) Community Based Residential Facility which may serve up to 18 advanced aged, emotionally disturbed/mentally ill, physically disabled, irreversible dementia/Alzheimer's, and developmentally disabled residents. On 07/20/2026, at approximately 9:43 AM Surveyor tested the water temperatures and identified the following: 1st floor common bathroom located on the west side of the building. - The bathroom water temperature was 148.3 degrees F. 2nd floor common bathroom located in the main hallway of the building ("Sink 8"). - The bathroom water temperature was 131.2 degrees F.	N 617		

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N 617	Continued From page 6 2nd floor common bathroom located in the east hallway of the building. - The bathroom water temperature was 144.7 degrees F. On 07/20/2026, at approximately 2:00 PM, Surveyor interviewed Administrator A. Administrator A confirmed the code requirement. Administrator A reported s/he was unaware the water was too high. Administrator A reported staff are required to take a water temperature monthly. Administrator A reported s/he would reassign water temperatures to maintenance staff and have the water temperature adjusted.	N 617			