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
	0011948	A. BUILDING: _____ B. WING _____	04/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHGATE	1314-214TH AVENUE 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 04/14/2026, Surveyor conducted an abbreviated licensure survey at Northgate. Two violations were identified. Census: 4	M 000		
M 106	88.03(2)(b)2 PROGRAM STATEMENT A home's program statement shall describe the number and types of individuals the applicant is willing to accept into the home and whether the home is accessible to individuals with mobility problems. It shall also provide a brief description of the home, its location, the services available, who provides them and community resources available to residents who live within the home. A home shall follow its program statement. If a home makes any change in its program, the home shall revise its program statement and submit it to the licensing agency for approval 30 days before implementing the change. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that the home's program statement accurately described the type of individuals the provider is licensed for. The provider's most updated program statement listed accepted client types of developmentally disabled, emotionally disturbed/mental illness, and traumatic brain injury. This list did not accurately reflect the client groups the provider is licensed to care for. The provider did not update the Department with an updated and accurate	M 106		

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

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M 106	Continued From page 1 program statement. Findings include: The provider is licensed to care for individuals in the client groups advanced aged, physically disabled, developmentally disabled, irreversible dementia/Alzheimer's disease, and emotionally disturbed/mental illness. On 04/02/2026, Surveyor reviewed the provider's electronic file, which included a program statement. The file was dated 02/28/2023 by the Department. The program statement read, in part, "REvised [sic] 03/07...[Facility name] will be home to a maximum of four adults who have mental or physical handicapping conditions, AA -advanced age, ALZ-irreversible dementia[sic]/Alzheimer [sic], ADA- alcohol/ [sic] drug dependent, TBI [traumatic brain injury], TI - terminally ill. Residents who have had traumatic head injuries may also be served. The home will provide a private room for 2 residents and one shared..." On 04/14/2026, Surveyor observed that there were four private resident bedrooms in the home. On 04/14/2026, Surveyor requested facility and resident records from Assistant Manager (AM) B. AM B provided a binder which included a program statement, last revised in May of 2024. The program statement read, in part, "[Facility name] is a licensed Adult Family Home, under Wisconsin Administrative Code DHS [Department of Health Services] 88, to serve up to four (4) adults...with Intellectual/Developmental Disabilities, Mental/Emotional Illness/Disabilities, TBI, and/or those who are dually diagnosed...The	M 106		

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M 106	Continued From page 2 house has four private rooms..." Resident records included: - Resident 1's individual service plan (ISP), dated 04/14/2026. According to the ISP, Resident 1 had diagnoses which included unspecified dementia, alcohol dependence, schizophrenia, senile degeneration of brain, and blindness in his/her right eye. - Resident 2's ISP, dated 04/14/2026. Resident 2's ISP listed his/her diagnoses, which included type 2 diabetes, polyneuropathy, angina pectoris, and chronic obstructive pulmonary disease. - Resident 3's ISP, dated 04/14/2026. Resident 3's ISP listed his/her diagnoses, which included unspecified personality and behavioral disorder, alcohol dependence with alcohol-induced persisting dementia, major depressive disorder, unspecified mood [affective] disorder, generalized anxiety disorder, and severe intellectual disabilities. At approximately 11:15 AM, Surveyor interviewed Manager A. Manager A stated s/he remembered last updating the program statement in 2024. The provider did not ensure that the home's program statement described the type of individuals to be accepted in the home. The provider did not submit revisions or changes to the Department.	M 106		
M 474	88.07(4)(c) FOOD PREPARED AND STORED SANITARY WAY Food shall be prepared and stored in a	M 474		

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M 474	Continued From page 3 sanitary manner. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure food was stored in a safe and sanitary manner for 4 of 4 residents in the home. Food was stored in a refrigerator and a freezer in the kitchen. The inside temperature of the refrigerator was approximately 46° Fahrenheit (F). The inside temperature of the freezer was approximately 17° F. Findings include: On 04/14/2026, at approximately 10:50 AM, Surveyor observed a refrigerator and freezer in the home's kitchen. Surveyor observed that there was food in both the refrigerator and freezer. Surveyor checked the separate thermometers that the provider had situated inside of both the refrigerator and the freezer. Surveyor observed that the temperature of the refrigerator was approximately 46° F, and the temperature of the freezer was approximately 17° F. According to the United States Department of Agriculture (USDA) Food Safety and Inspection Service, "Refrigeration slows bacterial growth. Bacteria exist everywhere in nature. They are in the soil, air, water, and the foods we eat. When they have nutrients (food), moisture, and favorable temperatures, they grow rapidly, increasing in numbers to the point where some types of bacteria can cause illness. Bacteria grow most rapidly in the range of temperatures between 40 and 140 °F, the 'Danger Zone,' some	M 474		

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M 474	Continued From page 4	M 474		

doubling in number in as little as 20 minutes. A refrigerator set at 40 °F or below will protect most foods." (Source: FSIS.USDA.gov, Refrigeration & Food Safety, March 23, 2015, https://www.fsis.usda.gov/food-safety/safe-food-handling-and-preparation/food-safety-basics/refrigeration (retrieval date: 04/15/2026)).

The USDA Food Safety and Inspection Service also states, "If a refrigerator freezing compartment can't maintain zero degrees or if the door is opened frequently, use it for short-term food storage. Eat those foods as soon as possible for best quality. Use a free-standing freezer set at 0 °F or below for long-term storage of frozen foods. Keep an appliance thermometer in your freezing compartment or freezer to check the temperature. This is important if you experience power-out or mechanical problems..." (Source: FSIS.USDA.gov, Freezing and Food Safety, August 09, 2024, https://www.fsis.usda.gov/food-safety/safe-food-handling-and-preparation/food-safety-basics/freezing-and-food-safety (retrieval date: 04/15/2026)).

Surveyor reviewed the provider's records, which included:

- Monthly staff safety checklists, dated 2026 and earlier, which included safety checks such as smoke detector testing and water temperature checks. The safety checklist did not include a section for checking the refrigerator or freezer temperatures.

- Staff safety checklists, last dated in 2017 and earlier, which recorded refrigerator and freezer temperatures.

At approximately 10:52 AM, Surveyor interviewed

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M 474	Continued From page 5 Manager A. Manager A stated staff did take refrigerator and freezer temperatures. Manager A reviewed the staff safety checklists and stated the form must have been changed, which was why it no longer prompted staff to check the refrigerator and freezer temperatures. Assistant Manager (AM) B stated s/he had turned up the temperature in the refrigerator because a container of cottage cheese had started to freeze inside of the refrigerator. The provider did not ensure food was stored in a sanitary manner.	M 474		