STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017143	A. BUILDING: _____ B. WING _____	R 07/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WINDY RIDGE CARE INC HOLLISTER HOUSE	325 HOLLISTER AVE TOMAH, WI 54660

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{N 000}	Initial Comments On 07/10/2026, Surveyor conducted a standard licensure survey and verification visit at Windy Ridge Care Inc Hollister House. Data collection continued through 07/23/2026. The deficiencies identified in Statement of Deficiency DZXD12 were corrected. Six deficiencies were identified. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 6	{N 000}		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 employee reviewed was screened for communicable disease including tuberculosis (TB) using standards set by	N 220		

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

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N 220	Continued From page 1 the Centers for Disease Control and Prevention (CDC) within 90 days before the start of their employment. Findings include: On 07/17/2026, Surveyor reviewed the employee files for Caregiver A. Caregiver A's date of hire was 01/30/2024. Caregiver A had a TB test completed on 02/12/2024. Surveyor did not find evidence in Caregiver A's file that a communicable disease screening was completed. On 07/23/2026 at 10:30 AM, Surveyor interviewed Administrator B. Administrator B confirmed Caregiver A did not have a communicable disease screening completed upon hire.	N 220		
N 301	83.28(3) Provide admission agreement as required. Admission agreement. Before or at the time of admission, the CBRF shall provide the admission agreement as required under s. DHS 83.29(2). This Rule is not met as evidenced by: Based on record review and interview, the provider did not provide Resident 1 with an admission agreement as required under s. DHS 83.29(2). Findings include: On 07/17/2026, Surveyor reviewed Resident 1's	N 301		

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N 301	Continued From page 2 record. Resident 1 was admitted on 07/03/2026. Resident 1's record did not have evidence of an admission agreement signed by Resident 1's representative and the facility representative. On 07/23/2026 at 10:30 AM, Surveyor interviewed Administrator B. Administrator B stated Resident 1 had been at another provider recovering from surgery for approximately 90 days. Administrator B stated the recovery took longer than expected and s/he had not completed a new admission agreement when Resident 1 was admitted back.	N 301		
N 302	83.28(4)(a) Resident health screening and documentation Resident health screening. 1. Within 90 days before or 7 days after admission, a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse shall screen each person admitted to the CBRF for clinically apparent communicable disease, including tuberculosis, and document the results of the screening. 2. Screening for tuberculosis and all immunizations shall be conducted using centers for disease control and prevention standards. 3. The CBRF shall maintain the screening documentation in each resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the	N 302		

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N 302	Continued From page 3 provider did not ensure 1 of 1 resident admitted was screened for clinically apparent communicable disease, including tuberculosis (TB) within 90 days before or 7 days after admission. Findings include: On 07/17/2026, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 07/03/2026. The record indicated Resident 1 had a TB test completed on 07/30/2024; 27 days after his/her admission. The record did not have evidence Resident 1 was screened for clinically apparent communicable disease upon admission. On 07/23/2026 at 10:30 AM, Surveyor interviewed Administrator B. Administrator B confirmed they did not have a communicable disease screening documented for Resident 1.	N 302		
N 381	83.35(1)(a) Pre-admission and ongoing assessments. Scope. The CBRF shall assess each resident ' s needs, abilities, and physical and mental condition before admitting the person to the CBRF, when there is a change in needs, abilities or condition, and at least annually. The assessment shall include all areas listed under par. (c). This requirement includes individuals receiving respite care in the CBRF. For emergency admissions the CBRF shall conduct the assessment within 5 days after admission.	N 381		

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N 381	Continued From page 4 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure an assessment was completed before admitting a person to the CBRF and at least annually for 1 of 1 resident reviewed. Findings include: On 07/17/2026, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 07/03/2026. Resident 1's record did not have evidence of a pre-admission assessment. On 07/23/2026 at 10:30 AM, Surveyor interviewed Administrator B. Administrator B stated Resident 1 had been at another provider recovering from surgery for approximately 90 days. Administrator B stated the recovery took longer than expected and s/he had not completed a pre-admission assessment prior to Resident 1 being admitted back.	N 381		
N 392	83.35(4) Resident satisfaction evaluation. Satisfaction evaluation. At least annually, the CBRF shall provide the resident and the resident ' s legal representative the opportunity to complete an evaluation of the resident ' s level of satisfaction with the CBRF ' s services. The evaluation shall be completed on either a department form or a form developed by the CBRF and approved by the department. This Rule is not met as evidenced by: Based on record review and interview, the	N 392		

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N 392	Continued From page 5 provider did not provide the resident and the resident's legal representative the opportunity to complete an evaluation, at least annually, of the resident's level of satisfaction with the provider's services, for 1 of 1 resident reviewed Findings include: On 07/17/2026, Surveyor reviewed Resident 2's record. Resident 2 was admitted on 10/22/2019. The record did not have evidence to show that a satisfaction survey was sent to Resident 2 or Resident 2's representative at least annually. On 07/23/2026 at 10:30 AM, Surveyor interviewed Administrator B. Administrator B indicated they had a satisfaction survey form and used it to speak with residents last year. Administrator B stated s/he did not document those conversations last year.	N 392		
N 454	83.42(1) Resident record maintained. The CBRF shall maintain a record for each resident at the CBRF. Each record shall include all of the following: (a) Resident ' s full name, sex, date of birth, admission date and last known address; (b) Name, address and telephone number of designated contact person, and legal representative, if any; (c) Medical, social, and, if any, psychiatric history; (d) Current personal physician, if any; (e) Results of the initial health screening under s. DHS 83.28(4) and subsequent health examinations under s. DHS 83.38(1)(g); (f)Admission agreement; (g) Documentation of significant incidents and illnesses, including the	N 454		

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N 454	Continued From page 6 dates, times and circumstances; (h) Assessments completed as required under s. DHS 83.35(1); (i) Individual service plan and resident satisfaction evaluation; (j) Documentation to accurately describe the resident's condition, significant changes in condition, changes in treatment and response to treatment; (k) Results of the annual resident evacuation evaluation; (l) Documentation of sensory impairment of the resident as required under s. DHS 83.48(7)(b); (m) Summary of discharge information as required under s.DHS 83.31(7); (n) Any department-approved resident-specific waiver, variance or approval; (o) Physician ' s orders or other authorized practitioner ' s written orders for nursing care, medications, rehabilitation services and therapeutic diets; (p) Current list of the type and dosage of medications or supplements; (q) Results of the quarterly psychotropic medication assessments as required in s. DHS 83.37(1)(h)1; (r) Documentation of administration of all medications, supplements, the person administering the medications or supplements, any side effects observed by the employee or symptoms reported by the resident, the need for PRN medications and the resident ' s response, refusal to take medication, omissions of medications, errors in the administration of medications and drug reactions; (s) Photocopy of any court order or other document authorizing another person to speak or act on behalf of the resident, or other legal documents as required which affect the care and treatment of a resident; (t) Documentation of all other services including rehabilitation services, treatments and therapeutic diets; (u) Completed notice of pre-admission assessment requirement under s. DHS 83.30; (v) Nursing care procedures and the	N 454		

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N 454	Continued From page 7 amount of time spent each week by a registered nurse or licensed practical nurse in performing the nursing care procedures. Only time actually spent by the nurse with the resident may be included in the calculation of nursing care time; (w) Plans of care for terminally ill residents; (x) Date, time and circumstances of the resident's death, including the name of the person to whom the body is released. This Rule is not met as evidenced by: Based on record review and interview, the provider did not maintain Resident 2's record by not having scheduled psychotropic medication reviews. Findings include: The facility is licensed to provide services for up to 6 residents within the client groups of alcohol/drug dependent, correctional clients, developmentally disabled, emotionally disturbed/mental illness, physically disabled, terminally ill, and traumatic brain injury. On 07/17/2026, Surveyor reviewed Resident 2's record. Resident 2 was admitted on 10/22/2019. Resident 2's record did not contain any scheduled psychotropic reviews completed in 2025 or 2026. Resident 2's face sheet indicated s/he was prescribed the following scheduled psychotropic medications and their active dates: - Clomipramine 10/27/2025 - Clozapine 12/22/2025 - Haloperidol 12/22/2025 - Hydroxyzine 05/12/2026 - Lithium 12/23/2025.	N 454		

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N 454	Continued From page 8 On 07/10/2026 at 12:03 PM, Surveyor received an email from Administrator B. The email read in part, " ...the only items I am missing are the 2025 quarterly psychotropic reviews. [Resident 2's] psychiatric provider conducts those every 90 days, however, I need to request a copy from their office." On 07/23/2026 at 10:30 AM, Surveyor interviewed Administrator B. Administrator B stated resident psychiatric providers and the pharmacy reviewed psychotropic medications every 90 days. Administrator B stated they did not have documentation to support scheduled psychotropic medications were reviewed quarterly.	N 454		