| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| | 0018758 | A. BUILDING: _____ B. WING _____ | R-C 09/23/2026 |

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| VITACARE LIVING - BLOOMER II | 406 PRIDDY STREET B BLOOMER, WI 54724 |

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| {N 000} | Initial Comments<br><br>On 09/15/2026, Surveyors conducted a complaint investigation and a verification visit at Vitacare Living Bloomer II for Statement of Deficiency (SOD) 6JKY11 and SOD J5JP14. Data collected through 09/24/2026.<br><br>The complaint was unsubstantiated.<br><br>Five deficiences were identified. Four of 5 were repeat deficiences. See SOD TR1712, dated 12/05/2022; SOD J5JP12, dated 09/27/2024; SOD J5JP13, dated 03/04/2025; SOD J5JP14, dated 10/02/2025; SOD 6JKY11, dated 01/08/2026<br><br>Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed<br><br>Census: 0 | {N 000} | | |
| {N 196} | 83.14(2)(a) Licensee ensures facility complies with laws<br><br>The licensee shall ensure the CBRF and its operation comply with all laws governing the CBRF.<br><br>This Rule is not met as evidenced by:<br>Based on observation, record review, and interview, the provider and its operation did not comply with all laws governing the Community Based Residential Facility (CBRF). The licensee did not ensure compliance with DHS 83 was achieved and maintained.<br><br>The special orders for Statement of Deficiency (SOD) 6JKY11 were not followed. The stipulated agreement for SOD J5JP14 was not followed. | {N 196} | | |

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

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| {N 196} | Continued From page 1<br><br>This is a repeat deficiency. See SOD J5JP13, dated 03/04/2025 and SOD J5JP14, dated 10/02/2025.<br><br>Findings include:<br><br>On 09/15/2026, Surveyors completed 2 verification visits at Vitacare Bloomer II for SODs 6JKY11 and J5JP14.<br><br>On 09/16/2026 at approximately 2:00 PM, Surveyor reviewed the special orders for SOD 6JKY11. The special orders were issued on 02/17/2026. The special orders read, "1. Pursuant to Wis. Stat. § 50.03(5g)(b)6., effective immediately, the licensee shall obtain an inspection of the facility's heating system, at the licensee's expense, from a licensed contractor to verify operation of the heating system is in accordance with the manufacturer's recommendations and complies with requirements under Wis. Admin. Code § DHS 83.46(1).<br><br>The licensee will obtain a copy of the inspection report. The report will include the name, address, and telephone number of the licensed contractor. The licensee shall retain documentation to verify any recommended repairs have been completed. Acceptable documentation may include invoices, receipts, service reports, or contracts.<br><br>Additionally, WITHIN 7 DAYS of receipt of this notice, the licensee shall provide the legal representative and case manager (if any) for [Resident 4] and [Resident 6] with a copy of Statement of Deficiency 6JKY11 and a copy of this Notice and Order letter. The licensee shall retain documentation, acceptable to the | {N 196} | | |

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| {N 196} | Continued From page 2 | {N 196} | | |

department, to verify compliance with this Order. Acceptable documentation will be a signed, certified mail receipt or a verification letter or email from each legal representative and case manager.

All documentation required by this Order will be available to department representatives upon request."

On 09/15/2026 at approximately 4:30 PM until 5:45 PM Surveyors conducted an exit interview with Regional Director (RD) A, RD B, and Director C. Surveyors asked if they had documentation of the heating system being fixed. RD A stated s/he would look for the documentation and send it to Surveyor. Surveyors requested that documentation be sent by 09/16/2026 at 12:00 PM.

On 09/16/2026 at 10:31 AM, Surveyor received an email from RD A with some attached records and the e-mail read, "We're still digging for some of the needed records." Surveyor sent a follow up e-mail at 11:29 AM that stated, "Just a reminder that our deadline for records was 12 PM today."

At 12:18 PM, RD A sent an additional email asking what documentation was still needed.

At 1:00 PM, Surveyor sent an email with the documents still needed. Surveyor requested this documentation be sent by 4:30 PM.

At 4:30 PM, Surveyor did not receive any documentation regarding the heating system being fixed.

On 09/23/2026 at approximately 11:48 PM, Surveyor received an email from Quality

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| {N 196} | Continued From page 3<br><br>Improvement Manager (QIM) P who stated Resident 4's previous care team nor current care team indicated that they received a copy of the SOD or Notice and Order Letter within 7 days.<br><br>On 09/16/2026 at 2:30 PM, Surveyor reviewed the stipulated agreement for SOD J5JP14. The stipulated agreement signed on 06/15/2026 read in part, "11. In exchange for the Department's actions stated in Paragraph 10 of this Agreement, Petitioner agrees to ... b. Ensure all citations listed in SOD No. J5JP14 are corrected. c. Pay the forfeitures in the amount of $4,200.00 no later than July 30th, 2026 .... If the Petitioner fails to pay the forfeiture by the deadline provided in paragraph 11.c. of this Agreement, Petitioner shall pay the full amount plus a 10% late fee of $420.00 by August 30, 2026."<br><br>On 09/18/2026, the Department issued a overdue forfeiture payment notification to the provider that read, "As of the date of this letter, the Department has not received the facility's forfeiture of $4,200.00. This was due no later than July 30, 2026 and is now past due. The Department has assessed a 10% late fee of $420.00 due to failure to submit the forfeiture by July 30, 2026. Therefore, the facility has not complied with the Stipulated Agreement paragraph (11)c.<br><br>The Department will allow one last chance to come into compliance with the Stipulated Settlement Agreement. Please submit the $4,620.00 forfeiture ... Please submit the full forfeiture amount and late fee to the address listed above by Friday, September 25, 2026 at 4 p.m."<br><br>The current survey, conducted between 09/15/2026 and 09/24/2026, was prompted by a | {N 196} | | |

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| {N 196} | Continued From page 4<br>complaint and 2 verification visits. The facility did not ensure all citations were corrected from SOD J5JP14. The following issues were identified; the item identified with an asterisk (*) was a repeat deficiency from SOD J5JP14.<br>-*Environment was not safe, clean, and comfortable.<br>-Residents did not have a right to self-determination when they felt obligated to move out of the facility.<br>-No pest control.<br>-Documentation of heating system maintenance was not maintained.<br><br>Cross reference:<br>N0355 DHS 83.32(3)(k) Rights Of Residents: Self-Determination<br>N0481 DHS 83.43(1) Environment Safe, Clean, And Comfortable<br>N0500 DHS 83.45(4) Pest Control<br>N0504 DHS 83.46(1)(c) Heating System Maintenance | {N 196} | | |
| N 355 | 83.32(3)(k) Rights of Residents: Self-determination<br><br>In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Self-determination. Make decisions relating to care, activities, daily routines and other aspects of life which enhance the resident ' s self reliance and support the resident ' s autonomy and decision making.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure each resident had rights to self-determination when residents felt obligated to | N 355 | | |

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| N 355 | Continued From page 5<br>move out of the facility and were relocated to other facilities.<br><br>Findings include:<br><br>On 09/15/2026 at approximately 8:00 AM, Surveyor attempted to enter the facility, but the door was locked. Surveyor interviewed Caregiver E. Caregiver E stated that the building did not have residents for approximately 6 months.<br><br>Since the facility was not operating at the time of survey and did not occupy any residents or staff, all interviews were conducted with the residents who were relocated to the licensed facility next door. The two licensed facilities shared a parking lot in between them and were licensed by the same provider.<br><br>On 09/15/2026 at 9:35 AM, Surveyor interviewed Caregiver D and asked about the relocation of residents. Caregiver D stated 5 or 6 residents were relocated from the facility and were given a choice to move to the facility across the parking lot or a facility of their choice. When asked what prompted the resident relocation, Caregiver D stated the provider was remodeling and informed staff that the residents could move back to the facility in 6 to 8 months.<br><br>On 09/15/2026 at approximately 10:00 AM, Surveyor interviewed Resident 9 in his/her room. Resident 9 informed Surveyor s/he was moved by the provider and was informed they were going to remodel the facility. Resident 9 stated the provider did not inform him/her how long the remodel would take. Resident 9 stated they offered that s/he could move back to the facility after the project was complete but Resident 9 stated s/he did not want to move again. | N 355 | | |

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| N 355 | Continued From page 6<br><br>On 09/15/2026 at approximately 10:30 AM, Surveyor interviewed Resident 3 and asked about his/her relocation from the facility. Resident 3 stated, "The reason they told me I had to move was because it wasn't up to quota, they said it was temporary but mentioned early winter. I chose to move here (the facility across the parking lot) instead of somewhere else. I didn't really want to move, plan on moving back." When asked what Resident 3 meant by stating "up to quota," Resident 3 informed Surveyor s/he was under the impression the provider needed to fix and update things to pass inspection.<br><br>On 09/15/2026 at approximately 10:50 AM, Surveyor interviewed Regional Director (RD) A and asked about the relocation of residents. RD A stated they talked to managed care organizations (MCOs), families and residents about the benefits of moving next door for staffing/training, socialization and care. RD A stated a few residents did not want to move. RD A further stated they relocated Resident 10 who was a 2-person assist for staffing.<br><br>On 09/15/2026 at approximately 11:00 AM, Surveyor interviewed Resident 4 in his/her room with Resident 4's MCO Registered Nurse (RN) who was present at the time of interview. Resident 4 stated s/he was told s/he had to move and was given a choice to move where s/he wanted, and informed Surveyor s/he did not want to move. Resident 4 stated s/he did not receive anything in writing about the relocation and was told the move was a result of renovations that needed to be completed. Resident 4 stated s/he had originally picked a different room, and it was not the room s/he moved into. Surveyor interviewed Resident 4's MCO RN (RN M) and | N 355 | | |

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| N 355 | Continued From page 7<br>asked if s/he recalled the relocation. MCO RN M stated s/he would have to look back in notes but recalled there were some issues with the authorizations in switching buildings.<br><br>On 09/15/2026, Surveyor asked Director C if the provider had a renovation/remodeling timeline available for review.<br><br>On 09/15/2026, Licensee L stated via phone that they were remodeling and fixing items identified in previous surveys. When asked about the relocation, Licensee L stated they did not officially discharge residents and were working on cleaning carpets, painting and updating the facility and indicated they were waiting for DQA (Division of Quality Assurance) to clear the facility prior to moving forward. | N 355 | | |
| {N 481} | 83.43(1) Environment safe, clean, and comfortable<br><br>Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room.<br><br>This Rule is not met as evidenced by:<br>Based on observation, record review, and interview, the provider did not provide an environment that was safe, clean, comfortable, and homelike.<br><br>This is a repeat deficiency. See SOD TR1712, dated 12/05/2022; SOD J5JP12, dated 09/27/2024; and SOD J5JP14 dated 10/02/2025. | {N 481} | | |

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| {N 481} | Continued From page 8<br><br>Findings include:<br><br>On 09/15/2026 at approximately 8:00 AM, Surveyor arrived at the facility. Surveyor noticed that the building was dark, and no one answered the door.<br><br>At approximately 9:22 AM, Surveyor toured the facility with Regional Director (RD) A. Upon entrance to the facility there was a large amount of cleaning supplies, boxes, chairs, and paint cans scattered throughout the front entrance area. Surveyor observed no living room furniture was present.<br><br>As surveyor continued to walk down the halls, the halls were filled with additional things such as fans, filing cabinets, more boxes, cleaning chemicals, a broom laying on the floor, and paper towels.<br><br>Surveyor entered the dining room. The dining room tables were covered in maintenance supplies, a mountain dew bottle, a small paint bucket and brush, and garbage bags. There was a commode with taped handles next to the dining room tables. Multiple 5-gallon buckets of paint. A large over flowing garbage can. A ladder in the middle of the floor. A TV mount with no TV and screw and washers sitting on a nightstand. The dining room only had 2 tables and some chairs.<br><br>The communal bathroom was noted to be in the process of being painted. There was gray paint surrounding the trim and fixtures. The rest of the walls were white.<br><br>The front door was missing trim around the door on the top and the right side. The front door and | {N 481} | | |

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| {N 481} | Continued From page 9<br>inside door wrap contained black scuff marks and dents.<br><br>RD A showed surveyor some of the resident rooms. One room still had painter tape along the wall, outlet covers on the floor, and no furniture. Other rooms had liquid ant traps on the floor, outlet covers missing, and dirty carpets.<br><br>The kitchen had no refrigerator.<br><br>The transition strip from the hallway into the dining room was cracked, posing a trip hazard.<br><br>The siding was full of dirt and cobwebs.<br><br>Cigarette butts were located in a flower planter outside the front door.<br><br>There was a lip on the sidewalk outside the front of the building, posing a trip hazard.<br><br>At approximately 9:15 AM, Surveyor interviewed RD A about the facility. S/he stated that they had been working on the building since March 2026. S/he stated that they repainted, threw out all the old furniture, and were shampooing carpets. S/he stated they were waiting on the electric yet and had to finish shampooing, but the building was not move in ready yet. RD A stated they were working on getting beds ordered and bedroom furniture. RD A stated they also needed to order new living room furniture. RD A stated that the work in this building was a team effort between all the regional directors and Owner D.<br><br>At approximately 10:50 AM, Surveyors interviewed RD A, RD B, and Director C. Surveyors asked about how long before the facility would be ready for residents. RD A stated | {N 481} | | |

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| {N 481} | Continued From page 10<br>probably about 45 days, because they needed beds, nightstands, and living room furniture yet. S/he noted that they did not even have a refrigerator.<br><br>At 12:31 PM, Surveyors interviewed Licensee L. Licensee L stated they had been working to get this building ready for months and s/he did not see any concerns with the current state of the building. Surveyors informed Licensee L of the environmental concerns that were noted. Licensee L stated s/he "will happily take a tag for a refrigerator- I'll have 2 there in 1 minute."<br><br>At approximately 4:30 PM until 5:45 PM, Surveyors interviewed RD A, RD B, and Director C. RD A stated they needed to order a couch and 2 chairs yet for the living room. S/he stated they also needed 1 TV as well. S/he stated they also would need to order some beds or nightstands, approximately 5 to 6 of them to start. RD A stated the focus was really on room #8. S/he stated that room needed the carpet replaced.<br><br>During the interview with RD A, RD B, and Director C a Public Works employee from the City of Bloomer arrived on site. S/he told RD A s/he was there because the water usage over the past few months was extremely low. RD A told him/her that they had no residents, so that was why. The City employee stated that s/he would note that the building was closed. RD A told him/her that it would be a few months before they had residents and started using water again. | {N 481} | | |
| N 500 | 83.45(4) Pest control.<br><br>Pest control. The CBRF shall implement safe, effective procedures for control and extermination | N 500 | | |

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| N 500 | Continued From page 11<br>of insects, rodents and vermin.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not implement safe, effective procedures for control and extermination of insects.<br><br>Findings include:<br><br>On 09/15/2026, Surveyor attempted to enter the building but the building was locked and not in operation at the time of survey. Surveyor had to request a staff member from the separately licensed facility next door (across the parking lot) to open the door. Upon entering the facility, Surveyor observed ant traps in several rooms, with ants present and debris on the flooring.<br><br>On 09/15/2026 at approximately 5:15 PM, Surveyor interviewed Regional Director (RD) A and asked if they were working with a pest control company for the ants. While discussing the issue in the office, Surveyor observed an ant crawling on the desk RD A was sitting at. RD A stated s/he would have to look for documentation.<br><br>As of 09/23/2026, no documentation was received to indicate the provider was working with a pest control company to exterminate ants. | N 500 | | |
| N 504 | 83.46(1)(c) Heating system maintenance.<br><br>Heating. The CBRF shall maintain the heating system in a safe and properly functioning condition. The CBRF shall ensure that a heating contractor or local utility company completes all of the following maintenance and makes available to the facility documentation of the maintenance | N 504 | | |

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| (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 504 | Continued From page 12<br>performed: 1. An oil furnace shall be serviced at least once each year. 2. A gas furnace shall be serviced at least once every 3 years. 3. The CBRF shall have a chimney inspected at intervals corresponding with the heating system service under subd. 1. or 2.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not maintain the heating system in a safe and properly functioning condition.<br><br>This is a repeat deficiency. See Statement of Deficiency (SOD) 6JKY11, dated 01/08/2026.<br><br>Findings include:<br><br>During a previous survey it was identified that the heating system was not working properly in each resident room, resulting in some residents not having heat in their room.<br><br>On 09/15/2026 from approximately 4:30 PM to 5:45 PM, Surveyors completed an exit conference with Regional Director (RD) A, RD B, and Director C. Surveyor asked if they had any documentation of the heating system being fixed. RD A stated s/he would look for the documentation and send it to Surveyor. Surveyors requested that documentation be sent by 09/16/2026 at 12:00 PM.<br><br>On 09/16/2026 at 10:31 AM, Surveyor received an email from RD A with some attached records; the e-mail read, "We're still digging for some of the needed records." Surveyor sent a follow up e-mail at 11:29 AM that stated, "Just a reminder | N 504 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0018758 | A. BUILDING: _____ B. WING _____ | R-C 09/23/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| VITACARE LIVING - BLOOMER II | 406 PRIDDY STREET B BLOOMER, WI 54724 |

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|---|---|---|---|---|
| N 504 | Continued From page 13<br>that our deadline for records was 12 PM today."<br><br>At 12:18 PM, RD A sent an additional email asking what documentation was still needed.<br><br>At 1:00 PM, Surveyor sent an email with the documents still needed. Surveyor requested this documentation be sent by 4:30 PM.<br><br>At 4:30 PM, Surveyor did not receive any documentation regarding the heating system being fixed.<br><br>Cross Reference:<br>N0196 83.14(2)(a) Licensee Ensures Facility Complies With Laws | N 504 | | |