STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018892	A. BUILDING: _____ B. WING _____	C 03/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WASHINGTON HOUSE	403 NORTH WASHINGTON ST NEW LISBON, WI 53950

(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 02/10/2026, Surveyor conducted a complaint investigation and licensure survey at Washington House. The complaint was unsubstantiated. Three deficiencies were identified. Census: 8	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 3 of 3 employees reviewed had obtained documentation from a physician, physician assistant, clinical nurse practitioner, or a licensed registered nurse, indicating they had been screened within 90 days before the start of employment for clinically apparent communicable disease, including tuberculosis (TB).	N 220		

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

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N 220	Continued From page 1 Findings include: On 03/10/2026, Surveyor conducted a review of 3 employee records. Surveyor requested communicable disease screenings and TB tests from Licensee A and reviewed them. Caregiver B was hired on 09/30/2024. Caregiver B's record did not contain evidence from a physician, physician assistant, clinical nurse practitioner, or a licensed registered nurse, indicating s/he had been screened within 90 days before the start of employment for clinically apparent communicable disease. Caregiver C was hired on 10/10/2025. Caregiver C's record did not contain evidence from a physician, physician assistant, clinical nurse practitioner, or a licensed registered nurse, indicating s/he had been screened within 90 days before the start of employment for clinically apparent communicable disease. Caregiver D was hired on 03/08/2025. Caregiver D's record did not contain evidence from a physician, physician assistant, clinical nurse practitioner, or a licensed registered nurse, indicating s/he had been screened within 90 days before the start of employment for clinically apparent communicable disease. On 03/10/2026 at 2:00 PM, Surveyor interviewed Licensee A and House Manager (HM) E. Licensee A stated s/he was only doing a TB test for staff upon hire and s/he would be implementing a communicable disease screening for staff prior to working directly with residents moving forward.	N 220		

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N 526	Continued From page 2	N 526		
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 conduct tornado, flooding, or other emergency or disaster evacuation drills at least semi-annually in 2025. Findings include: The provider is licensed to care for 8 ambulatory residents in the client groups physically disabled, traumatic brain injury; developmentally disabled; alcohol/drug dependent; terminally ill; correctional clients; emotionally disturbed/mental illness; and irreversible dementia/Alzheimer's disease. On 03/10/2026, Surveyor reviewed the provider's emergency drills. The provider had only one emergency drill documented in 2025. The emergency drill was done on 07/18/2025. On 03/10/2026 at 2:00 PM, Surveyors interviewed Licensee A and House Manager (HM) B. Licensee A said s/he could only find one emergency drill documented for 2025.	N 526		
N 538	83.48(3)(a) Fire detection systems inspected annually. After the first year following installation, fire detection systems shall be inspected, cleaned and tested annually by certified or trained and qualified personnel in accordance with the	N 538		

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N 538	Continued From page 3 specifications in NFPA 72 and the manufacturer ' s specifications and procedures. This Rule is not met as evidenced by: Based on record review and interview, the provider did not provide evidence that the fire detection system was inspected, cleaned and tested annually by a certified or trained and qualified professional. As of 03/10/2026, the provider did not have evidence that the smoke and heat detectors were cleaned and tested in 2024 and 2025. Findings include: The provider is licensed to care for 8 ambulatory residents in the client groups physically disabled, traumatic brain injury; developmentally disabled; alcohol/drug dependent; terminally ill; correctional clients; emotionally disturbed/mental illness; and irreversible dementia/Alzheimer's disease. On 03/10/2026, Surveyor requested documentation for the smoke and heat detector inspection reports for 2024 and 2025 from Licensee A. Licensee A provided Surveyor with fire inspection reports dated 06/07/2024 and 05/09/2025.The reports did not indicate if the fire detection system was cleaned and tested on these dates. On 03/10/2026 at 2:00 PM, Surveyor interviewed Licensee A and House Manager (HM) E. Licensee A stated their smoke and heat detection system was interconnected with a main control panel. Licensee A stated they only had the company from the fire inspection reports come in to inspect all the units and was not sure if the company had cleaned or tested the fire detection	N 538		

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N 538	Continued From page 4 system. Surveyor had given the provider until the end of the day to send any additional documentation to support that the fire detection system was cleaned and/or tested in 2024 and 2025. At 5:00 PM, Surveyor had not received any additional documentation from the provider.	N 538		