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
	0016710	A. BUILDING: _____ B. WING _____	C 05/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARING HANDS ASSISTED LIVING	2514 WISCONSIN AVE NEW HOLSTEIN, WI 53061

(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 05/07/2024, Surveyor conducted a complaint investigation at Caring Hands Assisted Living, a CBRF in New Holstein. One deficiency was identified. The complaint was substantiated. Census: 40	N 000		
N 452	83.41(3)(b) Food safety. Food safety. Whether food is prepared at the CBRF or off-site, the CBRF shall store, prepare, distribute and serve food under sanitary conditions for the prevention of food borne illnesses, including food prepared off-site, according to all of the following: 1. The CBRF shall refrigerate all foods requiring refrigeration at or below 40°F. Food shall be covered and stored in a sanitary manner. 2. The CBRF shall maintain freezing units at 0°F or below. Frozen foods shall be packaged, labeled and dated. 3. The CBRF shall hold hot foods at 140°F or above and shall hold cold foods at 40°F or below until serving. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure food was stored in a sanitary manner. The provider's walk-in refrigerator had mold on the shelves.	N 452		

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

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N 452	Continued From page 1 Findings include: On 05/07/2024, Surveyor conducted a complaint investigation alleging the facility had mold in the kitchen. On 05/07/2024 at approximately 8:30 a.m., Surveyor met with Administrator A and inquired about food safety concerns. Administrator A stated there had been issues with mold in the facility's walk-in refrigerator, but the issues were to be addressed by Cook B. On 05/07/2024 at approximately 8:40 a.m., Surveyor observed a white substance speckled throughout shelving in the provider's walk-in refrigerator. Surveyor observed half a sandwich open to air, potatoes open to air and containers with saran wrap that were not airtight. On 05/07/2024 at approximately 8:45 a.m., Surveyor interviewed Cook B. Surveyor asked about the white substance on the wire shelving in the provider's walk-in refrigerator. Cook B stated the facility had issues with mold on the shelves from staff pouring or dishing up food and liquids in the walk-in refrigerator. Cook B stated a couple months ago s/he had washed and sanitized all the shelving, but thought it would be beneficial for the entire refrigerator to be pressure washed. On 05/07/2024 at approximately 9:00 a.m., Surveyor reviewed concern with Administrator A that the facility's walk-in refrigerator had mold on the shelving. Administrator A stated the condition of the refrigerator was unacceptable and s/he would discuss getting the issue addressed with the owner and Cook B.	N 452		