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
	0019956	A. BUILDING: _____ B. WING _____	C 11/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
90TH	2402 90TH STREET EAU CLAIRE, WI 54703

(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 11/04/2025, Surveyor completed 2 complaint investigations and a standard licensure survey at 90th. Data collected through 11/07/2025. Two of 2 complaints were unsubstantiated. Three deficiencies were identified. Census: 3	M 000		
M 282	88.05(3)(d) ANNUAL WELL WATER INSPECTIONS Where a public water supply is not available water samples shall be taken from the well and tested at the state laboratory of hygiene or other laboratory approved under ch. HSS 165 at least annually. This Rule is not met as evidenced by: Based on record review and interview, the provide did not ensure a water sample was taken from the well and tested at the state lab of hygiene or other approved laboratory at least annually. Findings include: The provider is licensed to care for up to 4 residents in the client groups of: developmentally disabled, physically disabled, traumatic brain injury, and emotionally disturbed/mental illness. On 11/04/2025 at approximately 1 PM, Surveyor requested well water inspections from Area Director (AD) A. AD A stated s/he would check with the program directors and see if a sample was submitted and if they have the results.	M 282		

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

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M 282	Continued From page 1 On 11/05/2025 at 2:40 PM, surveyor received an e-mail with a well water test result dated 09/13/2024. There was no well water test for 2025. AD A stated there was a plan to train the new maintenance staff on how to collect and submit water samples, however, s/he recently ended up taking medical leave, so the sample did not get submitted. AD D stated they will get it done asap (as soon as possible).	M 282		
M 336	88.05(4)(b)2 SMOKE DETECTORS-TESTING AND MAINTENANCE The licensee shall maintain each required smoke detector in working condition and test each smoke detector monthly to make sure that it is operating. If a unit is found to be not operating, the licensee shall immediately replace the battery or have the unit repaired or replaced. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each required smoke detector was tested monthly to ensure the smoke detector was operating in 2024 and through November 2025. Findings include: The provider is licensed to care for up to 4 residents in the client groups of: developmentally disabled, physically disabled, traumatic brain injury, and emotionally disturbed/mental illness.	M 336		

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M 336	Continued From page 2 On 11/04/2025 at approximately 1 PM, Surveyor requested monthly smoke detector tests from Area Director (AD) A. On 11/05/2025 at 2:40 PM, surveyor received an email from Area Director (AD) A. AD A stated Program Director (PD) B looked around and did not find evidence of smoke detector tests. AD A stated they will be training Lead caregiver C asap (as soon as possible) and begin completing them regularly.	M 336		
M 348	88.05(4)(d)2.c SEMI-ANNUAL FIRE DRILLS The licensee shall conduct semi-annual fire drills with all household members with written documentation of the date and the evacuation time for each drill maintained by the home. This Rule is not met as evidenced by: Based on record review and interview, the provider did not conduct semi-annual fire drills with all household members in 2024 and through November 2025. Findings include: The provider is licensed to care for up to 4 residents in the client groups of: developmentally disabled, physically disabled, traumatic brain injury, and emotionally disturbed/mental illness. On 11/04/2025 at approximately 1 PM, Surveyor requested fire drill documentation for 2024 and 2025 from Area Director (AD) A. On 11/04/2025 at 5 PM, Surveyor received an e-mail from AD A with 1 fire drill dated	M 348		

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M 348	Continued From page 3 09/12/2024. AD a stated fire drills are normally entered directly into their system; however, s/he would look around on site tomorrow for evidence of additional fire drills. On 11/05/2025 at 2:40PM, surveyor received an email from AD A. AD A stated Program Director (PD) B looked around and did not find evidence of fire drills. AD A stated they will be training Lead caregiver C asap (as soon as possible) and begin completing them regularly.	M 348		