

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0017288	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/24/2026
NAME OF PROVIDER OR SUPPLIER GLENWOOD AT MULBERRY		STREET ADDRESS, CITY, STATE, ZIP CODE 1281 W MAIN ST WHITEWATER, WI 53190		
(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 02/24/2026, Surveyor conducted a complaint investigation at Glenwood at Mulberry, a CBRF in Whitewater, WI. Two deficiencies of Chapter DHS 83 were identified. The complaint was substantiated. Census: 17	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, prepared, distributed, and served under sanitary conditions	N 452		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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N 452	Continued From page 1 for the prevention of food borne illnesses. Findings include: On 02/24/2026 at approximately 1:35 PM, Surveyor toured the provider's kitchen. Surveyor observed significant buildup of dust, dirt, or other grime, under the kitchen sink, around and behind the reverse osmosis drinking water tanks. This included spots of speckled build up that were black and brown in color and appeared mold-like. Surveyor also observed a cubby or open space beneath the serving counter, where the garbage cans (2) were stored. The 3 walls of this space, and the top side (bottom of counter), were heavily soiled with what appeared to be speckles, splashes, and spills of old food and beverages. On 02/24/2026 at approximately 2:15 PM Surveyor interviewed MCC A, Nurse Manager B, and Executive Director C. Surveyor explained what was seen in the kitchen. These individuals had not been aware of these specific areas being dirty. All acknowledged the concerns above and Executive Director C thanked Surveyor for bringing attention to these areas to improve.	N 452		
N 489	83.44(2)(a) Rooms clean and free from odors. The CBRF shall keep all rooms clean and shall make reasonable attempts to keep all rooms free from odors. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all rooms were clean and free from odors. Three resident rooms had soiled pillows or beds. Five resident rooms had strong foul odors,	N 489		

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N 489	Continued From page 2 most consistent with urine. Findings include: On 02/24/2026 Surveyor conducted a complaint investigation at the facility. At approximately 11:35 AM, Surveyor began touring the facility and observed the following: Resident 1's bedroom: - There were 2 pillows with yellow discoloration/staining. - The bathroom had a strong foul urine-like odor. Resident 2's bedroom: - The bed had a large spot of yellow/brown discoloration on the mattress. The mattress did not have a full mattress protector. - The recliner had several spots of discoloration/staining on the center of the seat. Resident 3's bedroom: - The bed contained several spots of yellow/brown discoloration on the mattress. The mattress did not have a full mattress protector. - The room contained a strong foul odor. Resident 4's bedroom: - The room contained a strong foul odor near the bed, consistent with urine. Resident 5's bedroom: - The room contained an extremely strong and foul odor. Resident 6's bedroom: - The room had a strong urine-like smell.	N 489		

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N 489	Continued From page 3 On 02/24/2026 at approximately 12:45 PM, Surveyor interviewed Memory Care Coordinator (MCC) A and Nurse Manager B. Surveyor inquired about housekeeping services including scheduling or services and protocols for cleaning. MCC A stated a housekeeper is scheduled to do complete room cleans each week on Fridays. S/he stated the caregivers will do spot cleaning as needed during downtime. MCC A included that laundry is constantly being washed, and each resident has laundry done almost daily. MCC A and Nurse Manager B stated the facility doesn't have an upholstery cleaner, but when a recliner becomes soiled staff will scrub and clean it by hand. They stated the facility supplies plastic mattresses, and if a resident brings their own mattress, the provider requests the family also brings a mattress protector. On 02/24/2026 at approximately 2:15 PM, Surveyor interviewed MCC A, Nurse Manager B, and Executive Director C. All acknowledged the concerns above and Executive Director C thanked Surveyor for bringing attention to these areas to improve. Surveyor and facility management discussed utilizing the individual service plan for resident specific challenges related to helping them maintain a clean environment. MCC A, Nurse Manager B, and Executive Director C also communicated an understanding that the provider is responsible for ensuring a mattress protector is being utilized, and a waterproof one, when necessary.	N 489		