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
	0014050	A. BUILDING: _____ B. WING _____	C 06/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY TERRACE OF WI INC 26	**533 E TIMBER RHINELANDER, WI 54501**

(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 06/11/2026, Surveyor conducted a standard licensure survey and complaint investigation at Country Terrace of WI Inc. 26. Data collection continued through 06/15/2026. The complaint was substantiated. One deficiency was identified. Census: 15	N 000		
N 205	83.14(2)(j) Not permit a condition of substantial risk. The licensee may not permit the existence or continuation of any condition which is or may create a substantial risk to the health, safety or welfare of any resident. This Rule is not met as evidenced by: Based on record review and interview, the licensee permitted the existence of a condition of substantial risk to the health, safety and welfare of Resident 1. Findings include: On 04/30/2026, the Department received a complaint alleging Resident 1 was transported from Rhinelander, WI to Minocqua, WI without oxygen (O2) on or about 04/25/2026. Resident 1 had a physician order for continuous O2. The facility is licensed to serve up to 15 residents in the client groups physically disabled, irreversible dementia/Alzheimer's disease, advanced aged, and terminally ill.	N 205		

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

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N 205	Continued From page 1 On 06/11/2026, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 02/23/2026. Resident 1's diagnoses included congestive heart failure and chronic obstructive pulmonary disease. Resident 1 was admitted to hospice on 02/23/2026. According to a hospice comprehensive assessment and plan of care, dated 02/23/2026, Resident 1 had O2 ordered continuously effective 07/18/2025. According to a Provider's Incident Report, dated 04/23/2026, residents were relocated from Country Terrace Rhinelander II to Country Terrace Of WI Inc. 26 on or about 04/23/2026 due to water damage at Country Terrace Rhinelander II. The Incident Report noted, "There will be 3 residents that we will relocate temporarily until we can determine length of repair. 2 [sic] will be going to the Minocqua facility and 1 possibly the Antigo facility." Resident 1's admission application, dated 02/19/2026, noted that Resident 1 had breathing problems and required O2. Resident 1's individual service plan (ISP), dated 02/23/2026, indicated that Resident 1 required an O2 machine. On 06/11/2026 at approximately 2:10 PM, Surveyor interviewed Director A. Surveyor asked Director A about the water damage at Country Terrace Rhinelander 2 and relocation of residents. Director A verified that there was water damage at Country Terrace Rhinelander II on 04/23/2026. Director A verified that residents (including Resident 1) were relocated from Country Terrace Rhinelander II to Country Terrace of WI Inc. 26 on 04/23/2026. Director A indicted that Resident 1 was transferred to Country Terrace Minocqua on 04/25/2026. Director A confirmed that Resident 1 had an order for continues O2. Director A reported that	N 205		

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N 205	Continued From page 2	N 205		

Resident 1 had a tendency not to use his/her oxygen. Director A indicated that Resident 1 was transported to Country Terrace Minocqua without O2 on 04/25/2026.

According to MapQuest, Minocqua, WI is approximately 26 miles (35 minutes) from Rhinelander, WI.

On 06/11/2026 at approximately 2:31 PM, Surveyor interviewed Hospice Nurse B via telephone. Hospice Nurse B verified that Resident 1 was on hospice and required continuous O2. Hospice Nurse B indicated that Resident 1 "would go short periods of time without oxygen." Hospice Nurse B stated that Resident 1 was transported from Country Terrace of WI Inc. 26 (Rhinelander, WI) to Country Terrace Minocqua (Minocqua, WI) on 04/25/2026. Hospice Nurse B could not confirm whether or not Resident 1 was transported with O2.

On 06/11/2026 at approximately 3:30 PM, Surveyor interviewed Caregiver C. Surveyor asked Caregiver C about the water damage at Country Terrace Rhinelander 2 and relocation of residents. Caregiver C verified that there was water damage at Country Terrace Rhinelander II on 04/23/2026. Caregiver C reported that residents (including Resident 1) were relocated from Country Terrace Rhinelander II to Country Terrace of WI Inc. 26 on 04/23/2026. Caregiver C indicted that Resident 1 was transferred to Country Terrace Minocqua on 04/25/2026. Caregiver C confirmed that Resident 1 had an order for continuous O2. Caregiver C reported that Resident 1 would not always use his/her oxygen and would need to be reminded to use it. Caregiver C indicated that Resident 1 was

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N 205	Continued From page 3 transported to Country Terrace Minocqua without O2 on 04/25/2026. Caregiver C reported, "Resident 1 was supposed to be wearing oxygen continuously and we only had an [O2] concentrator available...portable [O2] was not available." Caregiver C stated, "[Resident 1's] family argued with us about making sure [s/he] had [O2] (for the transport)." On 06/15/2026 at approximately 8:15 AM, Surveyor interviewed Transport Manager D via telephone. Surveyor asked about Resident 1's transport from Country Terrace of WI Inc. 26 to Country Terrace Minocqua on 04/25/2026. Transport Manager D indicated that the facility would be responsible to provide oxygen for residents during transports. On 06/15/2026 at approximately 11:21 AM, Surveyor interviewed Director A via telephone. Director A verified that Resident 1 had an order for continuous O2. Director A indicated that Resident 1 had his/her vitals taken before being transported on 04/25/2026, but did not have portable oxygen available during his/her transport to Minocqua, WI on 04/25/2026. The licensee permitted the existence of a condition of substantial risk to the health, safety and welfare of Resident 1.	N 205		