STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	510256	A. BUILDING: _____ B. WING _____	C 01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TIMBER VIEW	S8560 BALSAM RD EAU CLAIRE, WI 54701

(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 01/29/2025, Surveyor conducted an Abbreviated survey at Timber View. Data collection continued through 01/30/2025. One deficiency was identified. Census: 0	N 000		
N 481	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation, and interview, the provider did not provide an environment that was clean, comfortable, and homelike. Findings include: The provider is licensed to care for 6 residents in the client groups of emotionally disturbed/mental illness, developmentally disabled and alcohol/drug dependent. On 01/29/2025, at approximately 1:00 PM, Surveyor observed multiple pieces of large furniture sitting outside on the deck near one of the main entryways. At approximately 1:05 PM, Surveyor interviewed Regional Director (RD) A. RD A stated the home had been closed to residents for approximately 2	N 481		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	510256	A. BUILDING: _____ B. WING _____	C 01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TIMBER VIEW	S8560 BALSAM RD EAU CLAIRE, WI 54701

(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 481	Continued From page 1 years. RD A stated they did not have any residents residing in the home. RD A stated the home did not submit an official closure notice but temporarily stopped housing residents in the home. The main level of the home appeared to be getting remodeled, with most of the furniture removed to provide interior updates. RD A stated it was his/her hope to re-open the home to residents soon. On 01/30/2025, at approximately 1:30 PM, Surveyor toured the home with RD A and observed the following: - People painting the dining room on the main floor. There was a step ladder, a roll of what appeared to be laminate flooring and paint chips in the interior walkway. - A countertop adjacent to the kitchen counter contained a drill, paint supplies and various home repair items. - A main floor bathroom intended to be used by residents did not have a sink or toilet. The shower was stained with a yellow substance and had a toilet plunger in it. - There was a new couch and love seat in the kitchen area. - A secondary main floor bathroom had flooring removed and required floor replacement. - Resident rooms contained various pieces of debris, no furniture, missing window trim, missing curtains, and missing doors in some rooms. - A third bathroom had flooring removed and required floor replacement. There was water running beneath the toilet. At approximately 1:50 PM, Surveyor interviewed RD A. Surveyor discussed licensing standards and stated with an active license the provider was required to have the ability to serve residents.	N 481		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	510256	A. BUILDING: _____ B. WING _____	C 01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TIMBER VIEW	**S8560 BALSAM RD EAU CLAIRE, WI 54701**

(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 481	Continued From page 2 RD A stated s/he hoped all the updates would be finished by next week. RD A stated s/he hoped to provide a fully updated home to future residents.	N 481		