STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020632	A. BUILDING: _____ B. WING _____	05/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIMENSIONS LIVING JEFFERSON	279 N JACKSON AVE JEFFERSON, WI 53549

(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 05/18/2026, Surveyor conducted a probationary licensing survey at Dimensions Living Jefferson, a CBRF in Jefferson, WI. Two deficiencies of Chapter DHS 83 were identified. Census: 15	N 000		
N 239	83.20(2)(a)-(d) Department-approved training courses. Standard Precautions. All employees who may be occupationally exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions before the employee assumes any responsibilities that may expose the employee to such material. Fire safety. Within 90 days after starting employment, all employees shall successfully complete training in fire safety. First aid and choking. Within 90 days after starting employment, all employees shall successfully complete training in first aid and procedures to alleviate choking. Medication administration and management. Any employee who manages, administers or assists residents with prescribed or over-the-counter medications shall complete training in medication administration and management prior to assuming these job duties.	N 239		

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
	0020632	A. BUILDING: _____ B. WING _____	05/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIMENSIONS LIVING JEFFERSON	279 N JACKSON AVE JEFFERSON, WI 53549

(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 239	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 employees obtained all department approved training as required. Caregiver C did not have training in fire safety within 90 days after starting employment. Caregiver C did not have training in first aid and choking within 90 days after starting employment. Findings include: On 05/18/2026, Surveyor conducted a review of 2 employees to verify compliance with department approved training requirements. Surveyor requested training records from Executive Director (ED) A and Previous Interim Director (PID) B, for Caregiver C. Fire Safety The record for Caregiver C, hired 12/16/2025, did not contain evidence of training or evidence of meeting an exemption for fire safety. On 05/18/2026, at approximately 2:30 PM, Surveyor interviewed ED A and PID B. PID B confirmed the provider did not have evidence Caregiver C completed or met an exemption for fire safety training. On 05/18/2026, Surveyor verified Caregiver C was not on the Community-Based Care and Treatment training registry for fire safety. First Aid and Choking The record for Caregiver C, hired 12/16/2025, did not contain evidence of training or evidence of	N 239		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020632	A. BUILDING: _____ B. WING _____	05/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIMENSIONS LIVING JEFFERSON	279 N JACKSON AVE JEFFERSON, WI 53549

(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 239	Continued From page 2 meeting an exemption for first aid and choking. On 05/18/2026, at approximately 2:30 PM, Surveyor interviewed ED A and PID B. PID B confirmed the provider did not have evidence Caregiver C completed or met an exemption for first aid and choking training. On 05/18/2026, Surveyor verified Caregiver C was not on the Community-Based Care and Treatment training registry for first aid and choking. On 05/18/2026 at approximately 3:30 PM, Surveyor interviewed ED A and PID B. ED A and PID B stated CBRF training was prioritized, and it was surprising Caregiver C had not completed all required courses. PID B stated Caregiver C would be removed from the schedule until the courses were completed.	N 239		
N 617	83.55(6)(b) Bath and toilet areas: water temperature The CBRF shall set the temperature of all water heaters connected to sinks, showers and tubs used by residents at a temperature of at least 140°F. The temperature of water at fixtures used by residents shall be automatically regulated by valves and may not exceed 115°F, except for CBRFs serving residents recovering from alcohol or drug dependency or clients of a government correctional agency. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that the temperature of 2 of 2 tested water fixtures used by residents did not	N 617		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020632	A. BUILDING: _____ B. WING _____	05/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIMENSIONS LIVING JEFFERSON	279 N JACKSON AVE JEFFERSON, WI 53549

(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 617	Continued From page 3 exceed 115° F. Findings include: The provider is licensed to serve up to 20 non-ambulatory adults in the client groups of physically disabled, advanced aged, and irreversible dementia/Alzheimer's. On 05/18/2026 at approximately 3:30 PM, Surveyor tested the water temperature of the sink in Resident 1's bathroom, located within his/her room. The temperature reached 129.7° F. On 05/18/2026 at approximately 3:35 PM, Surveyor tested the water temperature of the sink in Resident 2's bathroom, located within his/her room. The temperature reached 123.1° F. According to the Wisconsin Department of Health Services, "Exposure to hot water is a potential environmental danger for residents. Elderly residents and residents with mental and physical disabilities may have neurological conditions that prevent instant recoil from hot water. Because these individuals do not instantly react to dangerous temperature levels, they are at particular risk for injury. Hot water can cause scalding; e.g., second and third degree burns in which the skin blisters and swells. In such instances, skin does not return to normal and forms scar tissue upon healing. These burns may lead to permanent disability." Sustained contact with water at or above 120° F and 127° F can result in second or third-degree burns in approximately 10 minutes and 1 minute, respectively (DQA Publication-01942, Hot Water Temperatures in Adult Family Homes, August 2017).	N 617		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020632	A. BUILDING: _____ B. WING _____	05/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIMENSIONS LIVING JEFFERSON	279 N JACKSON AVE JEFFERSON, WI 53549

(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 617	Continued From page 4 On 05/18/2026 at approximately 3:45 PM, Surveyor interviewed ED A and PID B about the water temperatures. Both were unaware that water temperatures were too high. ED A and PID B acknowledged the regulation and stated they'd have maintenance address the concern right away.	N 617		