

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 310585	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/10/2026
NAME OF PROVIDER OR SUPPLIER WHISPERING WILLOWS		STREET ADDRESS, CITY, STATE, ZIP CODE W4517 WILLOW BEND RD ELKHORN, WI 53121		
(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 From 06/03/2026 to 06/10/2026, Surveyor conducted a standard licensure survey at Whispering Willows, a CBRF in Elkhorn. Four deficiencies were identified. One of the 4 deficiencies was a repeat violation (see Statement of Deficiency (SOD) K0IJ11, dated 03/11/2024 Census: 8	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

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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 3 employees reviewed, obtained all department approved training as required. Caregiver B did not have training in fire safety within 90 days after starting employment. Caregiver B did not have training in standard precautions within 90 days prior to assumption of duties. This is a repeat deficiency. See Statement of Deficiency, SOD KOIJ11, dated 03/11/2024. Findings include: On 06/03/2026, Surveyor conducted a review of 3 employees to verify compliance with department approved training requirements. Surveyor requested training records from LPN A for Caregiver B. Fire Safety The record for Caregiver B, hired 05/02/2025, did not contain evidence of training or evidence of meeting an exemption for fire safety training. On 06/03/2026, at approximately 12:30 p.m., Surveyor interviewed LPN A. LPN A confirmed the provider did not have evidence Caregiver B completed or met an exemption for fire safety training. On 06/03/20226, Surveyor verified Caregiver B was not on the Community-Based Care and Treatment training registry for fire safety.	N 239		

Wisconsin Department of Health Services

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N 239	Continued From page 2 Standard Precautions The record for Caregiver B, hired 05/02/2025, did not contain evidence of training or evidence of meeting an exemption for standard precautions. On 06/03/2026, at approximately 12:30 p.m., Surveyor interviewed LPN A. LPN A confirmed Caregive B performs job tasks that may expose the employee to blood or other bodily fluids. LPN A confirmed the provider did not have evidence Caregiver B completed or met an exemption for standard precautions. On 06/03/20226, Surveyor verified Caregiver B was not on the Community-Based Care and Treatment training registry for standard precautions.	N 239		
N 243	83.21(1)-(3) All employee training. The CBRF shall provide, obtain or otherwise ensure adequate training for all employees in all of the following: Resident rights. Training shall include general rights of residents including rights as specified under s. DHS 83.32(3). Training shall be provided as applicable under ss. 50.09 and 51.61 and chs. 54, 55, and 304, Stats., and ch. DHS 94, depending on the legal status of the resident or service the resident is receiving. Specific training topics shall include house rules, coercion, retaliation, confidentiality, restraints, self-determination, and the CBRF ' s complaint and grievance procedures. Residents ' rights training shall be completed within 90 days after starting employment. Client Group. Training shall be specific to the client group served and shall include the physical, social and mental health needs of the client	N 243		

Wisconsin Department of Health Services

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N 243	Continued From page 3 group. Specific training topics shall include, as applicable: characteristics of the client group served, activities, safety risks, environmental considerations, disease processes, communication skills, nutritional needs, and vocational abilities. Client group specific training shall be completed within 90 days after starting employment. Client Group. In a CBRF serving more than one client group, employees shall receive training for each client group. Recognizing, preventing, managing, and responding to challenging behaviors. Specific training topics shall include, as applicable: elopement, aggressive behaviors, destruction of property, suicide prevention, self-injurious behavior, resident supervision, and changes in condition. Challenging behaviors training shall be completed within 90 days after starting employment. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 3 employees reviewed completed training in all employee training within 90 days after starting employment. Caregiver B did not have documentation for completion of training in challenging behaviors and client group. Findings include: On 06/03/2026, Surveyor conducted a review of	N 243		

Wisconsin Department of Health Services

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N 243	Continued From page 4 employee files to verify compliance with all employee training requirements. Surveyor requested training records from LPN A. Recognizing, Preventing, Managing and Responding to Challenging Behaviors: -The record for Caregiver B, hired 05/02/2025, did not contain evidence of training in challenging behaviors within 90 days of hire, or evidence of meeting an exemption for the training. Client Groups -The record for Caregiver B, hired 05/02/2025, did not contain evidence of training in client group (advanced age) within 90 days of hire, or evidence of meeting an exemption for the training. On 06/03/2026 at 1:30 p.m., Surveyor interviewed LPN A regarding the above concern. LPN A confirmed Caregiver B did not complete training in challenging behaviors and client group. LPN A stated that s/he did not know that Caregiver B needed to take those training classes. LPN A stated that s/he would start all employee training with the employees that required it.	N 243			
N 277	83.25 Continuing education The administrator and resident care staff shall receive at least 15 hours per calendar year of continuing education beginning with the first full calendar year of employment. Continuing education shall be relevant to the job responsibilities and shall include, at a minimum, all of the following: (1) Standard precautions; (2) Client group related	N 277			

Wisconsin Department of Health Services

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N 277	Continued From page 5 training; (3) Medications; (4) Resident rights; (5) Prevention and reporting of abuse, neglect and misappropriation; (6) Fire safety and emergency procedures, including first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure resident care staff received at least 15 hours per calendar year of continuing education beginning with the first full calendar year of employment, which included, at a minimum, all of the following: (1) Standard precautions; (2) Client group related training; (3) Medications; (4) Resident rights; (5) Prevention and reporting of abuse, neglect and misappropriation; (6) Fire safety and emergency procedures, including first aid. On 06/03/2026, Surveyor reviewed 2 staff training records. Two of 2 records reviewed did not have at least 15 hours of continuing education for the calendar year of 2024 and 2025. FINDINGS INCLUDE: On 06/03/2026, Surveyor arrived at facility for a standard survey. On 06/03/2026 at 10:00 a.m., Surveyor received the staff roster from LPN A. Surveyor reviewed Caregiver C and Caregiver D for continuing education for 2024 and 2025. EXAMPLE 1: Caregiver C On 06/03/2026, Surveyor reviewed Caregiver C's staff record. Caregiver C was hired on	N 277		

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N 277	Continued From page 6 04/02/2018. On 06/03/2026, Surveyor reviewed Caregiver C's employee record. The record did not contain any continuing education training for calendar years of 2024 and 2025. LPN A stated that the facility was behind in training. LPN A stated the employees were told to schedule training through a company and they were working on it. EXAMPLE 2: Caregiver D On 06/03/2026, Surveyor reviewed Caregiver D's staff record. Caregiver D was hired on 01/03/2023. On 06/03/2026, Surveyor reviewed Caregiver D's employee record. The record did not contain any continuing education training for calendar years of 2024 and 2025. LPN A stated that the facility was behind in training. LPN A stated the Caregiver D was terminated in May of 2026. On 06/03/2026 at 1:00 p.m., Surveyor discussed the above concern with LPN A and Owner F. LPN A acknowledged that Caregiver C and Caregiver D did not receive at least 15 hours of continuing education training in the calendar year of 2024 or 2025. LPN A stated that the facility was aware that training was behind. Owner F stated that they had hired a staff member to assist with training and that staff member had left the facility.	N 277		
Z 005	50.065(2)(b)intro ENTITY BACKGROUND CHECK REQUIREMENTS 1. A criminal history search from the records maintained by the department of justice.	Z 005		

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Z 005	Continued From page 7 2. Every entity shall obtain all of the following with respect to a caregiver of the entity: Information that is contained in the registry under s. 146.40(4g) regarding any findings against the person. 3. Information maintained by the department of safety and professional services regarding the status of the person's credentials, if applicable. 4. Information maintained by the department regarding any final determination under s. 48.981(3)(c)5m. or, if a contested case hearing is held on such a determination, any final decision under s. 48.981(3)(c)5p. that the person has abused or neglected a child. 5. Information maintained by the department under this section regarding any denial to the person of a license, certification, certificate of approval or registration or of a continuation of a license, certification, certificate of approval or registration to operate an entity for a reason specified in sub. (4m)(a)1. to 5. and regarding any denial to the person of employment at, a contract with or permission to reside at an entity for a reason specified in sub. (4m)(b)1. to 5. If the information obtained under this subdivision indicates that the person has been denied a license, certification, certificate of approval or registration, continuation of a license, certification, certificate of approval or registration, a contract, employment or permission to reside as described in this subdivision, the entity need not obtain the information specified in subds. 1. to 4.	Z 005		

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Z 005	Continued From page 8 This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure a full caregiver background check was completed for 2 of 2 service providers reviewed. The provider did not have documentation of a full criminal background check being completed at the time Caregiver B and Caregiver D were hired. Findings include: On 06/03/2026 at approximately 11:30 a.m., Surveyor requested Caregiver B and Caregiver D's employee record, including his/her background checks, from LPN A. -Caregiver B was hired on 05/02/2025 and LPN A provided Surveyor with a record of Caregiver B's background check through the Department of Justice (DOJ) and Department of Health Services (IBIS). Surveyor requested the Background Information Disclosure (BID). LPN A gave Surveyor a form filled out by Caregiver B. The form was a Wisconsin Criminal History Single Name Record Request. Surveyor indicated that it was the incorrect form. LPN A stated that s/he thought it was easier to fill out and that it would cover the same information. -Caregiver D was hired on 01/03/2023 and LPN A	Z 005		

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Z 005	Continued From page 9 provided Surveyor with a record of Caregiver D's background check through the Department of Justice (DOJ) and Department of Health Services (IBIS). Surveyor requested the Background Information Disclosure (BID). LPN A stated that Caregiver D did not have a BID in the record. On 06/03/2026 at 1:30 p.m., Surveyor shared concern of the completed state background check for Caregiver B and Caregiver D. LPN A acknowledged that the facility had not been completing the correct form and stated that s/he would start completing the BID form with all employees.	Z 005		