STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	310585	A. BUILDING: _____ B. WING _____	R 10/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHISPERING WILLOWS	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 10/07/2026 to 10/19/2026, Surveyor conducted a verification visit and complaint investigation at Whispering Willows, a CBRF in Elkhorn. One deficiency was identified. Four of 4 deficiencies were corrected from Statement of Deficiency (SOD) SV2711, dated 06/10/2026. Under statutory provisions of WI Stat. ch. 50 a $200 revisit fee is being assessed. The complaint is substantiated. Census: 6	{N 000}		
N 397	83.36(1)(b) Qualified staff in charge, on duty and awake. The CBRF shall ensure all of the following: 1. An administrator or other designated qualified resident care staff in charge is on the premises of the CBRF daily to ensure the CBRF is providing safe and adequate care, treatment and services. 2. At least one qualified resident care staff is present in the CBRF when one or more residents are present in the CBRF. 3. At least one qualified resident care staff is on duty and awake if at least one resident in the CBRF is in need of supervision, intervention or services on a 24-hour basis to prevent, control or improve the resident ' s constant or intermittent mental or physical condition that may occur or may become critical at any time including residents who are at risk of elopement, who have dementia, who are self-abusive, who become agitated or emotionally upset or who have changing or unstable health conditions that require close monitoring. 4. At least one qualified resident care staff is on duty	N 397		

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

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N 397	Continued From page 1 and awake if the evacuation capability of at least one resident is 4 minutes or more. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure at least 1 qualified care staff was on duty and awake when at least 1 resident in the CBRF was in need of supervision or intervention on a 24-hour basis for an intermittent mental or physical condition that may occur, including residents who had unstable health conditions that required close monitoring. The facility's live-in caregiver slept during the overnight hours. Findings include: On 07/31/2026, the Department received a complaint alleging Caregiver G was not available during noc hours. On 10/07/2026, Surveyor conducted a complaint investigation and identified the following: The provider is licensed to serve up to 11 residents within the client groups of advanced age. On 10/07/2026 at approximately 10:30 AM, Surveyor reviewed resident records, which included the following: - Resident 1 was admitted to the facility on 12/27/2024. Resident 1 had a diagnosis of Alzheimer's/dementia - Resident 2 was admitted to the facility on 04/01/2022. Resident 2 had diagnosis of anemia and was admitted to hospice in January 2025. - Resident 3 was admitted to the facility on	N 397		

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N 397	Continued From page 2 05/10/2022 with a diagnosis of Sjogren's syndrome. Resident 3's ISP indicated s/he was failure to thrive, significant change in health and admitted to hospice on 10/18/2024. On 10/07/2026 at approximately 11:00 AM, Surveyor interviewed LPN A. Surveyor asked LPN A for a staffing schedule and to explain the staffing pattern at the facility. LPN A stated Caregiver G was hired on 08/02/2026 and was a live-in caregiver and allowed to stay in the basement living area during the overnight shift. LPN A stated that s/he was not sure what Caregiver G did during the overnight hours but that there were baby monitors down there so that Caregiver G could hear the residents on the main floor. Surveyor shared concern that the facility was not staffed with awake staff and that based on Resident 1, Resident 2 and Resident 3's medical needs, they may require supervision during the night. LPN A stated that Caregiver G did come up from time to time and check on the residents. LPN A stated that Resident 1 did not wander. On 10/07/2026 at approximately 11:15 AM, Surveyor reviewed the provider's staff schedule for September 2026 with LPN A. Surveyor noted that Caregiver G was scheduled to work every overnight shift from Sundays to Thursdays the entire month of September 2026. On 10/07/2026 at approximately 12:30 PM, Surveyor reviewed information documented in resident records regarding diagnoses and/or needs for 3 of 5 residents residing at the facility indicating awake staff should be available with LPN A and Owner F. LPN A stated that there had never been a problem with Caregiver G responding to the residents. Owner F stated	N 397		

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N 397	Continued From page 3 again that the facility was alarmed and would alert the caregiver if there was a need. Owner F stated that s/he had never heard that the facility needed awake staff during the overnight hours.	N 397		