

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0012459	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 08/05/2026
NAME OF PROVIDER OR SUPPLIER BELGIUM GARDENS		STREET ADDRESS, CITY, STATE, ZIP CODE 432 SOUTH HERITAGE STREET BELGIUM, WI 53004		
(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 08/05/2026, Surveyor conducted a verification visit and one (1) complaint investigation at Belgium Gardens. As a result of the survey two (2) of eight (8) deficiencies are repeat violations and one (1) complaint was substantiated resulting in one deficiency. Three (3) deficiencies total. Under statutory provisions of Wis. Stat. Ch. 50, a \$200 revisit fee is being assessed. Census: 22	{N 000}		
{N 220}	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 caregivers reviewed was screened for clinically apparent communicable disease, within 90 days before the start of employment. This requirement is being cited for a third time.	{N 220}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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{N 220}	Continued From page 1 See statement of deficiency (SOD) PY2C11, dated 04/28/2022 and UHCY11, dated 03/19/2026. Findings include: On 08/05/2026 at approximately 10:45 AM, Surveyor requested Caregiver D's record from Manager A. Surveyor reviewed Caregiver D's employee record. Record indicated the following: - Caregiver D was hired July 2026. Caregiver D's record did not have documentation Caregiver D was screened for clinically apparent communicable disease. On 08/05/2026 at 1:05 PM, Surveyor interviewed Manager A. Manager A acknowledged s/he did not have the free of communicable disease form for Caregiver D. Manager A confirmed Caregiver D was currently on the schedule and working. Manager A was unable to provide the exact date of hire but stated that s/he started early July. The provider did not ensure that caregiver reviewed was screened for clinically apparent communicable disease, within 90 days before the start of employment.	{N 220}		
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.	N 481		

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N 481	Continued From page 2 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a living environment that was clean, safe, comfortable, well maintained or homelike. Findings include: On 06/05/2026, the Department received a complaint alleging concerns with the hot water heaters and water in resident areas cold. On 08/05/2026 at 10:45 AM, Surveyor reviewed the maintenance log. The log reflected: * Room 2 no hot water * Room 4 no hot water * Room 5 no hot water * Room 11 no hot water There was a note on 6/12 "no hot water" and 8/4 "hot water less than 5 min and ice cold" On 08/05/2026 at 11:30 AM, Surveyor interviewed Caregiver E. Caregiver E stated hot water hasn't been working since the beginning of year. Caregiver E stated when s/he gives Resident 10 a shower, s/he turns on the water to get Resident 10 wet, turns water off, washes Resident 10 up and shampoos hair and then turns water on to rinse. Caregiver E acknowledged s/he turns water off during shower to try to have warmer water to rinse Resident 10. Caregiver E confirmed the hot water runs out fast. On 08/05/2026 at 11:50 AM, Surveyor interviewed Caregiver F. Caregiver F stated s/he gave Resident 6 a shower. Caregiver F stated the shower was warm in the beginning and they tried to go fast but hot water runs out quickly and is cold. Caregiver F stated the water pressure isn't	N 481		

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N 481	Continued From page 3 good either. On 08/05/2026 at 12:10 PM, Surveyor interviewed Resident 9. Resident 9 stated s/he was upset with his/her shower. Resident 9 stated the water temp is intermittent, the water is warm at best and then turns ice cold in less than 5 minutes of shower running. Resident 9 stated the facility knew about the water problem 3 months ago, and water temperature is still a problem. There is a new maintenance person, but s/he works a full-time job and isn't always available. Resident 9 confirmed s/he doesn't like taking a cold shower. On 08/05/2026 at 12:13 PM, Surveyor interviewed Resident 11. Resident 11 stated s/he takes a shower and for maybe 1 minute the water is a little hot/warm and then cold. Resident 11 stated s/he "wishes it would get warm." Resident 1 stated s/he gets up to shower at 3:00 AM, hoping for warm water, and the water is cold at 3:00 AM too. Surveyor took a water temp in Resident 11's room, and the warmest temp was 88.6 degrees and the temperature started to drop. On 08/05/2026 at 12:25 PM, Surveyor interviewed Resident 1. Resident 1 stated the water has been cold for a while. Surveyor took a water temp, and the highest temp was 88.2 degrees and water temperatur started to drop. Resident 1 stated s/he has had 2 cold showers recently. Resident 1 stated "its bad when rinsing hair and the water is ice cold hitting your head." Resident 1 stated "water just cold when washing up." Resident 1 stated s/he gets injection in his/her eye and likes to put warm compress on eyes, but the water is cold and s/he can't get a warm washcloth. Resident 1 stated s/he washes	N 481			

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N 481	Continued From page 4 up every morning and night, and s/he will be cold in the morning but is able to put on warm clothes. Resident 1 stated at bedtime s/he has thinner pajamas and uses a heating pad to try and warm up after washing up, because the water is so cold. Resident 1 stated they moved his/her shower to the morning hoping the water would be warmer. On 08/05/2026 at 1:00 PM, Surveyor interviewed Manager A. Manager A stated s/he had greater than "9,000 text messages" to maintenance. Manager A stated there was a new maintenance person. Manager A stated maintenance person was trying to fix it, but they are not sure what is causing the temperatures to be cold. Manager A confirmed there was not a call out to a plumber at this time. Manager A stated Licensee G was taking over the facility but directed maintenance person to take care of the issues. The provider did not ensure a living environment that was clean, safe, comfortable, well maintained or homelike.	N 481		
{N 491}	83.44(2)(c) Interior floors, walls and ceilings. Every interior floor, wall and ceiling shall be clean and in good repair. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure every interior floor, wall and ceiling were clean and in good repair. The carpet in the hallway was fraying in multiple areas, resident rooms with fraying/stained carpet, walls and ceiling are stained.	{N 491}		

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{N 491}	Continued From page 5 This is a repeat deficiency. See statement of deficiency (SOD) UHCY11, dated 03/19/2026. Findings include: On 08/05/2026 at 11:30 AM, Surveyor toured the facility with Manager A. Surveyor observed the hallway carpet to be fraying in multiple areas across the hallway and into resident rooms. Manager A acknowledged Surveyors' observations and stated the carpet was replaced not long ago and that there was a new maintenance person, but s/he wasn't sure when the carpet would be fixed. Observations: * Room 18 spots on carpet * Resident 5 wall scraped * Several areas of hallway with carpet fraying and fraying into resident rooms. The provider did not ensure every interior floor was clean and in good repair.	{N 491}			