| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0016999 | A. BUILDING: _____ B. WING _____ | C 04/09/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| WILLOWICK BELOIT | 1971 CRANSTON RD BELOIT, WI 53511 |

| (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<br><br>On 04/09/2024, Surveyor conducted a complaint investigation at Willowick Beloit.<br><br>One deficiency was identified.<br><br>The complaint was substantiated.<br><br>Census: 16 | N 000 | | |
| N 489 | 83.44(2)(a) Rooms clean and free from odors.<br><br>The CBRF shall keep all rooms clean and shall make reasonable attempts to keep all rooms free from odors.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure resident rooms were clean and free from odors.<br><br>Findings include:<br><br>On 03/01/2024, the Department received a complaint alleging concerns with cleanliness in resident rooms.<br><br>On 04/09/2024 at 10:10 AM, Surveyor interviewed Caregiver C regarding cleaning resident rooms. Caregiver C stated their policy is to have all resident trash taken out and beds made by 10:00 AM for 1st shift. Caregiver C noted any resident incontinence changes would be taken out immediately. Caregiver C stated the provider does not have a housekeeper and caregiving staff are responsible for as needed resident housekeeping.<br><br>On 04/09/2024 at 10:44 AM, Surveyor toured the facility and observed the following: | N 489 | | |

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

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| N 489 | Continued From page 1<br><br>1. Surveyor observed Resident 1's bathroom. Surveyor observed a garbage can full of used items (gloves, soiled briefs, disposable chuck pads) without a liner. Resident 1 had what appeared to be worn soiled pajamas on the floor that gave off a pungent urine-like odor.<br><br>On 04/09/2024 at 10:45 AM, Surveyor interviewed Resident 1. Surveyor asked about worn pajamas on floor in Resident 1's bathroom. Resident 1 stated pajamas were from 2 nights ago after accident. Resident 1 stated s/he was new to the community.<br><br>2. Surveyor observed Resident 2's bedroom and bathroom. Inside the bathroom, Surveyor observed a pair of soiled jean shorts that gave off a pungent urine-like odor. Behind the toilet, observed spots of yellow/brownish dried liquid consistent with urine. Resident 2's bedroom area had specks of debris consistent with food crumbs all over the floor.<br><br>3. Surveyor observed Resident 3's bathroom. Under Resident 3's toilet seat, observed dried and liquid brown substance consistent with fecal matter. Resident 3's bathroom did not have any toilet paper. The shower had dust and dirt throughout the floor.<br><br>4. Surveyor observed Resident 4's bathroom. Observed dried brown marks consistent with fecal matter on Resident 4's toilet riser.<br><br>5. Surveyor observed Resident 5's bathroom. Observed dried brown marks consistent with fecal matter in Resident 5's toilet bowl. The bathroom did not have a toilet paper holder or toilet paper. The caulk around the toilet was | N 489 | | |

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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **WILLOWICK BELOIT** | **1971 CRANSTON RD BELOIT, WI 53511** |

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| N 489 | Continued From page 2<br>damaged and had a grimy appearance.<br><br>6. Surveyor observed Resident 6's bathroom. Inside the shower area, observed what appeared to be dirty clothing and used chuck pads dumped on a shower chair and bench. Resident 6's sink contained a grimy substance.<br><br>On 04/09/2024 at 12:04 PM, Surveyor interviewed CEO A and Director B. Surveyor noted 6 of 11 rooms observed had cleanliness concerns. CEO A stated staff are expected to provide light housekeeping daily and taking out trash/beds made by 10:00 AM for 1st shift. CEO A noted any incontinence changes would be disposed of immediately following resident cares. CEO A and Director B confirmed the provider did not have a housekeeper and acknowledged current staff were not completing job duties. | N 489 | | |