

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 490010	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/28/2023
NAME OF PROVIDER OR SUPPLIER CLARITY CARE MIHILL HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 975-977 MIHILL AVE FOND DU LAC, WI 54935		
(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
M 000	INITIAL COMMENTS On 09/27/2023 with additional information gathered through 09/28/2023, Surveyor conducted a standard survey and complaint investigation at Clarity Care Mihill House. As a result, one cite was issued. The complaint was unsubstantiated. Census: 4	M 000		
M 276	88.05(3)(a) HOME ENVIRONMENT An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and staff interviews the provider did not provide a safe, clean, well-maintained, and homelike environment. The bathroom on side 977 of the home was not maintained in a safe, clean, or homelike manner. Findings include: On 9/27/2023, Surveyor conducted an onsite visit and noted the home was a side-by side duplex. During the environmental tour of the home the following observations were made of the bathroom on the 977 side of the home: *The interior bathtub and tub surround showed rings of dark brown and yellow stains.	M 276		

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

TITLE

(X6) DATE

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M 276	Continued From page 1 *The ceiling ventilation fan did not work. *The ceiling and upper walls along the ceiling had several black, speckled areas. On 09/27/2023 at 11:30 AM, DSP (Direct Support Professional)-A verified the above observations and that the ceiling/walls contained multiple black, speckled areas. DSP-A indicated s/he would have maintenance look into it. Concerns regarding the bathroom on the 977 side of the home were discussed with DA (Division Administrator)-B and DCM (Director of Care Management)-C on 09/27/2023 beginning at 12:35 PM. DCM-C stated they would place work orders "right away for the bathroom" and notified the Director of Maintenance.	M 276		