Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017976	A. BUILDING: _____ B. WING _____	R-C 04/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHEL RIPON SOUTH	530 NORTH UNION STREET RIPON, WI 54971

(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 A verification visit was conducted at Bethel Ripon South on 03/31/2025 with addtional information gathered through 04/03/2025. As a result of this visit the previoius deficiencies were corrected and two new deficiencies were identified during the visit. Per state statutes a $200.00 revisit fee was assessed. Census: 7	{N 000}		
N 427	83.38(1)(c) Leisure time activities. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Leisure time activities. The CBRF shall provide a daily activity program to meet the interests and capabilities of the residents. Employees shall encourage and promote resident participation in the activity program. The CBRF shall develop and post the activity schedule in an area available to residents. This Rule is not met as evidenced by: Based on observation and interviews the provider did not ensure leisure time activities were provided to meet the needs of the residents. Findings include: On 03/31/2025, Surveyor observed a December	N 427		

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

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N 427	Continued From page 1 2024 activity calendar posted on a bulletin board located outside the kitchen area. No other activity calendar/schedule was located or posted within the facility. On 03/31/2025 from 8:45 AM until 12:00 PM, Surveyor made observations while in the facility. Surveyor observed Resident 1, 4 and 5 sitting in the living room with the TV on. Resident 2 and 6 were observed ambulating and wondering around the common space of the facility. Observations showed no activities were offered to the residents. On 03/31/2025 at 9:00 AM, Surveyor interviewed Resident 3. Resident 3 was laying in his/her bed staring at the wall. Resident 3 stated, "There's nothing to do here, so I lay in my bed. I used to do a lot of activities when I lived at another facility, but there's nothing going on here. Occasionally we play bingo and on Tuesdays a volunteer comes here to play games with us, but that's about it." Resident 3 said s/he would participate in activities daily if the facility offered them. Surveyor then asked if there was an activity schedule available to inform residents of activities occurring. Resident 3 stated, "I have no idea what activities are going on...I haven't seen an activity schedule." On 03/31/2025 at 11:40 AM, Surveyor interviewed Caregiver D regarding activities occurring in the facility. Caregiver D stated, "I've only worked for the company for a few months...I'm still training." Surveyor asked Caregiver D if s/he encouraged and promoted resident activities. Caregiver D stated, "I'm still new and need training on activities." Surveyor then asked Caregiver D if the facility had a current activity calendar/schedule posted in an area available to	N 427		

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N 427	Continued From page 2 the residents. Caregiver D verified the only activity schedule posted in the facility was the December 2024 calendar located on the bulletin board outside the kitchen. On 03/31/2025 at 12:00 PM, Surveyor interviewed Caregiver C regarding the facility's activity program. Caregiver C verified the activity schedule posted was from December 2024 and there was no current activity schedule/calendar posted. Caregiver C stated, "We try to do activities, but most residents don't want to do them." On 04/03/2025 at 11:05 AM, Surveyor shared the above information with Administrator A. Administrator A indicated s/he did find a volunteer to come to the facility on Tuesdays to play games with the residents and stated, "I will be doing an all staff in-service on activities."	N 427		
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. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a living environment that was safe, clean, comfortable and homelike for residents. Findings include:	N 481		

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N 481	Continued From page 3 On 03/31/2025 at approximately 9:15 AM, Surveyor toured the facility and observed the following: *The fireplace in the living room had multiple cracked and unsecured tiles *The hallway, living room and dining room had marred/scuffed walls *Heavy dust accumulation on the ceiling fan in the living room and two ceiling vents (one outside the kitchen area and one outside the bath/shower room) *A significant accumulation of black, greasy, thick dirt on the kitchen window *The main bath/shower room did not have a functioning shower or bath for the residents. The drywall in the bath/shower room had been cut through exposing the wall studs and insulation. The water pipe for the shower/bath was not connected to anything and a shower base was observed leaning up against the wall. *A hallway baseboard heat register near Resident 4's room had a loose piece of metal with sharp exposed edges *Resident 1's room baseboard heat register cover was off and not secure. Resident 1's bed pillow had brown/black stains and was not clean. *Resident 3's carpet was dirty with crumbs and food spills. Resident 3's wall near the head of his/her bed had multiple areas of dried food/body particles. Resident 3's baseboard heat register had a loose piece of metal with sharp exposed edges. ***Note: The facility is licensed for the capacity of 8 residents and is located on the same grounds as Bethel Ripon North (a sister facility with a small, paved walkway located between the two facilities). The facility has one bath/shower room which is shared between all 8 residents.	N 481		

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N 481	Continued From page 4 On 03/31/2025 at 11:00 AM, Surveyor interviewed Resident 3 regarding the facility's main bath/shower room. Resident 3 stated, "The bath/shower room has been out of order for a few days. I've been getting bed baths or staff let me go next door to shower if I want...I'm looking forward to the shower being fixed so I can shower over here." On 03/31/2025 at approximately 11:15 AM, Surveyor spoke with Administrator A and shared the above information. Administrator A stated, "I know there was a bathtub in the bath/shower room before...Licensee E is planning on creating a walk in-shower." Administrator A was unable to give Surveyor a date of when the project will be completed, but indicated s/he would find out. On 04/02/2025 at 12:02 PM, Surveyor received an email from Administrator A with a correspondence email between Administrator A and Licensee E. Licensee E wrote the following to Administrator A on 04/02/2025 at 10:27 AM, "Since the weather is a little bearable, I have directed the maintenance crew to give Bethel Assisted Living North & South Ripon a facelift. As most of the residents requested, we will remove the bathtub in the south wing and replace it with a walk-in shower. We will also work on the fireplace before painting the walls. Some closet doors will be replaced. The renovation should take about one week. No resident will be displaced while the renovation is taking place."	N 481		