STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017522	A. BUILDING: _____ B. WING _____	R-C 11/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BUTLER HOUSE	12605 W COURTLAND AVE BUTLER, WI 53007

(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 11/08/2024, Surveyor conducted a verification visit at Butler House. One deficiency was identified. The deficiency was a repeat violation. See Statement Of Deficiency (SOD) 0OH711, dated 02/24/2024; SOD 0OH712, dated 07/13/2023; and SOD Y3MR11, dated 07/24/2024. Three of 4 deficiencies from Statement Of Deficiency Y3MR11, dated 07/24/2024 were substantially corrected. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 8	{N 000}		
{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 the home was clean and homelike. This is repeat deficiency. See Statement Of Deficiency (SOD) 0OH711, dated 02/24/2024; SOD 0OH712, dated 07/13/2023, and Y3MR11, dated 07/24/2024.	{N 481}		

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

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Findings include:
The facility is licensed as a Class CNA (nonambulatory) CBRF able to serve up to 8 residents within the client groups of developmentally disabled, emotionally disturbed/mental illness, physically disabled, terminally ill, advanced age, alcohol/drug dependent, correctional clients, traumatic brain injury and irreversible dementia/Alzheimer's.

On 11/08/2024 at 11:57 AM, Surveyor arrived at facility to complete a verification visit. At 12:06 PM, Administrator A called Caregiver C and Surveyor interviewed Administrator A. Administrator A stated the facility's owner wanted to replace the carpet with laminate flooring, and a different stove was obtained after standard survey on 07/19/2024. Administrator A stated Caregiver C would give Surveyor a tour of the home.

On 11/08/2024, Surveyor observed front living room, dining room and kitchen:

Example 1 - Front living room
A large black stain on carpet in front of loveseat (Photo 1).

Example 2 - Dining room
Large black carpet stain between table and windows (Photo 2).
Two long black lines on carpet in dining room (Photo 3).
Black substance on transition from dining room to hall (Photo 4).
Pedestal legs of 1 table soiled (Photos 5 and 6).
Only folding chairs used as dining room table chairs (Photo 7).

Example 3 - Kitchen

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{N 481}	Continued From page 2 Wall and cupboard behind garbage can soiled with food splatters, and heat vent behind garbage can rusty (Photo 8). Black substance stuck to floor and debris on floor behind garbage can (Photo 9). Interior of oven heavily soiled (Photo 10). Top surface of oven drawer soiled with grease and food particles (Photo 11). Upper and lower cupboard surfaces splattered with food and grease particles (Photos 12 and 13). On 11/08/2024 at approximately 12:30 PM, Surveyor toured resident's rooms with Caregiver C. Example 1- Resident 1's room Tan circular areas on white ceiling. At 12:30 PM, Surveyor interviewed Caregiver C who stated the tan areas were caused by rain damage. Example 2 - Resident 2's room and bathroom Room: Windowsill dusty and covered in spider webs (Photo 14). Bathroom: Ceiling light did not turn on. One of 2 light bulbs on wall sconce light burnt out (Photo 15). Paper towel holder dusty (Photo 16). Lines and spots of yellow substance on wall next to door (Photo 17). Black smudges on wall and top of wall tiles dusty and soiled black (Photo 18). Ceiling vent dusty and rusty (Photo 19). At 12:33 PM, Surveyor interviewed Resident 2 and Caregiver C. Resident 2 stated the lights in his/her bathroom often flickered on and off.	{N 481}		

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Caregiver C stated s/he agreed with Resident 2 about the lights flickering on and off. Caregiver C stated the manager regularly assigned deep cleaning tasks to caregivers.

Example 3 - Resident 5's room
Resident 5's room smelled strongly of body odor and urine. A urinal set on the bedside table was approximately 1 inch full of urine.
The pillow (not covered with pillowcase) was soiled yellow (Photo 20).
The corner of the walls at head of bed were splattered with a brown stringy substance (Photo 20).

At 12:44 PM, Surveyor interviewed Caregiver C who stated s/he agreed there was a strong odor in Resident 5's room, s/he did not know where the odor originated from, and the odor had been present since s/he started 3-4 months ago. Caregiver C stated staff did all resident's laundry and facility provided resident's pillows. Caregiver C stated s/he did not know what the brown substance on Resident 5's wall was.

Example 4 - Resident 6's room
An electrical outlet was missing a cover (Photo 21).
Heat vent was covered in rust (Photo 22).
Light switch covered soiled with sticky yellow substance and black smudges (Photo 23).

Example 5 - Resident 8's room
Black scuffs on wall by head of bed (Photo 24).
Surface of small round bedside table soiled with dark brown substances and coffee-cup rings (Photo 25).

Example 6 - Resident 9's room
Mattress did not have sheet on it and side of

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mattress on room side of bed was sunken. Box spring's clear plastic packaging was partially off box spring and lying on floor at foot of bed. (Photo 26).
Storm window on 2 panel slider window was approximately 6 inches open (Photo 27).

At 12:56 PM, Resident 9 demonstrated to Surveyor that s/he was unable to close the storm window.

At 12:56 PM, Surveyor interviewed Resident 9 who stated the storm window did not completely close. Resident 9 stated it was cold in his/her room at night and s/he wore a flannel jacket to bed. Resident 9 stated s/he had trouble getting in and out of bed because the mattress was sunken in on one side and s/he did not like the plastic hanging off the end of the bed.

At 12:57 PM, Surveyor interviewed Caregiver C who stated the facility owned Resident 9's mattress. Caregiver C stated when s/he worked PM shift it was often cold in Resident 9's room.

On 11/08/2024 at 1:05 PM, Surveyor called and shared home environment findings with Administrator A. Administrator A stated the roof was fixed just prior to (Department's) 07/19/2024 standard survey. Administrator A stated Resident 2's bathroom ceiling light had a sensor so the bulb may have been burnt out. Administrator A stated the managed care organization expressed concern of odor in Resident 5's room 2 days prior to standard survey on 07/19/2024 and suggested putting charcoal under Resident 5's bed. Administrator A stated the charcoal helped for a while. Administrator A stated s/he would check if Resident 9 opened the storm window. Administrator A stated Resident 9's mattress was

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{N 481}	Continued From page 5 brand new. Administrator A stated a deep clean schedule was kept and cleaning reminders were sent to staff. On 11/08/2024, Surveyor reviewed the facility's Program Statement and Admission Agreement on file with the Department. Program Statement " ...Butler House will provide supported community living and personal care services to persons with mental or physical handicaps in a clean, comfortable, secure and accessible environment ..." Admission Agreement: " ...Services Covered in the Agreed Upon Rate of this Agreement ...b. Laundry/ Housekeeping services and supplies ..."	{N 481}		