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
	0016437	A. BUILDING: _____ B. WING _____	06/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTH COUNTRY VIEW EAST	W16646 SUGAR BUSH DR ARMSTRONG CREEK, WI 54103

(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 An abbreviated survey was conducted at North Country View East Adult Family Home on 05/29/2024 with information gathered through 06/11/2024. As a result of this survey 1 deficient practice was identified. Census: 3	M 000		
M 282	88.05(3)(d) ANNUAL WELL WATER INSPECTIONS Where a public water supply is not available water samples shall be taken from the well and tested at the state laboratory of hygiene or other laboratory approved under ch. HSS 165 at least annually. This Rule is not met as evidenced by: Based on staff interview and record review the provider did not ensure an annual test of the facility's well water was completed having the potential to affect all 3 residents. Findings include: On 05/29/2024, Surveyor conducted an on-site visit to this facility for survey. CG (Caregiver) - B confirmed this facility has a private well and did not have evidence of a water test completed for 2023 or 2024. CG - B indicated LIC (Licensee) - A was on vacation and not scheduled for return until 06/07/2024 and LIC - A had all facility records. On 06/10/2024, Surveyor spoke with LIC - A at 10:00 a.m. and asked about the water sample test for the private well. LIC - A confirmed it had not been done as required.	M 282		

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

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