Consumer Information Report for Nursing Homes
Summary 2025

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CHRISTIAN COMMUNITY HOME OF OSCEOLA, INC
2650 65TH AVE
OSCEOLA, WI 54020
(715) 294-1100

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License Number: **5037**
Number of Licensed Beds: **40**
Medicare Certified? **YES**
Medicaid Certified? **YES**
Ownership Type: **Nonprofit Corporation**
Owner: **CHRISTIAN COMMUNITY HOME OF OSCEOLA, INC**

Staff: Residents

	Staff:Residents (Average daily number of residents: 37)		
	Nurse Aides	**LPNs**	**RNs**
This Home	1 Nurse: 8 Residents	1 Nurse: 37 Residents	1 Nurse: 31 Residents
Polk County Average	1 NA: 9 Residents	1 NA: 49 Residents	1 NA: 31 Residents
Wisconsin Average	10	49	28

Staff to resident ratios are based on staffing hours and resident census figures reported by facilities and available in the CMS Payroll Based Journal dataset covering the period 10/01/2025 through 12/31/2025. "NA" indicates that data was not available in the PBJ dataset for that measure.

Staff Turnover Rates

Nursing Home Staff	Staff Turnover Rates (Percent of staff employed for at least one year)		
	This Home (NS=no staff)	**Polk County Average (6 homes)**	**State of Wisconsin Average (323 homes)**
Registered Nurses (RNs)	58%	37%	40%
All Nursing Staff	53%	51%	47%

Staff turnover rates are based on data reported by facilities and available in the CMS Payroll Based Journal dataset covering the period 10/1/2024 through 9/30/2025. "NA" indicates that data was not available in the PBJ dataset for that measure.

This two-page summary was prepared by the Division of Quality Assurance, Wisconsin Department of Health Services. For questions about this report, call (608) 264-9898. See the full report on the internet (after 6/1/26) at **https://www.dhs.wisconsin.gov/guide/cir.htm** or request a copy (after 6/1/26) at (608) 266-8368. The report should also be available in the facility.

Federal Violations Cited in State "Inspection" Surveys for

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CHRISTIAN COMMUNITY HOME OF OSCEOLA, INC

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This summary table provides a count of federal violations cited for this nursing home in 2025, by category of violation. County and state averages are shown for comparison. Surveys are conducted by the Division of Quality Assurance at least every 9 - 15 months, and may be conducted more often. This home <<SQC>> cited with Substandard Quality of Care during the year 2025. See the full Consumer Information Report, 2025 for details.

Federal Regulation Categories* *Each category consists of many specific regulations. See detail in report.	Federal Violations In 2025		
	Total # Citations for This Home (NS = Facility not surveyed in 2025)	Average # Citations for Polk County (6 homes)	Average # Citations for Wisconsin (323 homes)
Quality of Care: Provide care that promotes resident's highest level of well-being. Example: Prevent/treat pressure sores.	3	4.3	3.1
Resident Services: Provide services that meet state standards. Example: Develop a comprehensive care plan for each resident.	2	1.7	1.4
Quality of Life: Provide a pleasant, homelike atmosphere. Example: Provide an activities program that meets needs and interests.	1	0.5	0.3
Resident Rights: Assure individual rights. Example: Assure right to personal privacy.	2	2.2	1.3
Freedom from Restraints/Abuse: Assure freedom from abuse, neglect, or restraints. Example: Assure the right to be free from abuse.	1	0.8	1.2
Staffing/Staff Training: Provide adequate and qualified staff. Provide training to staff on policies and procedures. Example: Provide sufficient and competent nursing staff.	0	0.0	0.4
Pharmacy/Lab Services: Provide or obtain medications and lab services. Example: Residents are free of significant medication errors.	1	1.2	1.0
Administration: Use resources to promote residents' highest level of well-being. Example: Must have governing body to ensure safe and efficient management of the facility.	0	0.0	0.3
Total Violations	10	10.7	9.0

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2025

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INTRODUCTION

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CHRISTIAN COMMUNITY HOME OF OSCEOLA, INC
2650 65TH AVE
OSCEOLA, WI 54020
(715) 294-1100

- **License Number**: 5037
- **DQA Regional Office**: Northwestern
- **Ownership Type:** Nonprofit Corporation
- **Owner**: CHRISTIAN COMMUNITY HOME OF OSCEOLA, INC
- **Federal Certification Level**:

  Medicare (Title 18) Skilled Nursing Facility (SNF)
  Medicaid (Title 19) Nursing Facility (NF)

SECTION 1 – FEDERAL REGULATION DEFICIENCIES

Section 1 of this report describes the numbers and types of **Federal regulation deficiencies** found during surveys conducted in 2025. "Deficiencies" are cited for noncompliance with Federal regulations. This section also compares these numbers to averages for all nursing homes of similar size.

SECTION 2 – NURSING STAFF TURNOVER RATES

Section 2 provides information about **nursing staff turnover** rates at this nursing home in 2025. It compares these rates to the averages for all nursing homes of similar size.

APPENDICES (on the internet after 6/1/26) include:
Appendix A - a list of **resource agencies** for consumers;
Appendix B – information about how nursing staff turnover rates are calculated; and
Appendix C - **statewide averages.**

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SECTION 1 - SURVEY RESULTS FOR THIS FACILITY

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Nursing homes in Wisconsin operate under rules enacted by the Federal government (for the Medicare and/or Medicaid programs) and by the State of Wisconsin. Surveyors from the Wisconsin Division of Quality Assurance conduct unannounced inspections at each nursing home at least once every 9 to 15 months to determine if the nursing home complies with all State and Federal rules. State surveyors also conduct follow-up visits to ensure that violations have been corrected, investigate complaints, and conduct other surveys as necessary.

When state surveyors determine that a nursing home is not in compliance with a Federal regulation, the nursing home is cited with a violation or "deficiency". The number and type of violations for surveys conducted in 2025 are described in this report.

The number of federal regulation deficiencies cited in Wisconsin nursing homes during 2025 surveys ranged from **0 to 116, with an average of 9.0 citations.**

In 2025 survey(s), CHRISTIAN COMMUNITY HOME OF OSCEOLA, INC, OSCEOLA, which has 40 licensed beds, was cited with:

10 Federal regulation deficiency(ies)

Statewide, the average number of deficiencies for a nursing home with 1 - 49 beds was **6.7.**

In addition, this home was cited with **4** federal building safety violations and **2** federal emergency preparedness violations. The number of federal building safety violations statewide in 2025 ranged from **0 to 33 with an average of 5.0 citations.** The number of federal emergency preparedness violations statewide in 2025 ranged from **0 to 8 with an average of 0.7 citations.**

Finally, when there is no comparable requirement under federal regulations, nursing facilities may be cited for deficient practices under state regulations. The number of state regulation deficiencies cited in Wisconsin nursing homes during 2025 surveys ranged from **0 to 4, with an average of 0 citations**. This home was cited with **0** state regulation deficiency(ies).

Federal Regulation Deficiencies:

To determine Federal regulation deficiencies, surveyors use a resident-centered, outcome-based process. Equal emphasis is placed on the quality of care the resident receives and on the quality of the resident's life in the nursing home, and on whether the resident's rights, dignity and privacy are respected. These factors are evaluated by observing residents' care; interviewing residents, families and staff; and reviewing medical records.

If it is determined that a Federal regulation deficiency exists, the deficiency is placed on a grid. Grid placement is based on two measures:

- *Severity/Harm,* the degree of impact that a deficient practice has on residents at the facility; and

- *Scope/Frequency,* the prevalence of a deficient practice within a facility, or the proportion of residents who were or could have been affected.

All Federal deficiencies fit into one of the following four grid levels, from most to least serious: Immediate Jeopardy, Significant Correction, Correction and Substantial Compliance. If this home had deficiencies at any of the four grid levels in the last survey, those deficiencies are listed below. Each deficiency listed is followed by the abbreviation of its federal regulation category: Quality of Care (QC), Resident Services (RS), Quality of Life (QL), Resident Rights (RR), Freedom from Restraints/Abuse (FRA), Staffing/Staff Training (ST), Pharmacy/Lab Services (PL), and Administration (AD). **A deficiency may be listed more than once if it was cited more than once during the year. Also, some citations share the same title, so you may see separate citations listed with the same title on the same date.**

Certain Federal regulation deficiencies at the Immediate Jeopardy, Significant Correction and Correction grid levels cause a nursing home to be designated as having "Substandard Quality of Care (SQC)". **This home was not designated with SQC during the year 2025. 59 Wisconsin nursing homes received the SQC designation in 2025**. SQC deficiencies constitute: immediate jeopardy to resident health or safety; a pattern of or widespread actual harm that is not immediate jeopardy; or widespread potential for more than minimal harm that is not immediate jeopardy, with no actual harm.

Immediate Jeopardy. This deficiency exists when a situation caused (or is likely to cause) serious injury, serious harm, impairment or death to a resident receiving care in the facility AND facility practice makes it probable that similar actions, situations, practices, or incidents will occur again. Immediate corrective action is needed. This nursing home received **0 Immediate Jeopardy deficiencies** in 2025.

Significant Correction. This deficiency exists when a situation resulted in a negative outcome that compromised a resident's ability to maintain or reach his/her highest practicable physical, mental, or psychosocial well-being. This nursing home received **0 Significant Correction deficiencies** in 2025.

Correction. This deficiency exists when a situation resulted in minimal physical, mental, or psychosocial discomfort to a resident and/or has the potential (not yet realized) to compromise a resident's ability to maintain or reach his/her highest practicable physical, mental, or psychosocial well-being. This nursing home received **9 Correction deficiencies** in 2025.

Notify of Changes (Injury/Decline/Room, etc.) (RR) 05/07/2025
ADL Care Provided for Dependent Residents (QL) 05/07/2025
Free of Accident Hazards/Supervision/Devices (QC) 05/07/2025
Infection Prevention & Control (QC) 05/07/2025
Respiratory/Tracheostomy Care and Suctioning (QC) 05/07/2025
Label/Store Drugs and Biologicals (PL) 05/07/2025
Food Procurement,Store/Prepare/Serve-Sanitary (RS) 05/07/2025
Develop/Implement Abuse/Neglect Policies (FA) 05/07/2025
Qualified Persons (RS) 05/07/2025

Substantial Compliance. This deficiency exists when a situation has the potential for causing only minor negative impact on residents. This nursing home received **1 Substantial Compliance deficiencies** in 2025.

Discharge Process (RR) 05/07/2025

For questions about this report, call (608) 264-9898. For further information about specific violations or more recent surveys, contact the administrator of this facility or the Division of Quality Assurance at (608) 266-8368.

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SECTION 2 – NURSING STAFF TURNOVER AND RETENTION

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This section provides information on the facility turnover rate, which describes the rate of change among nursing staff from October 1, 2024 through September 30, 2025. The turnover rate is defined as the percentage of staff that left the nursing home over that twelve-month period and is derived using data from the Centers for Medicare and Medicaid Services' (CMS) Payroll-Based Journal (PBS) system. Turnover is identified based on gaps in days worked, and the turnover rate is based on the number of "employment spells" that ended with staff leaving employment as a proportion of total employment spells. The formulas used to calculate nurse staffing turnover are explained in **Appendix B**. An "NA" indicates that data was not available in the PBJ dataset for that measure.

Turnover rates are provided for two staff types, RNs (registered nurses) and total nursing staff. RNs include RN Directors of Nursing, RNs with administrative duties, and RNs. Registered nurses are nurses who are licensed and hold a certificate of registration by the State of Wisconsin. Total nursing staff include the staff categories above as well as licensed practical nurses (LPNs), LPNs with administrative duties, certified nursing assistants/nurse aides, aides in training, and medication aides. Licensed practical nurses (LPNs) are nurses who are licensed by the State of Wisconsin as practical nurses. Nursing assistants/nurse aides (NAs) provide direct personal care to residents, but are not registered nurses or licensed practical nurses.

In 2025, this nursing home had:

• **A turnover rate for registered nurses (RNs) of 58%,** vs. 40% statewide and 36% across all nursing homes with 1 - 49 beds.
• **A turnover rate for all nursing staff of 53%,** vs. 47% statewide and 44% across all nursing homes with 1 - 49 beds.