STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018806	A. BUILDING: _____ B. WING _____	C 09/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAK HILL TERRACE	1805 KENSINGTON DRIVE WAUKESHA, WI 53188

(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 09/13/2023, Surveyors conducted a complaint investigation at Oak Hill Terrace. Three deficiencies were identified. Complaint was substantiated. Census: 93	N 000		
N 489	83.44(2)(a) Rooms clean and free from odors. The CBRF shall keep all rooms clean and shall make reasonable attempts to keep all rooms free from odors. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that all rooms were clean and free from odor. The facility had an odor of urine throughout the memory care unit. Findings include: On 09/13/2023, at approximately 3:45 PM, Surveyors rode the elevator to the memory care unit. As the elevator neared the memory care unit, Surveyors noted a urine like scent emanating into the elevator. When Surveyors reached the memory care unit and the elevator doors opened, the urine like scent became stronger. On 09/13/2023, at approximately 5:10 PM, Surveyors interviewed Executive Director (ED) A, Health Services Director B and Resident Service Coordinator C. ED A stated s/he did not believe the scent was urine. ED A explained that sometimes an odor will come up through the elevator shaft. ED A stated sometimes mice get caught in the ceiling tiles and the maintenance	N 489		

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

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N 489	Continued From page 1 team need to remove them.	N 489		
N 495	83.45(1)(d) Hazards. Hazards. The CBRF shall maintain each building in good repair and free of hazards. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the facility was free of hazards in Resident 1's and Resident 2's room. Findings include: The provider is licensed to care for 128 residents in the client groups advanced aged and irreversible dementia/Alzheimer's disease. On 09/13/2023, at approximately 4:15 PM, Surveyor and Resident 2 were touring his/her shared bedroom with Resident 1. Surveyor observed an outlet on the wall that lined up approximately to the middle of Resident 1's bed. The outlet had a cord plugged in to it that stuck out approximately 3 inches. Surveyor and Resident 2 followed the cord and noted it to be connected to Resident 1's electronic air mattress pad. Resident 2 stated, "That can't be very safe." "Electrical Cord Safety Electrical cords need to be used properly and protected from damage, so they don't become fire hazards. Here are some tips from the Consumer Product Safety Commission and the Electrical Safety Foundation International (which offers more advice at www.esfi.org). ... 5. Make sure there is no crimping or pressure on cords, and don't force them into small spaces or behind furniture. Over time this could lead to a breakdown of the cord's	N 495		

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N 495	Continued From page 2 insulation. (Source: Hudson Valley Community College - Environmental Health and Safety, Electrical Cord Safety, https://www.hvcc.edu/ehs/fire/fire_electrical-cord.pdf, September 2023) On 09/13/2023, at approximately 5:10 PM, Surveyors interviewed Executive Director (ED) A, Health Services Director B and Resident Service Coordinator C. ED A stated, "Just unplug it." ED A stated the concern would be reviewed.	N 495		
N 668	83.60(1) Total/openable window area Minimum size. Every habitable room shall have at least one outside window with a total window area of at least 8% of the floor area in the room. The window shall be openable from the inside without the use of tools or keys. The openable area of the window shall be not less than 4% of the floor area of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that each habitable room had a window that was openable from the inside. Resident 1's window could not be opened. Findings include: On 09/13/2023, at approximately 3:50 PM, Surveyors toured the facility. Surveyors observed a shared resident bedroom occupied by Resident 1 and Resident 2. The window utilized by	N 668		

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N 668	Continued From page 3 Resident 2 could not be opened. On 09/13/2023, at approximately 4:05 PM, Surveyor interviewed Resident 2. Resident 2 stated s/he could not open his/her window and "It would be nice to get some fresh air in the room." Resident 2 stated, "[Resident 1's] window only opens about 3 inches, I don't know if that is okay, but my window does not even open the 3 inches." On 09/13/2023, at approximately 5:10 PM, Surveyors interviewed Executive Director A, Health Services Director B and Resident Service Coordinator C. Executive Director A stated s/he was not aware the windows did not open and would make sure a work order was placed.	N 668		