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N 000	Initial Comments On 02/11/2025, with information gathered through 02/18/2025, Surveyor conducted an abbreviated licensure survey and 3 complaint investigations at Priority Place LLC. Ten deficiencies were identified. One of 3 complaints was substantiated. Census: 13	N 000		
N 239	83.20(2)(a)-(d) Department-approved training courses. Standard Precautions. All employees who may be occupationally exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions before the employee assumes any responsibilities that may expose the employee to such material. Fire safety. Within 90 days after starting employment, all employees shall successfully complete training in fire safety. First aid and choking. Within 90 days after starting employment, all employees shall successfully complete training in first aid and procedures to alleviate choking. Medication administration and management. Any employee who manages, administers or assists residents with prescribed or over-the-counter medications shall complete training in medication administration and management prior to assuming these job duties.	N 239		

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

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N 239	Continued From page 1 This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure 1 of 3 staff reviewed obtained all department approved training as required. Licensee A's record did not contain evidence of training in first aid and choking within 90 days after starting employment. Findings include: On 02/11/2025, Surveyor reviewed Licensee A's employee record. Licensee A was hired in 05/2022. Licensee A's record did not include department approved training in first aid and choking. Surveyor reviewed the Community-Based Care and Treatment training registry and Licensee A was not listed for first aid and choking. On 02/11/2025, at approximately 3:00 PM, Licensee A stated s/he would review his/her files to determine if s/he had certification that s/he had completed the first aid and choking requirement. Licensee A confirmed that s/he transported residents to and from appointments and covered shifts when resident assistants were not available. Licensee A reported s/he did not meet an exemption for first aid and choking training. As of 02/18/2025 at 3:00 PM, Surveyor did not receive any additional documentation.	N 239		
N 277	83.25 Continuing education The administrator and resident care staff shall	N 277		

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N 277	Continued From page 2 receive at least 15 hours per calendar year of continuing education beginning with the first full calendar year of employment. Continuing education shall be relevant to the job responsibilities and shall include, at a minimum, all of the following: (1) Standard precautions; (2) Client group related training; (3) Medications; (4) Resident rights; (5) Prevention and reporting of abuse, neglect and misappropriation; (6) Fire safety and emergency procedures, including first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 staff members (Licensee A and Resident Assistant B) completed at least 15 hours of required continuing education in 2024. Findings include: On 02/11/2025, Surveyor reviewed Licensee A's and Resident Assistant B's employee record. Licensee A was hired in 05/2022. Licensee A's training record did not document any training in 2024. Resident Assistant B was hired on 10/31/2022. Resident Assistant B's 2024 training record documented 4.3 hours of continuing education but did not cover required topics: Standard precautions; Client group related training; Resident rights; Prevention and reporting of abuse, neglect and misappropriation; and Fire safety and emergency procedures, including first aid.	N 277		

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N 277	Continued From page 3 On 02/11/2025, at approximately 3:00 PM, Surveyor interviewed Licensee A. Licensee A stated s/he filled in as a caregiver when there were staff shortages. Licensee A stated s/he would review his/her records to determine if there were additional training records. On 02/13/2025 at 3:30 AM, Licensee A emailed Surveyor and stated s/he would contract with a company to assist her/him with ensuring all required continuing education would be completed. Licensee A did not submit any additional training documentation.	N 277		
N 352	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on record review and interview, the provider did not administer medications in the intervals prescribed by a practitioner for 1 of 1 resident. Resident 2 received 2 doses of as-needed (PRN) Tramadol (pain medication) after the prescription had been discontinued. Findings include: On 01/10/2025, the department received a	N 352		

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concern that medication errors were not being reported and medication counts were incorrect.

On 02/18/2025, Surveyor reviewed Resident 2's record.

Resident 2 moved into the facility, 05/23/2024, with diagnoses including arthritis and chronic pain syndrome.

Resident 2's October 2024 Medication Administration Record (MAR) documented:
Tramadol 50 MG (milligram) Tab (tablet) - Give 0.5 tablet orally every 6 hours as needed for pain. Discontinued: 10/08/2024.

Resident 2's "Service Plan Report," dated 12/07/2024, documented:
Unable to self-administer medication due to impaired memory, and dementia. Requires assistance.

On 02/18/2025, Surveyor reviewed supporting documentation submitted regarding the concern which documented:
Serious Incident Reporting Form, dated 11/18/2024, completed by previous Resident Assistant D - I gave a PRN Tramadol to [Resident 2]. I went to chart it, and it wasn't on the eMAR (electronic MAR). It was d/c (discontinued) on 10/07. [Resident Assistant C] also administered on 10/18 and there were 4 pills still on the cart before I started working.
Resident Assistant D stated the medication had not been removed from the med cart, and the documentation on the paper med form was still in the booklet and the med was counted daily by all staff.

On 02/18/2025, at approximately 4:10 PM,

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N 352	Continued From page 5 Surveyor interviewed Licensee A. Licensee A stated a process would be put in place to ensure discontinued medications were removed from the med cart.	N 352		
N 408	83.37(1)(i) PRN psychotropic medication. As needed (PRN) psychotropic medication. When a psychotropic medication is prescribed on an as needed basis for a resident, the CBRF shall do all of the following: 1. The resident ' s individual service plan shall include the rationale for use and a detailed description of the behaviors which indicate the need for administration of PRN psychotropic medication. 2. The administrator or qualified designee shall monitor at least monthly for the inappropriate use of PRN psychotropic medication, including but not limited to, use contrary to the individual service plan, presence of significant adverse side effects, use for discipline or staff convenience, or contrary to the intended use. 3. Documentation in the resident ' s record shall include the rationale for use, description of behaviors requiring the PRN psychotropic medication, the effectiveness of the medication, the presence of any side effects, and monitoring for inappropriate use for each PRN psychotropic medication given. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure that 1 of 1 resident record included the rationale for use, description of behaviors requiring the as-needed (PRN) psychotropic medication, the effectiveness of the medication, the presence of any side effects, and monitoring for inappropriate use for each PRN psychotropic medication given.	N 408		

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Resident 1's PRN Alprazolam was not documented in his/her temporary record.

Findings include:

On 02/11/2025, at approximately 1:35 PM, Surveyor observed Resident 1's PRN Alprazolam blister card in the med cart.

On 02/11/2025, Surveyor reviewed Resident 1's record.

Resident 1 moved into the facility 02/02/2025.

Resident 1's February 2025 Medication Administration Record (MAR) documented:
-Alprazolam Oral Tablet 1 MG (milligram) - Give 1 tablet by mouth every 8 hours as needed for anxiety. Discontinued Date: 02/08/2025.
Administered:
02/06 8:03 PM
-Alprazolam Oral Tablet 1 MG - Give 1 tablet by mouth as needed for Anxiety. Do not exceed three pills in a 24-hour day. Allow 4-6 hours between medication administration. Start Date: 02/08/2025.
Administered:
02/08 12:14 PM, 9:31 PM
02/09 9:30 AM, 2:26 PM, 8:56 PM
02/10 11:21 AM, 10:07 PM
02/11 9:54 AM
The MAR did not document a rationale for the administration of the Alprazolam.

Resident 1's "Progress Notes" did not document any rationale for administration.

On 02/11/2025, at approximately 4:00 PM, Surveyor interviewed Licensee A. Surveyor and

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N 408	Continued From page 7 Licensee A reviewed Resident 1's MAR and progress notes and Licensee A stated s/he could not determine why staff administered the PRN medication. Licensee A stated s/he would review the requirement with staff. Licensee A stated s/he would review the electronic documents to determine if there was additional documentation to clarify administration. On 02/15/2025 at 9:37 AM, Surveyor emailed Licensee A and asked for clarification on how staff knew the rationale for Resident 1 to receive his/her PRN Alprazolam. On 02/16/2025 at 10:54 AM, Licensee A emailed Surveyor Resident 1's temporary individual service plan which documented: "Pre-Move In: 01/16/2025" "Staff administers Scheduled Medications and PRN medications on the MAR 3X daily." "Behavior Management: resident capable of independent decision making; diagnosis of depression or mental health history."	N 408		
N 415	83.37(2)(d) Documentation of medication administration. Documentation of medication administration. As required under s. DHS 83.42(1)(o), at the time of medication administration, the person administering the medication or treatment shall document in the resident record the name, dosage, date and time of medication taken or treatments performed and initial the medication administration record. Any side effects observed by the employee or symptoms reported by the resident shall be documented. The need for any PRN medication and the resident ' s response shall be documented.	N 415		

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This Rule is not met as evidenced by:
Based on observation, record review and interview, the provider did not ensure proper documentation of the Medication Administration Record (MAR) for 1 of 1 resident reviewed.

Resident 1's MAR and "Medication Count Sheet" did not correlate with each other based on the number of remaining as-needed (PRN) Alprazolam in the blister card.

Findings include:

On 01/10/2025, the department received a concern that medication errors were not being reported and medication counts were incorrect.

On 02/11/2025, at approximately 1:35 PM, Surveyor observed Resident 1's PRN Alprazolam in the med cart with a dispensed date of 01/23/2025. The blister card had 18 of 30 tablets remaining.

On 02/11/2025, Surveyor reviewed Resident 1's record.

Resident 1 moved into the facility 02/02/2025.

Resident 1's February 2025 MAR, dated 02/02/2025 to 02/11/2025, documented:
Alprazolam Oral Tablet 1 MG (milligram) - Give 1 tablet by mouth every 8 hours as needed for anxiety. Discontinued Date: 02/08/2025.
Administered:
02/06 8:03 PM
Alprazolam Oral Tablet 1 MG (milligram) - Give 1 tablet by mouth as needed for Anxiety. Do not

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N 415	Continued From page 9 exceed three pills in a 24-hour day. Allow 4-6 hours between medication administration. Start Date: 02/08/2025. Administered: 02/08 12:14 PM, 9:31 PM 02/09 9:30 AM, 2:26 PM, 8:56 PM 02/10 11:21 AM, 10:07 PM 02/11 9:54 AM The MAR documented 9 administration times; the blister card had 12 tablets dispensed. Resident 1's "Medication Count Sheet" for his/her Alprazolam documented: 02/06 - administered one 02/07 - administered 2 02/08 - administered 3 02/09 - administered 3 02/10 - administered 3 02/11 - administered 1 The sheet documented 12 tablets administered. On 02/17/2025 at 6:30 PM, Surveyor interviewed Licensee A. Licensee A stated s/he could not explain why the medication count was off and s/he would be reviewing the concern with staff. Licensee A stated s/he would put a new process in place where the medication cart would be audited on a regular basis.	N 415		
N 426	83.38(1)(b) Supervision. 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	N 426		

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residents in all of the following areas:
Supervision. The CBRF shall provide supervision appropriate to the resident's needs.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not arrange staffing adequate to meet the needs of 1 of 1 resident. Resident 2 eloped from the building and staff were not aware for approximately 30 minutes and did not contact law enforcement for another 30 minutes. Resident 2 was reported missing at approximately 8:00 PM, law enforcement was called at 8:30 PM, Resident 2 was returned to the facility at approximately 10:11 PM by law enforcement.

Findings include:

On 11/16/2024, the Department received a written report that documented Resident 2 had eloped from the facility and law enforcement was contacted. The report documented:
[Resident 2] presented at [provider] with diagnosis of memory issues - dementia, ongoing confusion, not oriented in a speres, hypersomnia, anxiety, etc. Throughout course of stay resident has had episodes where [s/he] wakes up and believes that [s/he] is at [his/her] previous home. Because of resident's presenting issues, including cognitive dysfunction, is under protective order ... Resident has had no previous history or attempts at elopement since placement. ... On November 15, 2024, resident awaken indicating that [s/he] slept in [his/her] previous home and requested throughout the day that staff, other residents, take [him/her] to

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N 426	Continued From page 11 [his/her] previous home. ... Resident received [his/her] prescribed medication at 7:29 PM and resident was observed going into [his/her] room. At or about 8:05 PM, during a room check, it was discovered that resident was not in [his/her] room and could not be located in the building or on the grounds. Police were called to report [his/her] elopement. Police were provided with photograph and also given the address of [his/her] previous home ... Resident arrived at [his/her] previous address [s/he] was able to enter the premises an upstairs apartment was heard and recognized by the downstairs tenant ... Tenant reportedly called the police ... resident transported back to [provider]. On 02/11/2025, Surveyor reviewed the police record, which had been requested on 02/10/2025 from the responding law enforcement agency. The report documented: "Reporting Officer 20:54:00 (8:54 PM) - On 11/15/2024 at 8:30 PM ... we were dispatched to ... for a missing critical. When we arrived on scene we spoke to [Resident Assistant C] ... [Resident Assistant C] stated [Resident 2] left the building around 8 pm in an unknown direction. [Resident 2] has dementia and is unable to care for [her/himself]. [Resident Assistant C] stated that [Resident 2] is not allowed to leave the building due to [his/her] health conditions. [Resident Assistant C] stated [Resident 2] left the building when they were doing a group activity with the other people that live at the Assisted Living. [Resident Assistant C] stated that [Resident 2] was stating that [s/he] wants to go home, which [s/he] thinks is the [address]. [Resident Assistant C] stated that this was [Resident 2] old house that [s/he] used to live at. I then sent a squad car to the [address] and [squad] when [sic] to the address and found	N 426		

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[Resident 2]. We then went down to that address and picked up [Resident 2]. We then spoke to [Resident 2] who stated that [s/he] walked to [address (approximately ½ mile away) and then flag a unknown person down and asked them to drive [him/her] to [his/her] house at the [address]. [Squad] stated that they got a call for a Welfare check at the address and then caller stated that the old owner of the house is sitting outside of the house.

Surveyor noted that Resident 2 could have been away from the facility for approximately 1 hour before law enforcement was contacted. Resident Assistant C stated Resident 2 left around 8:00 PM but law enforcement was not contacted until 8:30 PM.

On 02/14/2025, Surveyor reviewed Resident 2's record.

Resident 2 moved into the facility, 05/23/2024, with diagnoses including dementia with behavioral disturbance, anxiety disorder, and depression.

Resident 2's "Wandering Risk Assessment," dated 05/29/2024, documented:
"Moderate Risk for Wandering."
Resident 2's "Wandering Risk Assessment," dated 11/30/2024, documented:
"Low Risk for Wandering."
Wandering risk was documented lower after Resident 2's elopement on 11/15/2024.

Resident 2's "Progress Notes" documented:
"09/07/2024 22:25 (10:25 PM) - A little sad today [s/he] paced around and was asking for [his/her] belongings."
"09/26/2024 4:42 AM - Resident has walked

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around the facility looking for house keys for at least 4 hours in my eight hour shift. 5:50 AM: Resident is back out of bed walking the hall at this time."
"10/07/2024 14:38 (2:38 PM) - Went out to a doctor's appointment today has been very confused trying to get a cab called saying [s/he] wants to go home ..."
"10/08/2024 14:29 (2:29 PM) - Very confused all day asking for a ride home ... went outside without anyone known went across the street and was trying to hitch a ride I caught [him/her] brought [him/her] back [s/he] is still trying to get away overall mood confused."
"10/09/2024 19:29 (7:29 PM) - Repeatedly asking how to get out of the facility and watching to call [his/her] friend ... 21:25 (9:25 PM): ... Is asking to go shopping and wants to determine how [s/he] can leave the facility."
"11/02/2024 6:14 AM - Resident walked all night while asking for food and snacks over and over until about 3:30 AM"
"11/03/2024 6:44 AM - Resident was up most of the night, walking the hallway asking for more and more food."
"11/11/2024 21:25 (9:25 PM) - ... Walking around this shift talking about waking up in [his/her] home and brought here ...asking to call the police so they can give [him/her] advice on what to do ..."
"11/15/2024 16:31 (4:31 PM) - Continually says that [s/he] wans to go to [his/her] home. Asking other residents and staff if they can take [him/her] there. Nothing that [s/he] is leaving thee facility, that [s/he] woke up in [his/her] home this morning. [S/he] wants to go back to [his/her] home. Packs clothing ask that we call a cab for [him/her] to go. ... We call the police at [his/her] request. They inform [him/her] that they do not pick up residents from facilities. [S/he] is in a safe place. ... 19:28 (7:29 PM): has been loud

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	0018879	A. BUILDING: _____ B. WING _____	C 02/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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N 426	Continued From page 14	N 426		

and obnoxious since I arrived. [S/he] is constantly yelling and asking someone to call [him/her] a cab so [s/he] can go home. [S/he] says [s/he] woke up at home and came to priority place to pick up some clothes. [S/he] has been making this requests since 6 pm and it is now 7:36 pm. ... 20:27 (8:27 PM): 2nd shift discovered about 8 pm that [Resident 2] was not in the building, walked the building and no signs of [him/her], went outside and saw no signs staff is out there walking to see if they see [him/her]. The police has been called and waiting on them to come. ... 22:07 (10:07 PM): Not in a good mood this evening [s/he] has been very agitated and wanting to leave out the building [s/he] also had wanted someone to call the cab for [him/her] so [s/he] can go home. [S/he] doesn't believe that [his/her] home is here at the facility [s/he] has been very confused [s/he] did leave the building at 8:00 pm [s/he] left, and police were called, and they did find [him/her] [s/he] arrived at 10:11 pm [s/he] was by [his/her] old house and [s/he] went to a stranger house on [street name] and the [fe/male] did take [him/her] to [his/her] old house which [s/he] don't live there anymore as [s/he] arrived, [s/he] is still confused."

Resident 2's individual service plan, undated, documented:
"Requires verbal instruction for evacuation and a staff member to stay at meeting location. Requires assistance for evacuation from the building in the event of an emergency staff to remain at meeting location due to hx (history) of impaired memory. Date initiated: 06/02/2024."
"Risk of elopement/wandering due to cognitive impairment, confusion, or an unmet need. Date Initiated: 12/07/2024."

On 02/11/2025, at approximately 4:00 PM,

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N 426	Continued From page 15 Surveyor interviewed Licensee A. Licensee A stated s/he was going to start incorporating elopement drills into their scheduled evacuation drills. Licensee A stated that after Resident 2 eloped from the facility on 11/15/2024, a WanderGuard was placed on him/her to alert staff when s/he exited the building. Surveyor noted that Resident 2 had previously eloped from the facility on 10/08/2024. Underground Weather documented the temperature at 41 degrees Fahrenheit at 7:52 PM on 11/15/2024. On 02/18/2025, at approximately 4:10 PM, Surveyor interviewed Licensee A. Surveyor reviewed Resident 2's wandering risk agreements with Licensee A and stated that Resident 2's risk of eloping was assessed lower after s/he had eloped. Licensee A stated s/he could not explain why that assessment was documented in that manner and would review the documentation. Licensee A stated that staff should have kept Resident 2 in their line of sight when s/he was displaying exit seeking behaviors. Licensee A stated staff would be trained to keep residents, who are an elopement risk, in their line of sight.	N 426		
N 491	83.44(2)(c) Interior floors, walls and ceilings. Every interior floor, wall and ceiling shall be clean and in good repair. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all interior walls and ceiling were clean and in good repair.	N 491		

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N 491	Continued From page 16 The hallway ceiling contained a hanging light fixture and displayed large brown circular stains. Findings include: On 02/11/2025, at approximately 10:05 AM, Surveyor toured the facility. Surveyor observed the ceiling in a resident hallway where 1 of 5 fluorescent light covers was hanging and there were no lightbulbs in this fixture. Only 2 of the 5 light fixtures in the hallway were illuminated. The ceiling around the hanging light fixture contained a brown circular pattern which had a water damage like appearance. The drywall seams appeared to be separating and peeling. On 02/18/2025, at approximately 4:10 PM, Surveyor interviewed Licensee A. Licensee A stated, "There is a furnace in the attic and the condensation is freezing and thawing. The concern will be addressed in the spring."	N 491		
N 499	83.45(3) Toxic substances. Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure cleaning compounds and toxic substances were stored in a secured area. Surveyor observed cleaning compounds unsecure in the housekeeping room and kitchen area. Findings include:	N 499		

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N 499	Continued From page 17 On 02/11/2025, at approximately 10:00 AM, Surveyor toured the facility and observed the door to the housekeeping room propped open. Surveyor walked inside and observed: -64 ounce jug of window cleaner -(2) 64 ounce jug of bleach -(4) 128 ounce jugs of multi-purpose cleaner - passion of fruit scent -(2) gallon jugs of hardwood and laminate flooring cleaner -Gallon jug of non-acid disinfectant bathroom cleaner -Gallon jug of bug stop home barrio - Indoor PLUS Outdoor Insect Control -32 ounce spray bottle of window cleaner -32 ounce spray bottle of detergent disinfectant -19 ounce spray can of disinfectant spray - crisp linen scent On 02/11/2025, at approximately 10:40 AM, Surveyor toured the facility and observed the following unsecured cleaning compounds and toxic substances in the kitchen. Surveyor noted the kitchen had two doors that opened to the kitchen, which were propped open, and Surveyor was able to observe residents in the common area, ambulating independently: -2 quart jug of ammonia -Gallon jug of super strength cleaner and degreaser -32 fluid ounce bottle of oven, grill and fryer cleaner -Gallon jug of all purpose cleaner -Spray bottle of a yellow liquid substance On 02/18/2025, at approximately 4:10 PM, Surveyor interviewed Licensee A. Licensee A stated the concern would be addressed with staff.	N 499		

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N 525	Continued From page 18	N 525		
N 525	83.47(2)(d) Fire drills. Fire drills. 1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of the drill and the CBRF ' s total evacuation time. The CBRF shall record residents having an evacuation time greater than the time allowed under s. HFS 83.35(5) and the type of assistance needed for evacuation. Fire evacuation drills may be announced in advance. 2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleeping hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the employees scheduled to work during the residents ' normal sleeping hours. This Rule is not met as evidenced by: Based on record review and interview, the provider did not conduct quarterly fire drills (including at least one fire evacuation drill simulating the conditions during usual sleeping hours) with both employees and residents in 2024. Findings include: The provider is licensed to serve up to 24 residents within the client groups: developmentally disabled, traumatic brain injury, correctional clients, terminally ill, irreversible dementia/Alzheimer's, advanced aged, emotionally disturbed/mental illness, and	N 525		

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N 525	Continued From page 19 physically disabled. On 02/11/2025, Surveyor requested the 2024 fire drills from Licensee A. Licensee A stated s/he would need to forward the documentation to the Surveyor as s/he was unable to locate the documentation. On 02/14/2025 at 12:24 PM, Surveyor emailed Licensee A and stated the 2024 fire drills had not been submitted for review. On 02/17/2025 at 11:44 AM, Licensee A emailed Surveyor and stated s/he was continuing to review documentation to locate the fire drills. On 02/17/2025 at 6:29 PM, Licensee A emailed Surveyor and stated that the survey process had been a learning experience. As of 02/18/2025 at 4:18 PM, Surveyor did not receive any additional documentation and emailed Licensee A stating that the survey had been closed.	N 525		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure evacuation drills, such as tornado, flooding or other emergency or disaster, were completed at least semi-annually in 2024. Findings include:	N 526		

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N 526	Continued From page 20 The provider is licensed to serve up to 24 residents within the client groups: developmentally disabled, traumatic brain injury, correctional clients, terminally ill, irreversible dementia/Alzheimer's, advanced aged, emotionally disturbed/mental illness, and physically disabled. On 02/11/2025, Surveyor requested the 2024 other evacuation drills from Licensee A. Licensee A stated s/he would need to forward the documentation to the Surveyor as s/he was unable to locate the documentation. On 02/14/2025 at 12:24 PM, Surveyor emailed Licensee A and stated the 2024 other evacuation drills had not been submitted for review. On 02/17/2025 at 11:44 AM, Licensee A emailed Surveyor and stated s/he was continuing to review documentation to locate the other evacuation drills. On 02/17/2025 at 6:29 PM, Licensee A emailed Surveyor and stated that the survey process had been a learning experience. As of 02/18/2025 at 4:18 PM, Surveyor did not receive any additional documentation and emailed Licensee A stating that the survey had been closed.	N 526		