| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0017961 | A. BUILDING: _____ B. WING _____ | 06/11/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BETHEL MENASHA III | 1665 CENTURY OAKS COURT MENASHA, WI 54952 |

| (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<br><br>On 06/09/2026, Surveyors conducted an onsite monitoring visit at Bethel Menasha III. Additional information was collected through 06/11/2026. One deficiency was identified related to the subject area reviewed during the visit.<br><br>Census: 7 | N 000 | | |
| N 653 | 83.59(4)(e) Delayed egress: irreversible process release<br><br>Delayed egress door locks are permitted with department approval only in facilities with a supervised automatic fire sprinkler system and a supervised interconnected automatic fire detection system and shall comply with all of the following: An irreversible process will occur which will release the latch in not more than 15 seconds when a force of not more than 15 pounds is applied for 3 seconds to the release device. Initiation of the irreversible process shall activate an audible signal in the vicinity of the door. Once the door lock has been released by the application of force to the releasing device, re-locking shall be by manual means only.<br><br>This Rule is not met as evidenced by:<br>Based on record review, interview and observation, the provider did not ensure the delayed egress doors released the latch in 15 seconds after pressure was applied.<br><br>Findings include:<br><br>The provider is licensed to serve up to 8 semi-ambulatory residents from the following client groups: terminally ill, emotionally disturbed/mental illness, irreversible | N 653 | | |

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

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| N 653 | Continued From page 1<br>dementia/Alzheimer's, advanced aged, developmentally disabled and physically disabled.<br><br>On 06/09/2026 at 12:22 PM, Surveyor tested the functionality of 1 of 2 doors (the front entrance door) by turning the handle and applying pressure on the door for at least 3 seconds. The door did not alarm and did not open after 15 seconds. Licensee F was present during the observation, and entered a code on the key pad to open the door.<br><br>During an interview with Licensee F and Administrator E on 06/09/2026 beginning at 3:51 PM, Licensee F said there had been previous problems with the functionality of the doors and they had been working with their service provider for repair. Licensee F and Administrator E did not offer evidence they were actively monitor functionality of the doors in spite of the known concerns. Licensee F said s/he would send surveyors documentation of his/her efforts to repair the doors.<br><br>On 06/09/2026 and 06/10/2026, Licensee F forwarded email correspondence between him/her and Account Executive A. The first notification from Licensee F to Account Executive A that the delayed egress doors in this facility were not properly functioning, was on 06/03/2026 at 4:22 PM.<br><br>On 06/11/2026 at 8:56 AM, Surveyor conducted an interview with Account Executive A. S/he stated their company provides service for the fire detections systems and the delayed egress doors. S/he stated the only time they had been onsite at this facility during 2026 to repair the doors was on 04/06/2026. Account Executive A said the next communication they received from | N 653 | | |

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| | 0017961 | A. BUILDING: _____ B. WING _____ | 06/11/2026 |

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| N 653 | Continued From page 2<br>the facility about the doors was on 06/03/2026, and they were trying to find time in their schedule to return to service the doors.<br><br>NOTE: The 06/03/2026 notification to Account Executive A coincided with Surveyors' onsite visit at a sister facility on 06/03/2026, where the same concerns with the doors were identified by Surveyors. During the investigation in the sister facility, on 06/04/2026 at 3:51 PM, Surveyors interviewed Captain R with Fox Crossing Fire Department. S/he said historically, their fire inspections have identified fire safety violations, including problems with the delayed egress doors, in all 4 facilities on the campus. | N 653 | | |