STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	410310	A. BUILDING: _____ B. WING _____	04/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER LEAF MANOR	1310 LINCOLN ST KEWAUNEE, WI 54216

(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 A standard survey was conducted at Silver Leaf Manor on 04/15/2024 with information gathered through 04/16/2024. As a result of this survey 3 deficiencies were identified. Census: 5	N 000		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes. This Rule is not met as evidenced by: Based on record review and staff interview the provider did not ensure screening for communicable disease including tuberculosis for 1 of 2 employees. CG (Caregiver) - B was hired 09/26/2023 and had no evidence of a screening for communicable disease. Findings include: On 04/15/2024, Surveyor reviewed employee records for CG - B. Records showed CG - B was hired on 09/26/2023 as a Resident Assistant	N 220		

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N 220	Continued From page 1 Caregiver. There was no evidence of any type of screening or testing for communicable disease in CG - B's record. On 04/15/2024 at 3:20 pm, MGR (Manager) - A confirmed CG - B worked with residents providing care and told Surveyor that s/he had called the clinic to verify CG - B's testing for TB (tuberculosis). MGR - A said the staff at the clinic said CG - B had the TB test done last fall but never returned for the reading of it so there was no evidence of being free from communicable disease.	N 220		
N 394	83.35(5)(b) Annual evaluation of evacuation limits Evaluation update. The CBRF shall evaluate each resident ' s mental or physical capability to respond to a fire alarm at least annually or when there is a change in the resident ' s mental or physical capability to respond to a fire alarm. This Rule is not met as evidenced by: Based on resident record review and staff interview the provider did not ensure annual assessments were conducted on 2 or 2 residents' ability to respond to a fire alarm. Resident 1 was admitted on 09/01/2021 and had no evacuation assessment on record. Resident 2 was admitted 08/15/2022 and had no evacuation assessment on record. Findings include: This facility is licensed as a Class A non-ambulatory (ANA). A class A non-ambulatory CBRF serves residents who are ambulatory, semi-ambulatory, or non-ambulatory and who are mentally and physically capable of responding to	N 394		

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	410310	A. BUILDING: _____ B. WING _____	04/16/2024

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N 394	Continued From page 2 a fire alarm by exiting the CBRF without any help or verbal or physical prompting. This facility serves residents of advanced age. On 04/15/2024, Surveyor reviewed resident records during survey and found no evacuation assessment for Resident 1 who was noted to be admitted on 09/01/2021. Resident 1's record contained a blank evacuation assessment that had not been completed. Resident 1 did not have an evacuation assessment on admission in 2021 or yearly in 2022 or 2023 as required. Resident 2's record indicated admission on 08/15/2022 but had no evacuation assessment. Resident 2 did not have an evacuation assessment completed on admission in 2022 and annually in 2023 as required. On 04/15/2024 at approximately 3:20 pm, MGR (Manager) - A confirmed Resident 1's assessment was blank and Residents 1 and 2 did not have evacuation assessments completed on admission and annually as required.	N 394		
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 staff interview the provider did not conduct semi-annual emergency evacuation drills in 2022 and 2023 having the potential to affect all 5 residents in this facility. Findings include:	N 526		

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N 526	Continued From page 3 This facility is licensed as a Class A non-ambulatory (ANA). A class A non-ambulatory CBRF serves residents who are ambulatory, semi-ambulatory, or non-ambulatory and who are mentally and physically capable of responding to a fire alarm by exiting the CBRF without any help or verbal or physical prompting. This facility serves residents of advanced age. On 04/15/2024 at approximately 3:00 pm, Surveyor reviewed the provider's records for fire drills and emergency evacuation drills. The records showed one Disaster Drill on 10/28/2022 and one Disaster Drill on 07/21/2023. MGR (Manager) - A confirmed to surveyor these drills were tornado drills but a second disaster drill for 2022 or 2023 had not been found and s/he was not aware of any further drills being done.	N 526		