STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012366	A. BUILDING: _____ B. WING _____	R 08/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHISTLING PINES INC	**121 CTH QQ BLDG K WAUPACA, WI 54981**

(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 08/11/2023 with additional information gathered through 08/14/2023, Surveyor completed 2 complaint investigations, a verification visit and a standard survey at Whistling Pines Inc, a CBRF in Waupaca. Three deficiencies were identified. Two of 2 complaints were unsubstantiated. Census: 11	N 000		
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 all cleaning compounds and toxic substances were stored in a secure area. The provider's laundry room, which contained laundry detergent and cleaning chemicals, was unsecured. Findings include: The provider is licensed to provide care for up to 12 residents with diagnoses including irreversible dementia/Alzheimer's disease, physically disabled, emotionally disturbed/mental illness, developmental disability and advanced age. On 08/09/2023 at approximately 9:15 a.m., Surveyor toured the provider's facility with Caregiver B. Surveyor observed the facility's	N 499		

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

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N 499	Continued From page 1 laundry room door was propped completely ajar. Surveyor observed laundry detergent and cleaning chemicals in the laundry room. Surveyor asked Caregiver B if the laundry room door was typically kept locked. Caregiver B replied, "No." Caregiver B then told Caregiver C they needed to begin locking the laundry room door. Caregiver C replied, "Oh, that was my bad. I left it open."	N 499		
N 530	83.47(3) Fire inspection. Fire inspection. The CBRF shall arrange for an annual inspection by the local fire authority or certified fire inspector and shall retain fire inspection reports for 2 years. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the fire inspection report was retained for 2 years. The provider did not have record of a fire inspection completed in the past 2 years. Findings include: On 08/09/2023 at approximately 9:15 a.m., Surveyor reviewed the facility's environmental records. Surveyor reviewed a fire inspection, dated 07/13/2021, but was unable to find documentation of a more recent fire inspection. On 08/09/2023 at approximately 10:15 a.m., Surveyor reviewed concern with House Manager A that the facility's environmental record did not include a fire inspection completed within the past year. House Manager A stated the local fire department had recently been at the facility, but	N 530		

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N 530	Continued From page 2 s/he needed to contact the fire department for documentation. House Manager A was given until 08/10/2023 at 10:00 a.m. to provide follow up documentation. As of 08/14/2023 at 8:00 a.m., no documentation of a fire inspection was received. On 08/14/2023 at approximately 9:30 a.m., House Manager A updated Surveyor that s/he still had not been able to obtain documentation of the most recent fire inspection.	N 530		
N 637	83.59(1)(g) Proper exit locations, sidewalks, driveways. All habitable floors shall have at least 2 exits providing unobstructed travel to the outside. Small class AA CBRFs licensed on or before the effective date of this section with no more than 2 habitable floors may have one exit from the second floor. Exits, sidewalks and driveways used for exiting shall be kept free of ice, snow, and obstructions. For facilities serving only ambulatory residents, the CBRF shall maintain a cleared pathway from all exterior doors to be used in an emergency to a public way or safe distance away from the building. For facilities serving semi-ambulatory and non-ambulatory residents, a CBRF shall maintain a cleared, hard surface, barrier-free walkway to a public way or safe distance away from the building for at least 2 primary exits from the building. All other required exits shall have at least a cleared pathway maintained to a public way or safe distance from the building. An exit door or walkway to a cleared driveway leading away from the CBRF also meets this requirement.	N 637		

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N 637	Continued From page 3 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 3 emergency exits were free of obstructions. One of the facility's emergency exits exited to a fenced in area. Findings include: On 08/09/2023 at approximately 9:15 a.m., Surveyor toured the provider's facility with Caregiver B. Surveyor observed a side entrance that had an emergency exit sign above the door. Surveyor exited the door and entered into a fenced in area. Surveyor observed the fence had a gate that had a lock keeping it shut. Surveyor shared concern with Caregiver B that the emergency exit was obstructed. Caregiver B replied, "Yeah. We wouldn't use this door for an emergency." On 08/09/2023 at approximately 10:15 a.m., Surveyor reviewed concern with House Manager A that 1 of 3 emergency exits was obstructed by a fenced in area with a locked gate. House Manager A replied, "Yeah, to tell you the truth I have already told maintenance to remove that emergency exit sign."	N 637		