

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0016971	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/05/2024
NAME OF PROVIDER OR SUPPLIER PARKVIEW GARDENS III CBRF		STREET ADDRESS, CITY, STATE, ZIP CODE 5321 DOUGLAS AVE CALEDONIA, WI 53402		
(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 02/05/2024, Surveyor concluded a standard survey, 3 verification visits and 2 complaint investigations at Parkview Gardens III. The following Statement of Deficiency (SOD) were reviewed: SOD S2JU11, SOD U8LC11. The previous SODs were corrected. Two deficiencies were identified. Two complaints were unsubstantiated. Under statutory provisions of Wis. Stat. ch. 50, a \$200 revisit fee is being assessed. Census: 32	{N 000}		
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 tornado, flooding, or other emergency or disaster evacuation drills were conducted at least semi-annually with both employees and residents for 2 of 2 years reviewed. The provider did not complete 1 of 2 drills required annually in 2022 and 2023. Findings include: On 02/05/2024, 11:30 AM, Surveyor reviewed the facility's safety records. There was no evidence other evacuation drills were conducted semi-annually in 2022 and 2023. On 12/16/2022, there was documentation of a tornado drill. On 03/22/2023, there was documentation of an	N 526		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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N 526	Continued From page 1 elopement drill. On 02/05/2024, at approximately 12:00 PM, Surveyor interviewed Executive Director (ED) F. ED F reported s/he was unaware the previous ED did not conduct the required other evacuation drills. ED F reported s/he would ensure the other evacuation drills were conducted.	N 526		
N 639	83.59(2)(a) One-hand, one-motion door operation All doors shall have latching hardware to permit opening from the inside with a one-hand, one-motion operation without the use of a key or special tool. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 2 of 5 exterior doors contained latching hardware to permit opening from the inside with a one-hand, one-motion operation without the use of a key or special tool. The exit door to the enclosed patio and the door to a small sunroom required a key to unlock it from the inside. Findings include: On 02/05/2024, at 9:35 AM., Surveyor, accompanied by Wellness Nurse B, observed the exit door of the patio and small sunroom contained a keyed deadbolt lock. Surveyor attempted to open the doors and the deadbolt locks were engaged. Surveyor was unable to open the doors. Wellness Nurse B confirmed a key was required to unlock the doors. On 02/05/2024, at 10:55 AM, Surveyor interviewed Executive Director (ED) F regarding	N 639		

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N 639	Continued From page 2 the front sunroom exit door. ED F confirmed a key was required to unlock the doors from the inside. ED F reported the doors had always been that way. ED F reported s/he would have maintenance look into changing the locks.	N 639			