STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012715	A. BUILDING: _____ B. WING _____	R-C 10/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FINCH HOUSE	5762 FINCH LN GREENDALE, WI 53129

(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 08/07/2024 with information gathered through 10/23/2024, Surveyors conducted a verification visit at Finch House, a Community-Based Residential Facility in Greendale, WI. One deficiency identified. One of 1 deficiency was a repeat deficiency. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 0	{N 000}		
{N 554}	83.48(6)(e) Integrated heat detector in laundry room. CBRFs shall have at least one heat detector integrated with the smoke detection system at all of the following locations or in accordance with the heat detector manufacturer ' s specifications: Laundry room. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure the facility had at least one heat detector integrated with the smoke detection system located in the laundry room on the main level. This requirement is being cited for the fifth time. See SOD 44E011, dated 04/25/2022, SOD 44E012, dated 09/14/2022 and SOD 44E013, dated 03/01/2023 and SOD 44E014, dated 12/08/2023. Findings include: On 08/07/2024 at approximately 12:00 PM, Surveyors observed the laundry area. The	{N 554}		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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FINCH HOUSE	5762 FINCH LN GREENDALE, WI 53129

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{N 554}	Continued From page 1 laundry area was located on the main level of the home between the kitchen and side exit. Surveyor observed a smoke detector on the ceiling instead of the required heat detector. On 08/07/2024 at approximately 12:05 PM , Surveyors interviewed Director of Operations (DOO) C who stated Facility Attorney II sent in the information that was needed and s/he was not aware of where they were in the process since s/he will not be the administrator of the building after this survey. On 08/07/2024, Surveyors reviewed facility files identified the following: -On 05/22/2024 at 10:12 AM, Facility Attorney II sent a waiver request on behalf of his/her client to BAL. -On 06/04/2024 at 6:08 PM, BAL Regional Field Operations Supervisor LL stated s/he reviewed the attached documents. BAL Regional Field Operations Supervisor LL asked if Facility Attorney II would be able to provide a signed copy of the inspection results by the inspector who completed the fire inspection and the provider should have a signed copy in their records. -On 06/04/2024 at 9:45 PM, Facility Attorney II stated s/he would check with his/her client and get back to BAL. -On 10/03/2024 at 12:03 PM, Facility Attorney II emailed BAL Regional Field Operations Supervisor LL. The email stated, please find a copy of the signed fire inspection report for the Finch House waiver. I apologize for the delay but my client was just now able to get the signature from the fire chief. Please advise if anything else is needed by the Department to process this waiver. -On 10/23/2024, the heat detector information went to the Wave Committee through the	{N 554}		

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	0012715	A. BUILDING: _____ B. WING _____	R-C 10/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FINCH HOUSE	**5762 FINCH LN GREENDALE, WI 53129**

(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 554}	Continued From page 2 Department. The request was denied.	{N 554}		