STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015950	A. BUILDING: _____ B. WING _____	R-C 02/01/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANCHOR COMMUNITIES LLC	209 FOREST ST FOX LAKE, WI 53933

(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 01/30/2024, the Bureau of Assisted Living, Southern Regional Office conducted 3 complaint investigations and a verification visit at Anchor Communities, a CBRF located in Fox Lake, WI. As a result of the investigation, 13 violations of Chapter DHS 83 were issued. Two violations are repeat violations from previous Statement of Deficiencies (SOD) #65LL11, SOD# 4ZY313, SOD# 4ZY312 and SOD# 4ZY311. Three violations from previous SOD 65LL11 were corrected. Three complaints were substantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 10	{N 000}		
{N 196}	83.14(2)(a) Licensee ensures facility complies with laws The licensee shall ensure the CBRF and its operation comply with all laws governing the CBRF. This Rule is not met as evidenced by: Based on record review, the Licensee did not ensure that the CBRF and its operation complied with all laws governing the CBRF. Licensee A had unpaid utility bills, has not paid property taxes since 2021, has 2 current warrants for delinquent tax payments, and staff are not paid in a timely manner.	{N 196}		

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

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{N 196}	Continued From page 1 This is a repeat violation from previous Statement of Deficiency (SOD) # 65LL11 dated 08/09/2023. Findings include: On 06/07/2023, Licensee A was sent a letter requesting documentation to document that Licensee A was financially stable. As of 06/29/2023, there was no response from Licensee A. On 06/29/2023 at 4:30 PM, Surveyor sent Licensee A an email again requesting financial documents. On 06/29/2023 at 5:00 PM, Licensee A responded to email asking for an extension until 07/15/2023 to send in financial documents. As of 07/15/2023, no documentation was provided from Licensee A. On 10/26/2023, Licensee A was sent another letter from the Department with special orders to provide evidence of financial stability within 10 days. On 02/01/2024 at 10:00 AM, Licensee A emailed Surveyor with financial documentation. On 01/23/2024, Surveyor received notification from Adult Protective Services Supervisor L (APSS-L) that Licensee A had not paid the facility property taxes since 2021. APSS-L provided documentation from the City of Fox Lake Treasurer that confirmed Licensee A owed property taxes totaling $21,347.64 for 2022, and property taxes totaling $19,423.62 for 2023.	{N 196}		

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{N 196}	Continued From page 2 On 01/30/2024, Surveyor conducted a complaint investigation regarding financial concerns. The investigation revealed that Licensee A had received multiple notices from the power company and utility company to pay past due bills or have power/utilities shut off due to nonpayment. The bills were paid eventually, but not until after Licensee A had received notice that power would be shut off. On 01/30/2024 at 10:00 AM, Surveyor interviewed Caregiver J. Caregiver J stated that the facility internet had not been working for about a week and was just turned back on a day ago. Caregiver J stated that there was a notice on the computer screen when the internet was activated that stated, "internet use has been disrupted, pay your provider to reactivate." Caregiver J stated that s/he and other staff write things down and chart when internet is restored. Caregiver J stated that "It is a lot harder to pass meds when the internet is not working." Caregiver J stated that s/he has also seen a notice posted on the front door that stated, "Pay the power bill or the power will be shut off." Caregiver J stated that s/he had not paid for resident groceries, "but I know that others have and not just recently." On 01/30/2024 at 10:30 AM, Surveyor interviewed Resident 2. Resident 2 stated that food has not been very good for a while. "They don't always have food, staff go get it on their own dime and fix something up for us. We did just get a cook a few days ago, so we will see how that goes." On 01/30/2024 at 11:40 AM, Surveyor interviewed Caregiver H. Caregiver H stated that s/he had not been getting paid timely. Caregiver H stated	{N 196}		

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{N 196}	Continued From page 3	{N 196}		

that s/he is supposed to get paid on Friday, but the money does not appear in his/her bank account until the next Monday or Tuesday due to the bank holding the funds until the check clears because of past issues with Licensee A not having sufficient funds to cover paychecks for employees. Caregiver H stated that s/he has child support directly taken from his/her checks and has received notice from the child support agency stating that the funds were not paid. Caregiver H provided a notice from the child support agency stating that since funds have not been paid, Caregiver H is being summoned to court. Caregiver H stated that the funds to cover child support were taken out of Caregiver H's check, but never sent to the child support agency by Licensee A. Caregiver H provided documentation that the amount owed in child support had been taken out of Caregiver H's paycheck by Licensee A but never paid in as it should have been. Caregiver H stated that s/he had not bought any groceries for residents, but "I know that other caregivers have had to buy food for resident meals because we didn't have any."

On 01/30/2024 at 12:15 PM, Surveyor interviewed Former Caregiver C. Former Caregiver C confirmed that his/her paychecks were often late due to insufficient funds. Former Caregiver C stated that s/he received notices from his/her bank that the, "paycheck funds are being held until the check clears." Former Caregiver C also stated s/he tried to file his/her tax returns, but it was declined by the Internal Revenue Service (IRS) due to non-payment of taxes. Former Caregiver C stated that Licensee A is the one that writes the checks and is responsible for all deductions including taxes and in this instance taxes were taken out of the paycheck but never submitted to the IRS

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{N 196}	Continued From page 4	{N 196}		

appropriately. Former Caregiver C stated, "I'm afraid that I'm going to be in trouble with the IRS now because my income tax wasn't paid and it isn't my fault."

On 01/30/2024 at 3:00 PM, Surveyor discussed the above concerns with Licensee A. Licensee A acknowledged that s/he has received notices from the power company and internet company due to non-payment of bills. Licensee A acknowledged s/he has had financial difficulty recently and is working to overcome. Licensee A stated s/he has changed payroll companies and is working to rectify any deficiencies that had occurred.

On 02/08/2024, Surveyor checked Wisconsin Circuit Court Access records. Licensee A has 2 tax warrants for tax delinquent. The cases are as follows:

Case# 2024TW000001. Judgement/Lien date: 02/22/2023. Delinquent tax warrant. Licensee A has not satisfied taxes owed to the Department of Revenue. Tax amount owed is: $1901.00

Case# 2024TW000002. Judgement/Lien date: 05/19/2023. Delinquent tax warrant. Licensee A has not satisfied taxes owed to the Department of Revenue. Tax amount owed is: $1462.23

Summary:

The licensee did not ensure the CBRF and its operation comply with all laws governing the CBRF and has not maintained the financial stability required by Wis. Admin. Code § DHS 83.07(2)(c).

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{N 196}	Continued From page 5 CROSS REFERENCE 83.20(2)(a-d) Department Approved Training Courses 83.35(3)(c) Implement, Follow the Individual Service Plan 83.37(2)(e) Other Administration Given or Delegated by RN 83.38(1)(c) Leisure Time Activities 83.41(1)(b) Equipment 83.41(3)(b) Food Safety 83.43(1) Environment, Safe Clean and Comfortable 83.45(3) Toxic Substances 83.59(1)(g) Proper Exit Locations, Sidewalks, Driveways	{N 196}		
N 239	83.20(2)(a)-(d) Department-approved training courses. Standard Precautions. All employees who may be occupationally exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions before the employee assumes any responsibilities that may expose the employee to such material. Fire safety. Within 90 days after starting employment, all employees shall successfully complete training in fire safety. First aid and choking. Within 90 days after starting employment, all employees shall successfully complete training in first aid and procedures to alleviate choking. Medication administration and management. Any employee who manages, administers or assists residents with prescribed or over-the-counter medications shall complete training in medication	N 239		

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N 239	Continued From page 6 administration and management prior to assuming these job duties. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that 1 of 3 employees reviewed completed department approved training. Caregiver H did not have documented completed training in the required CBRF training. This is a repeat violation from previous Statement of Deficiency (SOD) #4ZY313 dated 05/17/2023, SOD# 4ZY312 dated 08/03/2022, SOD# 4ZY311 dated 01/19/2022. Findings include: On 01/30/2024 at approximately 10:00 AM, Surveyor requested Caregiver H and Caregiver I's employee record to verify compliance with Department Approved Training Courses. Medications The record for Caregiver H, hired 11/07/2023, did not contain evidence of training in medication administration or evidence of meeting an exemption for medication administration training. Surveyor checked the Wisconsin Community-Based Care and Treatment Registry and Caregiver H was not listed having completed this training. On 01/30/2024 at 10:30 AM, Surveyor interviewed Administrator D. Administrator D confirmed that Caregiver H passes medications.	N 239		

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N 239	Continued From page 7 Standard Precautions The record for Caregiver H, hired 11/07/2019, did not contain evidence of training in standard precautions or evidence of meeting an exemption for standard precautions training. Surveyor checked the Wisconsin Community-Based Care and Treatment Registry and Caregiver H was not listed having completed this training. Surveyor checked the Wisconsin Nurse Aide Directory and Caregiver H is not a Certified Nursing Assistant (CNA). On 01/30/2024 at 10:30 AM, Surveyor interviewed Administrator D. Administrator D confirmed Caregiver H does assist residents with cares and activities of daily living (ADLs). Administrator D confirmed that Caregiver H is not a CNA. On 01/30/2024 at approximately 3:00 PM, Surveyor discussed the above concern with Licensee A and Administrator D. Administrator D acknowledged that all CBRF caregivers must complete training in first aid and choking, medication administration, fire safety and standard precautions. Administrator D acknowledged that Caregiver H did not have documented completed training in medication administration or standard precautions.	N 239		
N 388	83.35(3)(c) Implement, follow the individual service plan Implementation. The CBRF shall implement and follow the individual service plan as written. This Rule is not met as evidenced by:	N 388		

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N 388	Continued From page 8	N 388		

Based on observation, interview and record review the provider did not implement and follow the individual service plan for Resident 1 or Resident 2.

Findings include:

Resident 2

On 01/30/2024 at approximately 9:10 AM, Surveyor observed Resident 2 lying in bed.

On 01/30/2024 at approximately 12:30 PM, Surveyor reviewed Resident 2's facility file. Resident 2 has a diagnosis quadriplegia and bladder disorder.

Resident 2's individual service plan (ISP) dated 01/17/2023, indicated a daily routine that is typed and located in the care plan binder. Resident 2's ISP notes staff are to check and empty Resident 2's catheter bag and Resident 2's uses a slide board and trapeze to assist with mobility. Resident 2 is to have a call button within reach at all times to help maintain safety and assist with ADLs and staff are to answer call light in an orderly and efficient manner to ensure resident safety and provide assistance as needed.

Surveyor observed a note in the medication room dated 09/01/2023, that stated, "All staff [Resident 2] can and should be getting up each day like normal protocol/procedure/schedule, into [his/her] wheelchair. [S/he] knows [s/he] is to be tilting and rotating [his/her] pressure when up."

On 01/30/2024 at approximately 2:00 PM, Surveyor interviewed Resident 2. Resident 2 was still in bed at time of interview and had been in bed since Surveyor entered facility at 9:00 AM.

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N 388	Continued From page 9	N 388		

Resident 2 stated s/he is supposed get out of bed every day, and stated this doesn't always happen. Resident 2 stated s/he wanted to get up this morning but felt dizzy for a second so staff decided not to help him/her get up. Resident 2 stated s/he no longer uses the sliding board and trapeze, but is now transferred with a hoyer because of bed sores. Resident 2 stated typically only one person assists in the hoyer lift and s/he doesn't always feel safe depending on if the staff know what they are doing. Resident 2 stated that nobody has checked or emptied his/her catheter bag since 9:00 AM. Resident 2 stated that s/he was told by Caregiver I that because Resident 2's blood pressure was high and s/he complained of being dizzy, Resident 2 should stay in bed longer.

Resident 1

On 01/30/2024 at approximately 9:30 AM, Surveyor observed Resident 1's bedroom and bathroom. Resident 1's bathroom floor had several small pools of urine on it and feces in the toilet.

On 01/30/2024 at approximately 11:45 AM, Surveyor again observed Resident 1's bathroom. There was still urine on the floor and feces in the toilet.

On 01/30/2024 at 12:00 PM, Surveyor reviewed Resident 1's ISP dated 04/24/2023. Resident 1 was admitted 09/18/2018 with diagnoses that include but are not limited to: serous retinal detachment right eye, blindness one eye, low vision other eye, unspecified atherosclerosis of native arteries of extremities bilateral legs, weakness, history of falling. Resident 1 is their own person. Resident 1's ISP indicated that Resident 1 is a fall risk due to blindness and

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N 388	Continued From page 10 requires full assistance for toileting and changing of clothes to minimize the risk of falls. The ISP directs staff to assist Resident 1 with all aspects of toileting and cleanup which includes: hands on assistance with undressing/dressing, washing/wiping and any physical assistance necessary. Resident 1's ISP directs staff to check Resident 1's bathroom 2x per shift and after Resident 1 has a bowel movement as Resident 1 has lost his/her sight. On 01/30/2024 at approximately 1:25 PM, Surveyor again observed Resident 1's bathroom. There was still urine on the floor and feces in the toilet. On 01/30/2024 at approximately 3:00 PM, Surveyor discussed the above concern with Licensee A and Administrator D. Administrator D acknowledged that staff are to check Resident 1's bathroom 2x per shift and after Resident 1 has a bowel movement and clean the bathroom. Administrator D acknowledged that Resident 1's bathroom was not checked on day of survey as there was urine on the floor and feces in the toilet most of the shift.	N 388		
N 416	83.37(2)(e) Other administration given or delegated by RN Other administration. Injectables, nebulizers, stomal and enteral medications, and medications, treatments or preparations delivered vaginally or rectally shall be administered by a registered nurse or by a licensed practical nurse within the scope of their license. Medication administration described under sub. (2)(e) may be delegated to non-licensed employees pursuant to s. N 6.03(3).	N 416		

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N 416	Continued From page 11	N 416		

This Rule is not met as evidenced by:
Based on observation, record review and interview, the provider did not ensure that injectables were administered by a licensed practical nurse, registered nurse or delegated by a registered nurse. Facility has not had a nurse since 11/27/2023.

Findings include:

On 01/30/2024 at 10:00 AM, Surveyor conducted a tour of the medication room. Inside the refrigerator, there were 2 boxes of Novolog insulin observed.

On 01/30/2024 at 10:15 AM, Surveyor interviewed Caregiver H. Caregiver H confirmed s/he administers medications including insulin. Caregiver H stated s/he was trained/delegated by Former Nurse J. Caregiver J reported that Former Nurse J had not been employed by the provider since Thanksgiving and no other nurse had been hired to replace Former Nurse J or follow up on delegated tasks.

On 01/30/2024 at 11:00 AM, Surveyor interviewed Administrator D. Administrator D acknowledged that Resident 3 is diabetic and on injectable insulin which the care staff administers. Administrator D acknowledged understanding that injectables require nurse administration or delegation. Administrator D confirmed that Former Nurse J quit on 11/27/2023. Administrator D stated that s/he was not able to hire a nurse until 01/30/2024. Surveyor asked Administrator D if there was a nurse affiliated with the facility to delegate. Administrator D stated there wasn't and, "We were just using Former Nurse J's delegation until we could hire a new nurse." Administrator D acknowledged that the

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N 416	Continued From page 12 delegation from Nurse J ended when their employment with the provider ended.	N 416		
N 427	83.38(1)(c) Leisure time activities. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Leisure time activities. The CBRF shall provide a daily activity program to meet the interests and capabilities of the residents. Employees shall encourage and promote resident participation in the activity program. The CBRF shall develop and post the activity schedule in an area available to residents. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that daily activities were provided for residents. There was no activity schedule posted and no activities were observed during the survey. Findings include: On 01/30/2024 at 9:00 AM, Surveyors arrived at the facility. There were no leisure activities observed at that time or when Surveyors made observations a 10:15 AM. On 01/30/2024 at 10:20 AM, Surveyor interviewed Resident 1 who stated, "They don't even get me out of bed most of the time, but	N 427		

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N 427	Continued From page 13 when I am out of bed, no activities are offered." On 01/30/2024 at 10:35 AM, Surveyor interviewed Resident 2 who stated, "They don't do any activities around here, we fend for ourselves." On 01/30/2024 at 10: 50 AM, Surveyor interviewed Caregiver C who stated, "We don't usually do activities, we just don't get to it." Surveyor asked where the activity schedule posted. Caregiver C stated, "I don't think we have one." On 01/30/2024 at 11:00 AM, Surveyor interviewed Caregiver D who stated, "We are too busy to do activities and I have not seen an activity schedule anywhere." On 01/30/2024 at 3:00 PM, Surveyor discussed the above concern with Administrator D. Administrator D acknowledged that leisure activities should be conducted. Administrator D acknowledged that leisure activities are not offered.	N 427		
N 446	83.41(1)(b) Equipment. Equipment. The CBRF shall store equipment and utensils in a clean manner and shall maintain all utensils and equipment in good repair. This Rule is not met as evidenced by: Based on observation and interview, the provider	N 446		

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	0015950	A. BUILDING: _____ B. WING _____	R-C 02/01/2024

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ANCHOR COMMUNITIES LLC	209 FOREST ST FOX LAKE, WI 53933

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N 446	Continued From page 14 did not ensure that equipment was maintained in good repair. The dishwasher was leaking and a resident television was not in working order. Findings include: On 01/30/2024 at 10:00 AM, Surveyor toured the facility kitchen and observed the following: The dishwasher was running and leaking water on the floor. The pools of water under the dishwasher measured approximately 3 inches by 3 inches and made the surrounding floor area, used by residents, very slippery to walk on. The kitchen cabinets adjacent to the dishwasher were very water damaged. The bottom shelf of the cabinet was missing due to extensive water damage. On 01/30/2024 at 12:00 PM, Surveyor asked Administrator D how long the dishwasher had been leaking. Administrator D stated s/he did not know that the dishwasher had a leak. On 01/30/2024 at 12:45 PM, Surveyor interviewed Administrator D who acknowledged the kitchen cabinets need to be fixed and the dishwasher repaired so it does not leak.	N 446		
N 452	83.41(3)(b) Food safety. Food safety. Whether food is prepared at the CBRF or off-site, the CBRF shall store, prepare, distribute and serve food under sanitary conditions for the prevention of food borne illnesses, including food prepared off-site, according to all of the following: 1. The CBRF shall refrigerate all foods requiring refrigeration at or below 40°F. Food shall be covered and stored	N 452		

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N 452	Continued From page 15 in a sanitary manner. 2. The CBRF shall maintain freezing units at 0°F or below. Frozen foods shall be packaged, labeled and dated. 3. The CBRF shall hold hot foods at 140°F or above and shall hold cold foods at 40°F or below until serving. This Rule is not met as evidenced by: Based on observation and interview the provider did not store and serve food under sanitary conditions for the prevention of food borne illnesses. Findings include: On 01/30/2024 at approximately 10:30 AM, Surveyor toured the kitchen and observed the following: 1.) A container of regular cottage cheese with an expiration date of 01/12/2024 was located in the facility refrigerator. 2.) A container of low fat cottage cheese with an expiration date of 01/25/2024 was located in the facility refrigerator. 3.) Three large containers of plain light yogurt with expiration dates of 01/07/2024 were located in the facility refrigerator. 4.) Four containers of opened frosting jars. One was dated as opened on 11/12/2023, the second 1/10/2024, and the other two did not contain open	N 452		

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N 452	Continued From page 16 dates. 5.) Four packages of flour tortilla shells that expired on 12/30/2023, and a fifth package that expired on 11/04/2023. 6.) A bottle of Pedialyte that expired on 10/31/2022. 7.) In another refrigerator there was a container of low-fat yogurt that expired on 12/18/2023. 8.) A box of ham and cheddar hot pockets that expired on 07/2023. 9.) A package of chicken drum sticks was in the freezer that expired on 01/23/2024. On 01/30/2024 at approximately 11:06 AM, Surveyors interviewed Licensee A. Licensee A stated staff had just went through the food supply not that long ago, and stated s/he was surprised there was expired food in the kitchen.	N 452		
N 481	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a safe, clean, comfortable and homelike environment appropriate for resident	N 481		

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N 481	Continued From page 17 needs. Findings include: On 01/30/2024, Surveyor toured the physical environment and observed the following: There was a hole in Resident 1's bathroom door approximately 1 inch by inch. There was a hole in Resident 5's bathroom door. There was a hole in Resident 2's bedroom wall approximately 3 inches by 6 inches. The were 2 floor tiles near the exit door that were loose. There were 2 heating registers that were rusty and bent in the common area hallway. There was a couch in the common area that was very stained and dirty. The largest stain measured 2 inches by 4 inches. There was dryer lint build up behind the dryer causing a possible fire hazard. On 01/30/2024 at 3:00 PM, Surveyor discussed the above concern with Licensee A and Administrator D. Administrator D acknowledged that the environment could use some improvements and they are working on it.	N 481		
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	N 499		

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N 499	Continued From page 18 secure area. This Rule is not met as evidenced by: Based on observation and interview the provider did not ensure all cleaners and toxic substances were stored in a secure area. Findings include: Anchor Communities LLC is a Non-ambulatory 14 bed community based residential facility that can accept clients with irreversible dementia/Alzheimer's. On 01/30/2024 at approximately 9:38 AM, Surveyor toured the facility and observed the following: 1.) The common shower room had a spray bottle of Zep cleaner on a shelf unsecured that was labeled, "Toxic, harmful if swallowed". 2.) The kitchen had dishwasher detergent pods, 2 spray bottles of ZEP disinfectant cleaner, 1 bottle of multipurpose cleaner, and 1 gallon of bleach unsecured labeled, "Toxic, harmful if swallowed". 3.) The medication room door was left unsecure throughout the entire time Surveyors were at the facility. Inside the medication room there was 3 spray bottles of ZEP odor control, and 2 gallons of germicidal bleach were unsecured on the shelf labeled, "Toxic, harmful if swallowed". On 01/30/2024 at approximately 4:20 PM, Surveyors interviewed Licensee A and Administrator D. Licensee A stated s/he would take care of the unsecured chemicals.	N 499		

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N 637	Continued From page 19	N 637		
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. This Rule is not met as evidenced by: Based on observation and interview the provider did not ensure all exit doors was cleared of ice and snow. The exit leading from the facility to the deck was covered in ice and snow. Findings include: Anchor Communities LLC is a Non-ambulatory 14 bed community based residential facility that can accept clients in the following client groups: Irreversible dementia/ Alzheimer's	N 637		

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N 637	Continued From page 20 Advanced Aged Terminally Ill On 01/30/2024 at approximately 9:38 AM, Surveyor toured the facility. Surveyor observed a door marked as an emergency exit. Outside the door there was a build up of approximately 16 inches of snow/ice built up on the porch and part of the ramp. The area has a deck attached to the building which creates an area for snow drifts to form. Based on www.weather.gov, the last time Fox Lake, Wisconsin received snow accumulation was on 01/13/2024. The Fox Lake area received 10.0 inches of recorded snow. Prior to that on 01/10/2024, 6.0 inches of snow was recorded in the Fox Lake Area. The exit is used as an emergency exit as indicated by signs in the facility as well as the documented emergency plan reviewed 01/30/2024. The emergency evacuation signs on the wall of the facility directed staff to use this exit in case of emergency. The documentated emergency plan provided to surveyors also directed staff to use this exit in case of fire/emergency. On 01/30/2024 at approximately 3:00 PM, Caregiver E stated the door was an emergency exit and the door needed to be cleared of ice and snow.	N 637		