

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0019635	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/15/2025
NAME OF PROVIDER OR SUPPLIER CREEK SIDE TERRACE		STREET ADDRESS, CITY, STATE, ZIP CODE 8861 S 13TH STREET OAK CREEK, WI 53154		
(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 12/15/2025, Surveyor conducted a standard survey and 1 complaint investigation at Creek Side Terrace. One deficiency was identified. One complaint was unsubstantiated. Census: 25	N 000		
N 653	83.59(4)(e) Delayed egress: irreversible process release Delayed egress door locks are permitted with department approval only in facilities with a supervised automatic fire sprinkler system and a supervised interconnected automatic fire detection system and shall comply with all of the following: An irreversible process will occur which will release the latch in not more than 15 seconds when a force of not more than 15 pounds is applied for 3 seconds to the release device. Initiation of the irreversible process shall activate an audible signal in the vicinity of the door. Once the door lock has been released by the application of force to the releasing device, re-locking shall be by manual means only. This Rule is not met as evidenced by: Based on interview and observation, the provider did not ensure proper functioning of the delayed egress door locks on 1 of 3 doors. One of 3 delayed egress door mechanisms did not disengage after 15 seconds with the application of not more than 15 pounds (lbs) of force. Findings include: On 07/19/2023, the facility was licensed as a Class CNA (non-ambulatory) to serve 29	N 653		

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

TITLE

(X6) DATE

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0019635	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED C 12/15/2025
NAME OF PROVIDER OR SUPPLIER CREEK SIDE TERRACE			STREET ADDRESS, CITY, STATE, ZIP CODE 8861 S 13TH STREET OAK CREEK, WI 53154		
(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 653	Continued From page 1 residents of advanced aged, physically disabled, irreversible dementia/Alzheimer's and terminally ill. On 12/15/2025 at approximately 9:45 AM, Surveyor toured facility, accompanied by Community Director (CD) A. Surveyor attempted to open the door located on the northeast end of the building. The door was equipped with delayed egress hardware and a sign stating push for 15 seconds to release. Surveyor tested the delayed egress by applying pressure to the release latch and counting. The door would not open. On 12/15/2025 at approximately 1:55 PM, Surveyor interviewed CD A about the exit. Surveyor asked about resident evacuation during an emergency. CD A confirmed the door required a code or a swipe card to get out, but they automatically released if the fire alarm is pulled. CD A stated, "I'm not sure why the door was not releasing, we just had the company out here to look at them, but we will have it looked at again."	N 653			