STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	510320	A. BUILDING: _____ B. WING _____	C 07/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CYPRESS HOUSE CBRF	1415 CYPRESS AVE SUPERIOR, WI 54880

(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 07/01/2024, Surveyor conducted an abbreviated survey at Cypress House CBRF. Data was collected through 07/03/2024. Four violations were identified. Census: 7.	N 000		
N 419	83.37(3)(c) Medication storage: locked cabinet. Administered by facility. The CBRF shall keep medicine cabinets locked and the key available only to personnel identified by the CBRF. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all medicine cabinets were locked and the key available only to community based residential facility (CBRF) staff. Findings include: The provider is licensed to care for 7 residents in the client group developmentally disabled. On 07/01/2024 at approximately 1:00 PM, Surveyor entered the home and observed Resident 1 and Guardian E eating lunch. Resident 2 confirmed there were no staff in the home. Surveyor toured the home and observed the staff office was unlocked, the door wide open, and 2 lanyards of keys hanging from a shelf that were labeled as keys. At approximately 1:30 PM, Surveyor observed Manager F unlock the closet in the staff office where the resident medications were stored. Manager F confirmed there were refrigerated	N 419		

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

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N 419	Continued From page 1 medications and opened the unlocked refrigerator located in the staff office. Surveyor observed the following medications were stored in the refrigerator: Resident 1 -Fiasp Flex Inj Touch (fast acting manmade insulin): Inject Sub cutaneous [sic] -Probiotic: take 1 capsule by mouth twice daily Resident 2 -Probiotic: take 1 tab daily Resident 3 -3 bottles of Acidophilus: take 1 capsule by mouth daily There was 1 bottle of probiotic without a label. At approximately 3:15 PM, Administrator B confirmed the keys hanging in the office were used to unlock the medication closet. At approximately 3:20 PM, Manager F stated the office door, where the resident medications were stored, was to be kept locked, and s/he often reminded staff to keep the office locked. Manager F stated that on this occasion, s/he was the one who left the door unlocked. The provider did not ensure resident medications were locked, when the staff office was left unlocked, no staff were in the home, the keys to the locked medication closet were left unattended, and refrigerated medications were unlocked and accessible.	N 419		
N 491	83.44(2)(c) Interior floors, walls and ceilings.	N 491		

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N 491	Continued From page 2 Every interior floor, wall and ceiling shall be clean and in good repair. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all interior floors and walls were in good repair. Findings include: The provider is licensed to care for 7 residents in the client group developmentally disabled. On 07/01/2024 at approximately 1:00 PM, Surveyor toured the home and observed the following: - The plank flooring was separated along the side of the individual planks, and on the ends, in at least 20 places, corners were broken off. There was duct tape applied to the floor in at least 4 locations in the dining area and kitchen. -The wall facing the main entrance was partially painted. -In 3 locations, there were missing pieces of hallway wainscoting. -Missing trim on end of 1 wall. -At least 3 wall corners had significant damage. -At least 6 areas on walls with significant damage. At approximately 1:50 PM, Surveyor interviewed House Manager (HM) A who stated the plank floors were replaced approximately 2 years ago and that in August 2023, s/he sent pictures to Administrator B with outstanding maintenance issues and concerns about the condition of the floors. HM A stated Maintenance D completed repairs in September 2023 by applying duct tape	N 491		

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N 491	Continued From page 3 to the floor. At approximately 1:51 PM, Surveyor interviewed Administrator B, who stated s/he had complained to Executive Director (ED) C for the past 2 years about the condition of the floors, without success. Administrator B stated the last time s/he had spoken with ED C about the needed floor replacement was 3 weeks ago. Administrator B stated the floors had already been reinstalled because of the poor quality and the current flooring was also of poor quality. Administrator B stated s/he believed the only way the repairs would be completed was if they were cited by the Department. The provider did not ensure repairs were made to the floors and walls.	N 491		
N 495	83.45(1)(d) Hazards. Hazards. The CBRF shall maintain each building in good repair and free of hazards. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that the building was in good repair and free from hazards. Findings include: The provider is licensed to care for 7 residents in the client group developmentally disabled. On 07/01/2024 at approximately 1:51 PM, Surveyor interviewed Administrator B, who stated there were 3 exterior ramps in poor condition and the only way they would be fixed was if the provider was cited by the Department.	N 495		

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N 495	Continued From page 4 At approximately 2:30 PM, Surveyor toured the exterior of the home with Administrator B and observed the following: -Two side entrance/exits and 1 front door entrance/exit had plywood ramps in poor repair. The plywood was splitting and layers of the wood had pealed, leaving an uneven surface in multiple areas. -Siding was peeling away from the exterior wall in 2 areas and the siding was discolored, or needing paint or stain, in at least 3 locations. -Two of 3 ramps did not have handrails. At approximately 3:17 PM, Surveyor interviewed Administrator B, who stated s/he had spoken to Maintenance D about the ramps in October 2023. Administrator B stated s/he made multiple repair requests to Executive Director (ED) C as well as Maintenance D, with little result.	N 495		
N 663	83.59(6)(c) Mounting height of handrails on ramps Handrails. 1. Ramps in CBRFs initially licensed on or after January 1, 1997 shall have a handrail on each side which shall be mounted between 34 inches and 38 inches above the ramp surface. CBRFs licensed before January 1, 1997 shall have handrails mounted at least 30 inches above the ramp surface. 2. Handrails on unenclosed ramps shall include an intermediate parallel rail at mid-height. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all exit ramps had handrails. Findings include:	N 663		

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N 663	Continued From page 5 The provider is licensed to care for 7 residents in the client group developmentally disabled. Surveyor reviewed the Department's records and found the provider is licensed for non-ambulatory residents. On 07/01/2024 at approximately 2:30 PM, Surveyor toured the exterior of the home with Administrator B and observed 2 of 3 ramps did not have handrails. Administrator B stated s/he knew the ramps were not to code and the only way they would be fixed was if they were cited by the Department. At approximately 1:10 PM, Surveyor interviewed House Manager (HM) A, who stated 2 residents were utilizing wheelchairs. The provider did not ensure 2 of 3 exit ramps had handrails.	N 663		