STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017389	A. BUILDING: _____ B. WING _____	C 02/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHURCH ST HOUSE	207 CHURCH ST ONTARIO, WI 54651

(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 02/16/2024, Surveyor conducted a complaint investigation and a standard licensure survey. Data for this survey was received and reviewed through 02/20/2024. The complaint was unsubstantiated. One deficiency identified. Census: 8	N 000		
N 394	83.35(5)(b) Annual evaluation of evacuation limits Evaluation update. The CBRF shall evaluate each resident ' s mental or physical capability to respond to a fire alarm at least annually or when there is a change in the resident ' s mental or physical capability to respond to a fire alarm. This Rule is not met as evidenced by: Based on record review and interview, Resident 1 was not evaluated on his/her mental or physical capability to respond to a fire alarm at least annually. Findings include: On 02/16/2024 at approximately 11:50 AM, Surveyor reviewed Resident 1's file. Surveyor reviewed Resident 1's annual evacuation assessment. The evacuation assessment was dated 12/02/2022. On 02/16/2024 at approximately 12:05 PM, Surveyor shared findings with Administrator A. Surveyor asked Administrator A if there was evidence of a 2023 evaluation of evacuation limits for Resident 1. Administrator looked in the file	N 394		

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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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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N 394	Continued From page 1 and did not locate a 2023 evaluation for Resident 1. Administrator A stated, "I think you got me on that one."	N 394		