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	0008627	A. BUILDING: _____ B. WING _____	C 02/24/2025

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ALEXIAN VILLAGE SQUARE	9301 N 76TH ST MILWAUKEE, WI 53223

(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 02/24/2025, Surveyor completed a standard survey and 2 complaint investigations at Alexian Village Square. As a result, 10 deficiencies were identified. Two of 2 complaints were unsubstantiated. Census: 39	N 000		
N 381	83.35(1)(a) Pre-admission and ongoing assessments. Scope. The CBRF shall assess each resident ' s needs, abilities, and physical and mental condition before admitting the person to the CBRF, when there is a change in needs, abilities or condition, and at least annually. The assessment shall include all areas listed under par. (c). This requirement includes individuals receiving respite care in the CBRF. For emergency admissions the CBRF shall conduct the assessment within 5 days after admission. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each resident's needs, abilities, and physical and mental condition were assessed as required for 4 of 4 residents (Resident 1, Resident 2, Resident 3, and Resident 4). Resident 1, Resident 2, Resident 3, and Resident 4 did not have preadmission assessments completed. Resident 2 did not have annual assessments completed for 2022, 2023, and 2024. Resident 3 did not have an annual assessment completed for 2024. Resident 4 did not have annual assessments completed for	N 381		

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

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N 381	Continued From page 1 2023 and 2024. Findings include: On 02/21/2025, at 2:15 PM, Surveyor reviewed resident records and identified the following: Resident 1 was admitted on 10/24/2024. Resident 1's record contained a pain evaluation, dated 10/24/2024, and a fall risk assessment, dated 10/24/2024. Resident 1's record did not contain any preadmission assessment identifying Resident 1's needs, abilities, and physical and mental conditions. Resident 1's service plan, dated 10/24/2024, indicated staff were to provide the following: - Stand-by assistance for bathing, dressing, and food preparation for cutting food and open condiments. - Occasional assist with ambulation, transfer or use of assistive device, and prompting/cueing for toilet. - Medication administration, ordering and changing medications, and housekeeping services. Resident 2 was admitted on 04/14/2021. Resident 2's record did not contain any preadmission assessment or annual assessments identifying Resident 2's needs, abilities, and physical and mental conditions for 2022, 2023, and 2024. Resident 2's service plan, dated 10/20/2023, indicated staff were to provide the following:	N 381		

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N 381	Continued From page 2 - Cueing/coaching for redirection, and oral care. - Medication administration, ordering and changing medications, and housekeeping services. Resident 3 was admitted on 09/27/2023. Resident 3's record did not contain any preadmission assessment or annual assessments identifying Resident 3's needs, abilities, and physical and mental conditions for 2024. Resident 3's service plan, dated 09/27/2023, indicated staff were to provide the following: - Cueing/coaching needed for reorientation and memory deficit, dressing, to wear hearing aids, and toileting. - Stand-by assistance for dressing, ambulation, and transfers. - Medication administration, ordering and changing medications, nailcare, night checks, and housekeeping services. Resident 4 was admitted on 04/04/2022. Resident 4's record contained a pain evaluation assessment dated 03/01/2023. Resident 4's record did not contain any preadmission assessment or annual assessments identifying Resident 4's needs, abilities, and physical and mental conditions for 2023 and 2024. Resident 4's service plan, dated 03/19/2024, indicated staff were to provide the following: - Cueing/coaching needed for reorientation and memory deficit, bathing	N 381		

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N 381	Continued From page 3 - Medication administration, ordering and changing medications, and occasional housekeeping. On 02/24/2025, at 2:45 PM, Surveyor interviewed Administrator A and Registered Nurse (RN) B. RN B reported s/he completed assessments for pain, falls and elopement for residents s/he admitted. RN B reported s/he started at the end of December 2024. RN B reported s/he did not complete any assessments for residents who were in the facility for over a year.	N 381		
N 383	83.35(1)(c) Listed areas for assessments. Assessment. Areas of assessment. The assessment, at a minimum, shall include all of the following areas applicable to the resident: 1. Physical health, including identification of chronic, short-term and recurring illnesses, oral health, physical disabilities, mobility status and the need for any restorative or rehabilitative care. 2. Medications the resident takes and the resident ' s ability to control and self-administer medications. 3. Presence and intensity of pain. 4. Nursing procedures the resident needs and the number of hours per week of nursing care the resident needs. 5. Mental and emotional health, including the resident ' s self-concept, motivation and attitudes, symptoms of mental illness and participation in treatment and programming. 6. Behavior patterns that are or may be harmful to the resident or other persons, including destruction of property. 7. Risks, including, choking, falling, and elopement. 8. Capacity for self-care, including the need for any personal care services, adaptive equipment or training. 9. Capacity for self-direction, including the ability to	N 383		

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N 383	Continued From page 4	N 383		

make decisions, to act independently and to make wants or needs known. 10. Social participation, including interpersonal relationships, communication skills, leisure time activities, family and community contacts and vocational needs.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 4 of 4 residents (Resident 1, Resident 2, Resident 3, and Resident 4) were assessed in physical health, which included identification of chronic, short-term and recurring illnesses. Resident 1's, Resident 2's, Resident 3's, and Resident 4's diagnoses were not located in the resident's files.

Findings include:

On 02/21/2025, at 2:15 PM, Surveyor reviewed resident records and identified the following:

Resident 1 was admitted on 10/24/2024. Resident 1's record did not contain any diagnostic information, including identification of chronic, short-term, and recurring illnesses.

Resident 2 was admitted on 04/14/2021. Resident 2's record did not contain any diagnostic information, including identification of chronic, short-term, and recurring illnesses.

Resident 3 was admitted on 09/27/2023. Resident 3's record did not contain any diagnostic information, including identification of chronic,

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N 383	Continued From page 5 short-term, and recurring illnesses. Resident 4 was admitted on 04/04/2022. Resident 4's record did not contain any diagnostic information, including identification of chronic, short-term, and recurring illnesses. On 02/24/2025, at 10:00 AM, Surveyor interviewed Registered Nurse (RN) B. RN B reported s/he did not know what diagnoses the residents had. RN B reported s/he would review resident medications to determine what diagnoses they had. When Surveyor inquired how staff know what diagnoses the residents had, RN B reported the staff were just aides and not nurses and they would not know. RN B reported s/he did not know MatrixCare had an area for resident diagnoses until Surveyor showed her/him the section. RN B reported s/he did not think they needed diagnoses in assisted living.	N 383		
N 386	83.35(3)(a) Comprehensive Individualized Service Plan Comprehensive individual service plan. Scope. Within 30 days after admission and based on the assessment under sub. (1), the CBRF shall develop a comprehensive individual service plan for each resident. The individual service plan shall include all of the following: 1. Identify the resident ' s needs and desired outcomes. 2. Identify the program services, frequency and approaches under s. HFS 83.38(1) the CBRF will provide. 3. Establish measurable goals with specific time limits for attainment. 4. Specify methods for delivering needed care and who is responsible for delivering the care.	N 386		

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This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 3 of 4 residents (Resident 1, Resident 2, and Resident 3) comprehensive individual service plan (ISP) identified the residents' needs, desired outcomes, measurable goals, methods for delivering care, who was responsible for delivering the care, and the frequency for the needed care.

Findings include:

Record Review

On 02/21/2025, at 2:15 PM, Surveyor reviewed resident records and identified the following:

Resident 1 was admitted on 10/24/2024. Resident 1's service plan, dated 10/24/2024, indicated the following:

"Bathing: Staff will provide stand-by physical assistance as needed for bath/shower [Resident 1] will be clean and odor free."

"Dressing/Undressing: Staff will provide assistance with clothing selection or cue for selection. Staff will provide standby-assistance [sic] to dresss [sic] upper/lower body. [Resident 1] will be dressed appropriately with clean and neat appearance."

"Eating/Food Preparation: Staff will provide stand-by assistance to open condiments/cut food. [Resident 1] will maintain proper nutrition to maintain weight."

"Ambulation/Mobility: Staff will provide occasional

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assist with ambulation, transfer or use of assistive device.
[Resident 1] will ambulate/transfer daily."

"Toileting/Continence: Staff will provide occasional prompting/cueing for toilet. Staff to assist [as needed].
[Resident 1] will remain clean and dry."

"Medication Management/Treatments: Staff will administer 5-6 medications. Staff will manage medications, ordering/changing medications. Staff will occasional [sic] assist resident with special meds [sic] and treatments.
Medications will be administered as ordered by physician."

"Housekeeping Management: Staff will provide frequent assistance with housekeeping [sic] frequent accidents. Staff will make ben and change linens. Staff will empty trash.
[Resident 1] environment will be clean and in good repair."

Resident 1's service plan does not identify measurable goals, methods for delivering care, who was responsible for delivering the care, and the frequency for the needed care.

Resident 2 was admitted on 04/14/2021.
Resident 2's service plan, dated 10/20/2023, indicated the following:

"Memory: Staff will provide cuing and coaching with occasional memory deficit.
[Resident 2] will accept redirection from staff."

"Judgement: Resident requires moderate assistance in depiction making process, staff will provide cuing and coaching.

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N 386	Continued From page 8 [Resident 2] will accept appropriate assistance from staff." "Eating/Food Preparation: Staff will provide stand-by assistance to open condiments/cut food. [Resident 2] will maintain proper nutrition to maintain weight." "Fall Risk Management: Staff will identify and monitor for fall risks. Check frequently/Remind to use walker [as needed]. [Resident 1] will have zero falls." "Medication Management/Treatments: Staff will administer 10+ medications. Staff will manage medications, ordering/changing medications. Staff will occasional [sic] assist resident with special meds [sic] and treatments. Medications will be administered as ordered by physician." "Housekeeping Management: Staff will provide frequent assistance with housekeeping [sic] frequent accidents. Staff will make bed and change linens. Staff will empty trash. [Resident 2] environment will be clean and in good repair." Resident 2's service plan does not identify measurable goals, methods for delivering care, who was responsible for delivering the care, and the frequency for the needed care. Resident 3 was admitted on 09/27/2023. Resident 3's service plan, dated 09/27/2023, indicated the following: "Orientation to time: Staff will provide cueing and coaching for reorientation when resident is confused of time.	N 386		

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N 386	Continued From page 9 [Resident 3] will accept redirection/reorientation to time of day." "Memory: Staff will provide cuing and coaching with occasional memory deficit. [Resident 3] will accept redirection from staff." "Hearing: Staff will provide cueing and reminder to resident to wear hearing aides [sic], declines to wear at times. [Resident 3] will wear hearing aids with proper function daily." "Dressing/Undressing: Staff will provide stand-by assistance with dressing resident. Staff will provide cueing and reminder to dress lower body. [Resident 3] will be dressed appropriately with clean and neat appearance." "Toileting/Continence: Staff will provide occasional prompting/cueing for toilet. Staff to assist [as needed]. [Resident 3] will remain clean and dry." "Ambulation/Mobility: Staff will provide occasional assist with ambulation, transfer or use of assistive device. [Resident 3] will ambulate/transfer daily." "Rest: Staff will provide night checks. "[Resident 3] will have needs met throughout the night." "Medication Management/Treatments: Staff will administer 7-9 medications. Staff will manage medications, ordering/changing medications. Staff will occasional [sic] assist resident with special meds [sic] and treatments. Medications will be administered as ordered by physician."	N 386		

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N 386	Continued From page 10 "Housekeeping Management: Staff will make bed and change linens. [Resident 3] environment will be clean and in good repair." Resident 3's service plan does not identify measurable goals, methods for delivering care, who was responsible for delivering the care, and the frequency for the needed care. Interviews On 02/21/2025, at 10:45 AM, Surveyor interviewed Resident 1. Resident 1 reported s/he had only lived in the facility for a short time. Resident 1 reported s/he had concerns regarding her/his room being cleaned. Resident 1 reported s/he would ask staff to clean her/his room, and they would say they did not have time. Resident 1 reported s/he did not know when or how many times staff were to clean her/his room. Resident 1 reported s/he spoke with management and threatened to call the health department, and now her/his room is cleaned every Sunday. On 02/24/2025, at 10:00 AM, Surveyor interviewed Registered Nurse (RN) B. RN B reported s/he was unaware of what was all required in an ISP. RN B reported Former Director of Clinical Services (DCS) C was responsible for completing the ISPs. RN B reported s/he had only been at the facility since the end of December, and did not have any training with Former DCS C prior to her/his last day. RN B reported s/he was only filling in until a replacement was found. On 02/24/2025, at 2:45 PM, Surveyor interviewed Administrator A and RN B. Administrator A	N 386		

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N 386	Continued From page 11 reported a replacement was hired, and it was someone who was familiar with the code requirements. Administrator A reported they would work on ensuring all paperwork was completed as required by the code.	N 386		
N 393	83.35(5)(a) Initial evaluation of evacuation limitations. Initial evaluation. The CBRF shall evaluate each resident within 3 days of the resident ' s admission to determine whether the resident is able to evacuate the CBRF within 2 minutes in an unsprinklered CBRF and 4 minutes in a sprinklered CBRF without any help or verbal or physical prompting, and what type of limitations that resident may have that prevent the resident from evacuating the CBRF within the applicable period of time. A form provided by the department shall be used for the evaluation. The resident ' s evaluation shall be retained in the resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 4 residents (Resident 1 and Resident 3) was evaluated, using the form provided by the department, within 3 days of the resident's admission to determine whether the resident was able to evacuate the community based residential facility (CBRF) within 2 minutes. Findings include: On 02/21/2025, 2:15 PM, Surveyor reviewed resident records and identified the following: Resident 1 was admitted on 10/24/2024.	N 393		

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N 393	Continued From page 12 Resident 1's record did not contain evidence of a completed resident evacuation assessment. Resident 3 was admitted on 09/27/2023. Resident 3's record did not contain evidence of a completed resident evacuation assessment. On 02/24/2025, at 2:45 PM, Surveyor interviewed Administrator A and Registered Nurse (RN) B. Administrator A confirmed the requirement to evaluation residents within 3 days of admission. Administrator A and RN B reported Former Director of Clinical Services (DCS) C was responsible for completing evaluation assessment. Administrator A and RN B reported they were unsure if assessments were completed and where they would be located. RN B reported s/he would ensure the assessment was completed.	N 393		
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, the provider did not evaluate each resident's mental or physical capability to respond to a fire alarm at least annually for 3 of 3 residents (Resident 2, Resident 3, and Resident 4). Resident 2 was not evaluated in 2023 and 2024. Resident 3 was not evaluated in 2024. Resident 4 was not evaluated in 2023 and 2024. Findings include:	N 394		

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N 394	Continued From page 13 On 02/21/2025, 2:15 PM, Surveyor reviewed resident records and identified the following: Resident 2 was admitted on 04/14/2021. Resident 2's record contained an evacuation evaluation assessment dated 07/26/2022. Resident 2's record did not contain evidence Resident 2 was evaluated annually in 2023 and 2024 for evacuation evaluation assessment. Resident 3 was admitted on 09/27/2023. Resident 3's record did not contain evidence Resident 3 was evaluated annually in 2024 for evacuation evaluation assessment. Resident 4 was admitted on 0/04/2022. Resident 4's record contained an evacuation evaluation assessment dated 07/01/2022. Resident 4's record did not contain evidence Resident 4 was evaluated annually in 2023 and 2024 for evacuation evaluation assessment. On 02/24/2025, at 2:45 PM, Surveyor interviewed Administrator A and Registered Nurse (RN) B. Administrator A confirmed the requirement. Administrator A and RN B reported Former Director of Clinical Services was responsible for completing the annual evaluation assessment. Administrator A and RN B reported they were unsure if assessments were completed and where they would be located. RN B reported s/he would ensure the assessment was completed.	N 394		
N 416	83.37(2)(e) Other administration given or delegated by RN Other administration. Injectables, nebulizers, stomal and enteral medications, and medications,	N 416		

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N 416	Continued From page 14	N 416		

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).

This Rule is not met as evidenced by:
Based on observation, record review, and interview, the provider did not ensure 3 of 3 caregivers (Caregiver E, Caregiver F and Caregiver G) reviewed were delegated to administer injectable medications by the providers current registered nurse (RN) within the scope of their license.

Findings include:

On 02/21/2025, at 1:15 PM, Surveyor reviewed staff training. On 12/10/2024, Caregiver E, Caregiver F, and Caregiver G were trained in insulin administration and demonstration review by Former Director of Clinical Services (DCS) C.

On 02/24/2025, at 2:15 PM, Surveyor reviewed resident records and identified the following:

Resident 2 was admitted on 04/14/2021. Resident 2's February 2025 medication administration record (MAR) indicated Resident 2 was prescribed Lantus Solostar insulin, 20 units to be administered once a day in the evening.

Resident 3 was admitted on 09/27/2023. Resident 3's February 2025 MAR indicated Resident 3 was prescribed Ozempic 0.5 milligrams (mg) to be injected weekly on Wednesdays, and Lantus Solostar insulin, 25 units to be administered once a day in the morning.

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N 416	Continued From page 15 On 02/24/2025, at 10:00 AM, Surveyor interviewed Registered Nurse (RN) B. RN B confirmed all caregivers were responsible for administering resident medications. RN B reported Former DCS C left employment at the end of December. RN B reported s/he started at the end of December in the interim until a new Director of Clinical Services was hired. RN B acknowledged understanding unlicensed staff needed to administer insulin injections under the direction of a licensed staff. RN B reported s/he was unaware once Former DCS C left employment, staff would need to be retrained in insulin administration by a current employed registered nurse to ensure staff were administering insulin injections under the registered nurse's license. RN B reported s/he thought the training was good for a year.	N 416		
N 454	83.42(1) Resident record maintained. The CBRF shall maintain a record for each resident at the CBRF. Each record shall include all of the following: (a) Resident ' s full name, sex, date of birth, admission date and last known address; (b) Name, address and telephone number of designated contact person, and legal representative, if any; (c) Medical, social, and, if any, psychiatric history; (d) Current personal physician, if any; (e) Results of the initial health screening under s. DHS 83.28(4) and subsequent health examinations under s. DHS 83.38(1)(g); (f)Admission agreement; (g) Documentation of significant incidents and illnesses, including the dates, times and circumstances; (h) Assessments completed as required under s. DHS 83.35(1); (i) Individual service plan and	N 454		

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resident satisfaction evaluation; (j) Documentation to accurately describe the resident's condition, significant changes in condition, changes in treatment and response to treatment; (k) Results of the annual resident evacuation evaluation; (l) Documentation of sensory impairment of the resident as required under s. DHS 83.48(7)(b); (m) Summary of discharge information as required under s.DHS 83.31(7); (n) Any department-approved resident-specific waiver, variance or approval; (o) Physician ' s orders or other authorized practitioner ' s written orders for nursing care, medications, rehabilitation services and therapeutic diets; (p) Current list of the type and dosage of medications or supplements; (q) Results of the quarterly psychotropic medication assessments as required in s. DHS 83.37(1)(h)1; (r) Documentation of administration of all medications, supplements, the person administering the medications or supplements, any side effects observed by the employee or symptoms reported by the resident, the need for PRN medications and the resident ' s response, refusal to take medication, omissions of medications, errors in the administration of medications and drug reactions; (s) Photocopy of any court order or other document authorizing another person to speak or act on behalf of the resident, or other legal documents as required which affect the care and treatment of a resident; (t) Documentation of all other services including rehabilitation services, treatments and therapeutic diets; (u) Completed notice of pre-admission assessment requirement under s. DHS 83.30; (v) Nursing care procedures and the amount of time spent each week by a registered nurse or licensed practical nurse in performing the nursing care procedures. Only time actually

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spent by the nurse with the resident may be included in the calculation of nursing care time; (w) Plans of care for terminally ill residents; (x) Date, time and circumstances of the resident's death, including the name of the person to whom the body is released.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not sure 2 of 4 residents' (Resident 1 and Resident 4) records were maintained at the community based residential facility (CBRF) and included all required information. Resident 1's record did not contain an admission agreement and initial health screening. Resident 4's record did not contain he results of the initial health screening.

Findings include:

On 02/21/2025, at approximately 11:30 AM, Surveyor requested Resident 1's and Resident 4's record.

On 02/21/2025, 2:15 PM, Surveyor reviewed resident records and identified the following:

- Resident 1's record did not contain the results of the initial health screening and admission agreement.

- Resident 4's record did not contain the results of the initial health screening.

On 02/24/2025, at 2:45 PM, Surveyor interviewed Administrator A and Registered Nurse (RN) B. Administrator A confirmed the code requirement. Administrator A and RN B reported the admission agreement would have been completed by the

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N 454	Continued From page 18 marketing team. Administrator A reported the initial health screening would have been completed for Resident 1 and Resident 2. Administrator A reported they were unsure of where the documentation was. RN B reported they looked for the requested documentation in Former Director of Clinical Services (DCS) C's office, but they have not located the documentation yet. Administrator A reported they would need to focus on ensuring the paperwork was in resident files in the future.	N 454		
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 secure area. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure cleaning compounds and toxic substances were securely stored in 2 of 4 areas. Cleaning compounds and toxic substances were not securely stored in the kitchenette areas. Findings include: The facility is license to serve up to 64 residents in client groups of advanced aged and irreversible dementia/Alzheimer's. On 02/21/2025, at 10:15 AM, Surveyor toured the facility. The facility was broken into 4 different units. Two of the 4 units were located on the first floor, the other 2 units were located on the second floor. Surveyor observed the following:	N 499		

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N 499	Continued From page 19 Park Lane The cabinet under the sink in the kitchenette area, was a bottle of Clorox bleach germicidal cleaner, a bag of Cascade dishwasher tablets, and a container of Diversey Oxivir Tb wipes. The cabinet contained a locking mechanism, which was not engaged. Tower View The cabinet under the sink in the kitchenette area, was a container of Diversey Oxivir Tb wipes, a container of Cascade Complete dishwasher tablets, a bottle of Fabuloso multipurpose cleaner, and a container of Clorox VersaSure disinfectant wipes. On 02/24/2025, at 2:45 PM, Surveyor interviewed Administrator A and Registered Nurse (RN) B. Administrator A and RN B confirmed the code requirement. RN B reported s/he would ensure staff were securely storing all cleaning supplies and toxic substances.	N 499		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure tornado, flooding, or other emergency or disaster drills were conducted semi-annually for 2 of 2 years. There were no other emergency or disaster drills conducted in 2023 or 2024. Findings include:	N 526		

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N 526	Continued From page 20 On 02/21/2025, at 12:50 PM, Surveyor reviewed the facility safety files with Maintenance Director (MD) D. The safety files did not contain evidence of other emergency or disaster drills for 2023 and 2024. On 02/21/2025, at 1:18 PM, Surveyor interviewed MD D. MD D reported s/he did not complete those drills, MD D reported s/he thought Former Director of Clinical Services (DCS) C completed and kept those records. On 02/24/2025, at 10:00 AM, Surveyor interviewed Registered Nurse (RN) B. RN B reported the last drill s/he could find was from 2021. RN B reported s/he did not know if the drills were completed and where the documentation was.	N 526		
N 668	83.60(1) Total/openable window area Minimum size. Every habitable room shall have at least one outside window with a total window area of at least 8% of the floor area in the room. The window shall be openable from the inside without the use of tools or keys. The openable area of the window shall be not less than 4% of the floor area of the room. This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not ensure resident bedroom windows were openable form the inside without the use of tools or keys for 22 of 64	N 668		

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N 668	Continued From page 21 resident bedrooms. Findings include: The facility is license to serve up to 64 residents in client groups of advanced aged and irreversible dementia/Alzheimer's. On 02/21/2025, at 10:15 AM, Surveyor toured the facility. Surveyor observed resident's bedroom windows were missing the crank handles used to open the window. Surveyor observed the following occupied resident rooms to be missing window cranks: Park Lane 503, 504, 516, 510, and 515 Bridge Terrace 549, 550, 551, 553, 554, 561, 563, and 564 Tower View 535, 536, 537, 538, 539, 541, 544, 545, and 546 On 02/21/2025, at 10:45 AM, Surveyor interviewed Resident 1. Resident 1 reported s/he enjoys fresh air when the weather is nice out. Resident 1 reported s/he needed to ask the staff to open her/his window. Resident 1 reported s/he did not understand why s/he could not have a window crank. Resident 1 reported s/he did not know why the window cranks were removed from the window. On 02/24/2025, at 2:45 PM, Surveyor interviewed Administrator A and Registered Nurse (RN) B. Administrator A reported s/he had heard about 6-7 years ago, a resident had jumped out of the second-floor window in her/his room. Administrator A reported it was decided to remove	N 668		

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N 668	Continued From page 22 the window cranks unless requested by a resident. Administrator A and RN B reported staff had access to the window cranks, and if a resident wanted their window open, they would just need to ask staff. Administrator A reported s/he was not aware if a waiver had been submitted to the Department. On 02/25/2025, at 3:30 PM, Surveyor reviewed the Department's facility file. Surveyor did not see any evidence of a waiver had been submitted in regard to the removal of window cranks.	N 668		