STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012609	A. BUILDING: _____ B. WING _____	C 10/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RESIDENCES ON FOREST LANE (THE)	**253 FOREST LANE MONTELLO, WI 53949**

(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 10/08/2024 with additional information gathered through 10/16/2024, Surveyor conducted a standard survey and complaint investigation at The Residences on Forest Lane. As a result five deficiencies were identified. The complaint was unsubstantiated. Census: 13	N 000		
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 living environment that was safe, clean, comfortable and homelike for residents. Findings include: On 10/08/2024 at approximately 9:15 AM, Surveyor toured the facility and observed the following: * carpet in the entrance ways were stained * living room carpet was stained * hallway carpet to resident rooms were stained * carpet was torn and shredded in 2 separate areas outside the laundry room door * carpet was torn and shredded the length of the activity area to the entrance way of Room 106	N 481		

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

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N 481	Continued From page 1 On 10/08/2024 at 11:45 PM, Surveyor interviewed Resident 1. Resident 1 stated, "The carpet throughout the building could stand a cleaning." On 10/08/2024 at approximately 2 PM, Surveyor spoke with Administrator A about the stained and fraying carpet throughout the facility. Administrator A acknowledged the carpet was in need of cleaning and repair. Administrator A stated, "The carpet throughout the building is on the provider's wish list. I was told the plan was to get new carpet in 2025 and replace the carpeting in resident rooms with vinyl plank flooring." Administrator A confirmed the provider did not receive any quotes for carpeting repair/maintenance and was unable to confirm the carpet replacement was in the 2025 budget.	N 481		
N 525	83.47(2)(d) Fire drills. Fire drills. 1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of the drill and the CBRF ' s total evacuation time. The CBRF shall record residents having an evacuation time greater than the time allowed under s. HFS 83.35(5) and the type of assistance needed for evacuation. Fire evacuation drills may be announced in advance. 2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleeping hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the employees scheduled to work during the residents ' normal sleeping hours.	N 525		

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N 525	Continued From page 2 This Rule is not met as evidenced by: Based on record review and interview, the provider did not complete quarterly fire evacuation drills for 2024. In 2024, there were no quarterly fire evacuation drills completed for the first, second and third quarter. Findings include: On 10/08/2024, Surveyor requested the fire evacuation drills for 2024 and the following was noted: -For 2024, there was no record of any quarterly fire evacuation drills completed (No fire drills were documented for the first, second, or third quarter). On 10/08/2024 at 1 PM, Surveyor spoke with Administrator A regarding the 2024 missing fire evacuation drills. Administrator A stated s/he did not know if fire evacuation drills had been conducted in 2024 as s/he did not locate documentation of any drills. Administrator A indicated in September 2024, s/he became the new administrator for the facility and no fire drills had been conducted to date in 2024. Administrator A stated, "I reached out to [Former Administrator B] to ask about the fire drills and [Former Administer B] told me [s/he] didn't do any." Administrator A verified fire drills were not conducted in 2024.	N 525		
N 526	83.47(2)(e) Other evacuation drills.	N 526		

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N 526	Continued From page 3 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 staff interview and record review, the provider did not conduct other evacuation drills semi-annually. Findings include: On 10/08/2024, Surveyor requested the other evacuation drills conducted during 2023 and 2024. Administrator A checked files located at the facility and did not locate any documentation of other evacuation drills conducted in 2023 and 2024. On 10/08/2024 at 1 PM, Administrator A stated s/he did not know if the other evacuation drills had been conducted in 2023/2024 as s/he did not locate documentation of any drills. Administrator A indicated in September 2024, s/he became the new administrator for the facility and no other evacuation drills had been conducted to date in 2024. Administrator A stated, "I reached out to [Former Administrator B] to ask about other evacuation drills and [Former Administer B] told me [s/he] didn't do any." Administrator A verified other evacuation drills were not conducted in 2023 and 2024. The provider did not conduct other evacuation drills semi-annually in 2023 and 2024.	N 526		
N 530	83.47(3) Fire inspection. Fire inspection. The CBRF shall arrange for an	N 530		

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N 530	Continued From page 4 annual inspection by the local fire authority or certified fire inspector and shall retain fire inspection reports for 2 years. This Rule is not met as evidenced by: Based on record review and staff interview, the provider did not ensure an annual inspection had been completed by a local fire authority having the potential to affect all 16 residents in this facility. Findings include: This facility is licensed as a CNA (non-ambulatory) facility and serves residents with physical disability, advanced aged, and irreversible dementia/Alzheimer's. On 10/08/2024, Surveyor reviewed the provider's records for fire safety. There was no evidence of a fire department inspection for this facility. Surveyor requested this information from Administrator A on 10/08/2024 at approximately 2:00 PM who said it would be sent to the Surveyor by 10/11/2024. A second request email was sent by Surveyor to Administrator A on 10/14/2024 with no response. A third request email was sent by Surveyor to Administrator A on 10/16/2024. Administrator A did respond back to Surveyor on 10/16/2024 and stated, "I still have had no luck with the fire department. I went to the police station and [s/he] took a message for someone to call me and still nothing." As of 10/16/2024, no fire department inspection for this facility had been sent to Surveyor.	N 530		

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N 558	Continued From page 5	N 558		
N 558	83.48(8)(b) Sprinkler system installation and maintenance Installation and maintenance. 1. All sprinkler systems shall be installed by a state licensed sprinkler contractor. All sprinkler systems shall be maintained, inspected and tested at least annually or at intervals determined by the requirements in NFPA 25. 2. In facilities with sprinklers, sprinkler heads shall be placed at the top of each linen or trash chute and in the rooms where the chutes terminates. 3. The sprinkler system flow alarm shall be connected to the CBRF ' s fire alarm system. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the sprinkler system was properly maintained and able to function properly in the event of a fire. Concerns with the Sprinkler System were identified in a annual inspection report completed by a state licensed sprinkler contractor on 06/05/2024. As of 10/16/2024, the identified concerns in the annual sprinkler inspection report remained uncorrected. Findings include: On 10/08/2024, at approximately 11:30 AM, Surveyor requested Administrator A provide the annual sprinkler system reports for 2024. Administrator A provided the facility's annual sprinkler inspection report completed on 06/05/2024. The following was noted on "Page 3" of the 06/05/2024 annual sprinkler report:	N 558		

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N 558	Continued From page 6 "Deficiency Details- Question: What date was the last internal inspection performed on the check valve? 2019-01-16. Valves shall be inspected internally every 5 years to verify that all components operate correctly, move freely, and are in good condition. NFPA 25-2011 Section: 13.4.2.1 Question: Date gauges were last tested with calibrated gauge or replaced? 2019/01/16. Gauges shall be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced. NEPA 25-2011 Section: 5.3.2.1. Question: Date of last internal inspection of the piping? 2019-01-16. Except as discussed in 14.2.1.1 and 14.2.1.4 an inspection of piping and branch line conditions shall be conducted every 5 years by opening a flushing connection at the end of one main and by removing a sprinkler toward the end of one branch line for the purpose of inspecting for the presence of foreign organic and inorganic material. NFPA 25- 2011 Section: 14.2.1. Question: What date was the last internal inspection performed on the check valve? 2019-01-16. Valves shall be inspected internally every 5 years to verify that all components operate correctly, move freely, and are in good condition. NFPA 25-2011 Section: 13.4.2.1. TECHNICIAN COMMENTS: Ahern will be contacting you shortly to discuss how we may help you create an action plan to correct deficiencies identified in this inspection." On 10/08/2024 at 12 PM, Surveyor asked Administrator A if the identified deficiencies noted in the 06/05/2024 annual sprinkler report were corrected. Administrator A indicated s/he would look into it. On 10/08/2024 at 1 PM, Administrator A provided	N 558		

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N 558	Continued From page 7 Surveyor with a sprinkler proposal from the contractor dated 06/10/2024 which indicated, "During a recent inspection of the Sprinkler systems at the above listed location, system deficiencies were noted and documented. The impairments can be related to specific NFPA-25 code violations. Please be aware that all deficiencies should be corrected as soon as possible to ensure your system operates as intended. Impairments to the fire protection system can severely impact the effectiveness of the system to protect occupants and property. We will perform the proposed repair services per your written approval. Should you elect to proceed with this work, please initial the repair services desired, sign the attached agreement and return it to us. Once returned to us, we will call to set up an appointment." The sprinkler deficiency repair proposal was sent to Maintenance Director C on 06/10/2024, but not signed for approval. Note: No documentation was provided to Surveyor indicating the identified deficiencies on the 06/05/2024 annual sprinkler report were corrected. On 10/16/2024 at 1:15 PM, Surveyor interviewed Administrator A regarding the above sprinkler proposal. Administrator A verified Ahern sent the above proposal for the sprinkler repairs to Maintenance Director C, but no repair services have been completed and no repair work has been scheduled. Administrator A indicated Maintenance Director C has been out on medical leave.	N 558		