

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0008495	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/26/2024
NAME OF PROVIDER OR SUPPLIER CEDAR CREST ASSISTED LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 1704 SOUTH RIVER RD JANESVILLE, WI 53546		
(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 09/26/2024, Surveyors conducted a standard survey at Cedar Creek Assisted Living, a CBRF in Janesville. One deficiency was identified. This is a repeat deficiency - See Statement of Deficiency (SOD) YYB311, dated 07/19/2022. Census: 34	N 000		
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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure documentation for each fire drill included the time of the drill and identified any residents requiring greater than 4 minutes to evacuate and the type of assistance the resident	N 525		

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

TITLE

(X6) DATE

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N 525	Continued From page 1 required for evacuation. This is a repeat deficiency - See Statement of Deficiency (SOD) YYB311, dated 07/19/2022. Findings include: The provider is licensed as a Class CNA (non-ambulatory) CBRF with the ability to care for up to 68 residents with diagnoses including advanced age and irreversible dementia/Alzheimer's. On 09/26/2024 at approximately 10:25 a.m., Surveyors reviewed environmental records. Environmental records indicated the provider conducted quarterly fire drills; however, the following documentation concerns were identified: - Fire drill, dated 03/15/2023 at 2:00 p.m., indicated the "South" unit required 4 minutes and 39 seconds to evacuate and the "North" unit required 4 minutes and 6 seconds to evacuate. The record did not identify which residents required greater than 4 minutes to evacuate and the type of assistance needed for evacuation. - Fire drill, dated 05/31/2023, did not include the time the drill occurred and indicated the "North" wing required 5 minutes and 48 seconds to evacuate. The record did not identify which residents required greater than 4 minutes to evacuate and the type of assistance needed for evacuation. - Fire drill, dated 09/01/2023, did not include the time the drill occurred. - Fire drill, dated 03/01/2024, did not include the time the drill occurred. On 09/26/2024 at approximately 1:20 p.m., Surveyors reviewed concern with Administrator A,	N 525		

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N 525	Continued From page 2 Director of Nursing B, RN C and Nurse Manager D that fire drills did not consistently document the time the drill occurred and drills taking greater than 4 minutes did not identify which residents required greater than 4 minutes and the type of assistance needed for evacuation. Administrator A and Nurse Manager D responded, "Okay," and wrote down Surveyors' concern to follow up.	N 525		