Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	110075	A. BUILDING: _____ B. WING _____	11/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OFFSHORE GROUP HOME	6418 OFFSHORE DR MADISON, WI 53705

(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 11/01/2023, the Bureau of Assisted Living, Southern Regional Office conducted a standard licensing survey at Offshore Group Home, a CBRF located in Madison, WI. As a result of the survey, 1 violation of Chapter DHS 83 was issued. Census: 8	N 000		
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 that 2 of 2 residents reviewed were evaluated for ability to evacuate in emergency situations. Resident 1 and Resident 2 did not have a resident evacuation assessment completed within 3 days of admission. Findings include: On 11/01/2023, Surveyor reviewed Resident 1's	N 393		

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

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N 393	Continued From page 1 medical record. Resident 1 was admitted 09/29/2023 with a primary diagnosis of schizophrenia. There was no documented resident evacuation assessment in Resident 1's file. On 11/01/2023 at 11:00 AM, Surveyor asked Manager A if there was a documented resident evacuation assessment for Resident 1. Manager A looked for a documented resident evacuation assessment for Resident 1 but was unable to find. Manager A stated "it must have been missed, I will complete it as soon as possible." On 11/01/2023, Surveyor reviewed Resident 2's medical record. Resident 2 was admitted 09/27/2023 with a primary diagnosis of paranoid schizophrenia. There was no documented resident evacuation assessment in Resident 's file. On 11/01/2023 at 11:00 AM, Surveyor asked Manager A if there was a documented resident evacuation assessment for Resident 2. Manager A looked for a documented resident evacuation assessment for Resident 2 but was unable to find. Manager A stated "it must have been missed, I will complete it as soon as possible as well."	N 393		