STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017670	A. BUILDING: _____ B. WING _____	R-C 09/01/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTIS VILLAGE NORTH SHORE	100 W RIVER WOODS PKWY GLENDALE, WI 53212

(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 09/01/2023, Surveyor completed a verification visit and complaint investigation at Heartis Village Northshore. Statement of Deficiency C9W211 was corrected and 2 new deficiencies were identified. The complaint was substantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 90	{N 000}		
N 636	83.59(1)(f) Exit passageways, stairways: width maintained All habitable floors shall have at least 2 exits providing unobstructed travel to the outside. Small class AA CBRFs licensed on or before the effective date of this section with no more than 2 habitable floors may have one exit from the second floor. Exit passageways and stairways to outside exits shall be at least 36 inches in width and maintained clear and unobstructed at all times. Exit passageways and stairways to outside exits shall be at least 32 inches in width in facilities licensed on or before the effective date of this section. In existing large facilities, the minimum corridor width shall be at least 4 feet. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 3 exits in the memory care unit, were unobstructed. Two upright posts connected by a retractable belt parallel to the floor (stanchion) were placed in front of the northeast exit. The stanchion was placed to keep residents of the secured memory care unit from opening the door. Findings include:	N 636		

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

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N 636	Continued From page 1 On 06/09/2023, the Department received a complaint alleging an exit was obstructed with movie theater stands with straps. On 09/01/2023, at 12:05 PM, Surveyor observed 2 stanchions (upright posts with a retractable belt parallel with the floor) placed in front of the northeast exit of the memory care unit. The exit map posted in the unit indicated the exit was a designated emergency exit. Also observed on the door was a sign which stated, "Warning! Do Not Enter! Temporarily closed for construction." On 09/01/2023, between 12:10 PM and 12:35 PM, Surveyor interviewed Caregiver B, Executive Director (ED) A, and Caregiver C regarding the obstructed exit. Caregiver B reported the posts were "usually in front of the door...Residents like to open doors." ED A reported s/he thought the posts were removed. ED A stated, "I'll have them thrown out." ED A reported the sign on the door was a visual deterrent. ED A removed the posted sign on the door. Caregiver C confirmed the posts were in front of the exit "because residents [were] going over to open the doors." Surveyor inquired how long the posts had been by the doors. Caregiver C stated, "It's been here for a while." Caregiver C could not define "a while." On 09/01/2023, at 4:50 PM, Surveyor received an electronic correspondence from ED A which reported the posts by the northeast exit were removed from the unit.	N 636		
N 654	83.59(4)(f) Delayed egress: department approval Delayed egress door locks are permitted with department approval only in facilities with a	N 654		

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N 654	Continued From page 2	N 654		

supervised automatic fire sprinkler system and a supervised interconnected automatic fire detection system and shall comply with all of the following: To obtain department approval, the CBRF shall demonstrate that delayed egress equipment is necessary to ensure the safety of residents served by the CBRF, specifically persons at risk of elopement due to behavioral concerns, cognitive impairments or dementia, including Alzheimer ' s disease.

This Rule is not met as evidenced by:
Based on observation, record review, and interview, the provider did not ensure approval from the Department was received for 3 of 3 delayed egress doors in the secured memory care unit in the facility.

Findings include:

On 09/01/2023, at approximately 12:15 PM, Surveyor toured the facility. Surveyor observed the entrance to the secured memory care unit contained a delayed egress door. Within the memory care unit, Surveyor observed 2 additional doors with delayed egress, in the kitchen and the northeast exit.

On 09/01/2023 at 12:20 PM, Surveyor interviewed Executive Director (ED) A. ED A reported s/he was not aware a review of delayed egress doors needed to be specifically requested. ED A reported s/he the egress doors were present at the time of the initial onsite. ED A reported s/he would follow up on the waiver for the delayed egress doors.

On 09/01/2023, at 4:00 PM, Surveyor reviewed the provider's file. There was no evidence a waiver for delayed egress doors was submitted or

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N 654	Continued From page 3 approved. On 09/05/2023 through e-mail correspondence with Office Of Plan Review - Construction Manager (OPRI) D reported the plans for delayed egress had not been submitted for OPRI review.	N 654		