STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	410133	A. BUILDING: _____ B. WING _____	C 04/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDEN PARK HOUSE	109 W LAKE ST WAUPACA, WI 54981

(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 04/05/2024, Surveyor conducted 2 complaint investigations and a standard survey. Three deficiencies were identified. Complaints were unsubstantiated. Census 12	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 clean and homelike. Findings include: On 04/05/2024 at approximately 1:25 PM, Surveyor toured the facility. While on tour of the facility the following was observed: 1.) The fire exit from the second floor was in poor repair. There was a bracket that was attached to the roof that was cut off making the walkway in that area move while walking on it, the railing that prevents someone from walking out on to the roof was attached using wire and hose clamps. 2.) Empty room #8, the ceiling was starting to fall,	N 481		

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

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N 481	Continued From page 1 leaving a crack and plaster starting to come down. 3.) The upstairs carpetting was starting to pull apart at the seams and ceiling tiles appeared to be coming down. 4.) The main level ceiling had a large brown area that appeared to be still wet. On 04/05/2024 at approximately 2:30 PM, Surveyor shared findings with Administrator A. Administrator A stated s/he would get these things addressed.	N 481		
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, polishes and toxic substances were labeled and stored in a secure area. Findings include: On 04/05/2024 at approximately 1:25 PM, Surveyor toured the facility. The following was observed on tour of the facility: 1.) In the lower level of the facility there was a supply closet that was unsecured and residents in the area. The following chemicals were observed unsecured: Sani-suds, odor ban, zep cleaners, 3	N 499		

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N 499	Continued From page 2 gallons bleach, clorox powder, awesome cleaner, shower and tub cleaner, carpet stain remover, fabuloso cleaner, glass cleaner, ammonia, wood polish, wood polish spray, mildew remover and acid rinse and two unmarked bottles of what appeared to be cleaning agents. 2.) The upstairs common area bathroom had a bottle of unmarked cleaner unsecured. On 04/05/2024 at approximately 2:45 PM, Surveyor shared findings with Administrator A. Administrator A stated s/he would ensure the chemicals were locked up and secured.	N 499		
N 530	83.47(3) Fire inspection. Fire inspection. The CBRF shall arrange for an 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 interview the provider did not ensure the facility received an annual fire inspection by the local fire authority or certified fire inspector. The last documented fire inspection was 12/09/2020. Findings include: On 04/05/2024 at approximately 1:25 PM, Surveyor requested the facilities annual fire inspections for 2022 and 2023. On 04/05/2024 at approximately 1:50 PM, Surveyor asked Administrator A for the annual fire	N 530		

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N 530	Continued From page 3 inspections while reviewing life safety reports. Administrator A stated the most recent fire inspection they had on file was from 12/09/2020. Administrator A stated the fire department had not come out to do an inspection in a while and s/he would call them.	N 530		