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 _____	R-C 12/23/2024

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 12/16/2024, Surveyor conducted a complaint investigation and verification visit at Garden Park House. Information was received through 12/23/2024. The complaint was substantiated, 2 of 4 previous deficiencies were uncorrected and a total of 5 new deficiencies were identified. Census: 13 Under statutory provisions of WI Stat. Ch. 50 a $200 revisit fee is being assessed.	{N 000}		
N 205	83.14(2)(j) Not permit a condition of substantial risk. The licensee may not permit the existence or continuation of any condition which is or may create a substantial risk to the health, safety or welfare of any resident. This Rule is not met as evidenced by: Based on observation, record review and interview the licensee permitted a condition of risk. Licensee A did not ensure a safe evacuation plan was in place for semi-ambulatory residents. Findings include: The home is licensed Class C semi-ambulatory (CS). A class C semi-ambulatory CBRF serves only residents who are ambulatory or semi-ambulatory, but one or more of whom are not physically or mentally capable of responding to a fire alarm by exiting without help or verbal or physical prompting. During the tour on 12/16/2024 beginning at 2:50	N 205		

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

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N 205	Continued From page 1 PM, Surveyor observed the building had 3 stories; a basement level where the dining room, kitchen and laundry room were located, a first floor/main level with resident bedrooms and common area/sitting room and a second story level with resident bedrooms. While touring the second story, Surveyor observed a walker in the hallway just outside Resident 2's door. Licensee A confirmed Resident 2 relied on the use of a walker and his/her room was on the 2nd floor. Surveyor observed 3 exits from that level: --Interior, open stairway leading to first floor --Elevator --Exterior metal, grated fire escape with stairs leading to the lawn. Surveyor asked Licensee A about the emergency exit plan for Resident 2 from the second floor, noting elevators are not a reliable or safe means of exit during a fire and the other 2 options required the use of stairs. Licensee A said, "Residents are instructed in the event of a fire not to use the stairs or the elevator. They are to come outside and wait on the landing for the fire department to assist them." Licensee A explained s/he felt like the brick building afforded safety to residents waiting on the exterior fire escape. During the tour, Surveyor observed the kitchen was located in the basement. There were 2 exits from this level; an interior, open stairway to the main floor and an elevator. There was a 3rd exit door to the outside that required use of stairs to reach ground level. At 4:00 PM, Surveyor observed a document posted in the basement dining room titled "EMERGENCY EVACUATION IN CASE OF FIRE." The document read, "BASEMENT 1. Exit out the rear door. 2.	N 205		

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N 205	Continued From page 2	N 205		

Alternate route: Up stairs and out front door on first floor. 3. Do no use elevator." The document concluded with the following statement, "This evacuation plan is adequate and safe." The document did not identify the plan to evacuate semi-ambulatory residents a safe distance from the building once they exited out the rear door. The document was signed by Person E and dated 5/6/85. Licensee A and Manager B acknowledged the document was very outdated and said they hadn't noticed it remained posted after so many years.

At approximately 5:00 PM, Surveyor observed residents gathering in the basement for dinner, including Residents 1 and 3 who were ambulating with walkers.

Surveyor reviewed the provider's written "Fire Safety Plan" (received via fax on 12/19/2024.) The plan read in part, "Evacuation...Lower level goes out back door, First floor goes out porch or smoking room and second floor goes out fire escape. No one is to use elevator or stairs...For residents with difficult mobility, staff will escort to safety." The aforementioned emergency evacuation posting also addressed exiting from the second floor and read, "SECOND FLOOR 1. Exit out the rear door and proceed down the fire escape to ground level. 2. Alternate route: Down stairs and out front door. 3. Do not use elevator..." A corresponding diagram showed the "Escape Route" was the exterior fire escape.

During the aforementioned interview with Licensee A and Manager B on 12/23/2024, Surveyor pointed out the Fire Safety Plan did not document what Licensee A said during the tour regarding residents on the second story waiting on the fire escape for rescue by the fire

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N 205	Continued From page 3 department. Surveyor asked if the information had been communicated in writing to the fire department. Licensee A said if s/he is present during the annual fire department inspection, s/he communicates the plan verbally but acknowledged s/he was not present during the last inspection in June 2024 and did not know if the information was communicated at that time. Licensee A said s/he would consider moving Resident 2 to a first floor room to allow for access to one ramped exit for evacuation. Surveyor notes: The building is not designed to provide vertical smoke separation, horizontal evacuation or an area of refuge, as defined in DHS 83.47. Kitchen fires are the most common: "From 2017 to 2019, cooking was, by far, the leading cause of all residential building fires and accounted for 51% of all residential building fires responded to by fire departments across the nation...Additionally...was the leading cause of...building fire injuries." Source: www.usfa.fema.gov. Cross Reference: N0481 DHS 83.41(1) Environment Safe, Clean And Comfortable N0631 DHS 83.59(1)(a) Class As, Ana, Cs, Cna 2 Grade Level Exits Z0023 Ch. 50.065(4m)(b) Caregiver Hiring And Contracting Process	N 205		
{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	{N 481}		

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{N 481}	Continued From page 4 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 safe, homelike and well maintained living environment. The provider: (1) allowed residents to smoke inside the building, in a poorly ventilated room leading to one of the emergency exits; (2) did not follow on recommendations from the fire department made during the most recent inspection; (3) did not maintain common areas or make necessary repairs in Resident 1's room and (4) did not ensure the home was well maintained and homelike. Findings include: The home is licensed Class C semi-ambulatory (CS). A class C semi-ambulatory CBRF serves only residents who are ambulatory or semi-ambulatory, but one or more of whom are not physically or mentally capable of responding to a fire alarm by exiting without help or verbal or physical prompting. EXAMPLE 1: Surveyor entered the facility through the front door on 12/16/2024 at 2:24 PM. Surveyor immediately noted a strong smell of cigarette smoke. Manager B confirmed the odor, explained it was coming from the "smoking room" and pointed to a room at the end of the hallway. Surveyor observed this room was immediately adjacent to the only common sitting room in the facility and was the passageway for 1 of 2 exits	{N 481}		

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{N 481}	Continued From page 5	{N 481}		

from the main floor. Surveyor interviewed Licensee A about the smoking room at 2:33 PM. S/he said, "We allow the people to smoke in that back room. They've always been allowed to smoke back there."

Surveyor entered the smoking room with Licensee A at 3:03 PM and observed the odor of cigarette smoke was overpowering, making it difficult to breathe. Licensee A acknowledged the strong smell of smoke in the room. Surveyor observed 3 large ashtrays on a ledge. One of the ashtrays was immediately next to 3 flammable chair cushions. A 4th ashtray standing approximately 1.5 feet high was placed in between a small wastebasket and a chair with a loose cushion propped on the chair back. Licensee A showed Surveyor 2 devices intended to mitigate the smoke but said neither of them were turned on. One was a device to "eat" the smoke and the other was an exhaust fan to the outside. Surveyor also observed a fire extinguisher in the room with an outdated inspection tag from 2023.

At 3:10 PM, Surveyor observed Resident 4 in the smoking room with a pipe in his/her hand. Surveyor interviewed Resident 4 about the provider's policy for smoking. Resident 4 said, "I generally go outside unless the weather is bad... (but) there are a lot of people who smoke in the room. I don't like that second hand cigarette smoke. I only smoke a pipe." (Surveyor note: weather conditions were 38 degrees, light winds and no precipitation.)

Surveyor observed residents smoking in the room throughout the afternoon (Resident 2 at 4:19 PM and other residents at 5:06 PM and 5:17 PM) and the cigarette smoke smell permeated the main

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{N 481}	Continued From page 6 hallway and the adjacent sitting room. Surveyor notes: "Wisconsin's Clean Indoor Air Act...2009 Wisconsin Act 12 took effect July 5, 2010...As amended, Wis. Stat. 101.123 prohibits smoking in certain places, including all enclosed locations that are places of employment or that are public places. Smoking is specifically prohibited in any state institution and all inpatient health care facilities, including nursing homes, hospice, and veterans homes. Wisconsin's Clean Indoor Air Act allows limited exemptions..." Smoking in common areas of assisted living facilities is not one of the limited exceptions. "Pursuant to Wis. Stat. 165.60, both the Wisconsin Department of Justice and local law enforcement are authorized to enforce the provisions of the smoking ban." Source: https://content.govdelivery.com/accounts/WIDHS/bulletins/1442b72 "Secondhand smoke is a mix of smoke that comes from the burning tip of a tobacco product and the smoke a person breathes out from the burning tobacco product. Just because you aren't the person smoking doesn't mean you're safe from the harm of tobacco products. Secondhand smoke causes over 7,000 lung cancer deaths and over 33,000 heart disease deaths each year in the United States...." https://my.clevelandclinic.org/health/articles/10644-secondhand-smoke-dangers Surveyor interviewed Licensee A and Manager B on 12/23/2024 at 11:17 AM. Surveyor expressed health and safety concerns related to the indoor smoking room and asked if the provider had a written smoking policy. Manager B replied they do not have a policy, but they have house rules. Manager B said the first house rule is "no	{N 481}		

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{N 481}	Continued From page 7	{N 481}		

smoking in the building." Manager B acknowledged the rule contradicted the practice of allowing residents to smoke in the smoking room.

EXAMPLE 2:

Surveyor reviewed the most recent inspection from the fire department dated 06/02/2024. The inspection notes read, "Vent in 1st floor janitor closet needs repair...Gaskets on fire dept. sprinkler connection (on exterior west wall) are pretty dry and cracking. Please have these replaced at next sprinkler inspection."

On 12/16/2024 at 5:06 PM, Manager B accompanied Surveyor to the utility room. Manager B turned the light switch on and it activated a square, lighted exhaust fan on the ceiling. The fan was not securely attached to the ceiling and was hanging down approximately 1 -2 inches. Manager B acknowledged the fan was not secured. At 5:10 PM, Licensee A told Surveyor s/he did not review the fire department's inspection notes at the time of, or after the inspection completed in June 2024 and had not taken any steps to follow up on the concerns identified.

EXAMPLE 3:

Surveyor conducted an interview with Resident 1 in his/her room at 3:25 PM. Surveyor observed a hole in the wooden floor near Resident 1's window and large, deep scrapes on both walls in the corner where Resident 1's recliner was positioned. The hole was, approximately 3 inches in diameter and scrapes on each wall were approximately 3 inches wide and approximately 2 feet long. Surveyor returned to the room with

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{N 481}	Continued From page 8 Licensee A and s/he confirmed awareness of both the hole and the damage to the wall. Licensee A said the hole is from a fitting when they used to have a boiler heating system and the damage to the walls was due to Resident 1's recliner. Licensee A said s/he would have someone address both areas of concern by 12/20/2024 and send Surveyor photos. Licensee A did not send evidence of repairs on 12/20/2024. During an interview on 12/23/2024 at 11:17 AM, Licensee A said the repairs had not yet been completed but s/he intended to do so soon. EXAMPLE 4: On 12/16/2024 at 5:08 PM while still accompanied by Manager B, Surveyor observed a light fixture in the hall, on the ceiling just outside of the utility room. The light was on and a bare light bulb was illuminated. There was no cover or shade on the light fixture. Further down the hall, Surveyor observed a metal heating register mounted on the wall near the floor. An end cap of the register was not securely attached and was sticking out from the register. The linoleum flooring in that same area had a large, diagonal crack through one of the linoleum squares. The crack resulted in gaps in the flooring that could present a tripping hazard. The back exit door that lead to the smoking room was badly scraped along the bottom section and in 2 areas in the middle section. Manager B agreed areas of the home were in need of maintenance and upkeep. Cross Reference: N0205 DHS 83.14(2)(j) Not Permit A Condition Of Substantial Risk	{N 481}		

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N 631	Continued From page 9	N 631		
N 631	83.59(1)(a) Class AS, ANA, CS, CNA 2 grade level exits 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. Class AS, class ANA, class CS and class CNA CBRFs shall have at least 2 grade level or ramped exits to grade. This Rule is not met as evidenced by: Based on observation and interview, the home did not have at least 2 grade level or ramped exits to grade. Findings include: The home is licensed Class C semi-ambulatory (CS). A class C semi-ambulatory CBRF serves only residents who are ambulatory or semi-ambulatory, but one or more of whom are not physically or mentally capable of responding to a fire alarm by exiting without help or verbal or physical prompting. On 12/16/2024 at 2:50 PM, Surveyor conducted a tour of the home with Licensee A. During the tour, Licensee A said 3 of 13 residents relied on walkers for ambulation; Resident 1, Resident 2 and Resident 3. Surveyor observed all 3 residents ambulate with their walkers during the facility visit. Surveyor observed the main/ground level floor had only 2 exits. The first exit was the front door and was ramped to grade. The second exit was	N 631		

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N 631	Continued From page 10 the back door. Surveyor needed to pass through a vestibule and navigate 3 steps to access the door that exited to the outside. Licensee A confirmed there was only 1 ramped exit from the home and said, "This has been brought up before" and s/he chose not to install a ramp because s/he does not want to admit people with wheelchairs. Surveyor pointed out installing a ramp to meet the code for semi-ambulatory residents would not result in a requirement (or ability) to admit non-ambulatory residents. Licensee A replied, "I'm not going to argue." During the interview with Licensee A and Manager B on 12/23/2024, Licensee A again said s/he had considered installing a ramp in the past, but it could only be accomplished with a costly remodeling project that would require plan review by the Department. Licensee A also stated based on his/her previous reading of the code, s/he thought ramps were only required if the facility was licensed as non-ambulatory. Cross Reference: N0205 DHS 83.14(2)(j) Not Permit A Condition Of Substantial Risk	N 631		
N 639	83.59(2)(a) One-hand, one-motion door operation All doors shall have latching hardware to permit opening from the inside with a one-hand, one-motion operation without the use of a key or special tool. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all doors had latching hardware to permit opening from the inside with a one-hand, one-motion operation.	N 639		

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N 639	Continued From page 11 Findings include: The home is licensed Class C semi-ambulatory (CS). A class C semi-ambulatory CBRF serves only residents who are ambulatory or semi-ambulatory, but one or more of whom are not physically or mentally capable of responding to a fire alarm by exiting without help or verbal or physical prompting. On 12/16/2024 at 2:50 PM, Surveyor conducted a tour of the home with Licensee A. Surveyor observed the following doors required at least two motions before they could be opened from the inside while locked: One of 2 available exit doors from the main level was located in the back of the home. The lever style door handle had a locking mechanism. When the door was locked, it required the user to twist to unlock before the door handle could be used to open the door. The second story of the home had exit doors leading to an exterior fire escape. Licensee A stated this exit was intended to the be the primary means of exit in the event of a fire. In order to access the fire escape, Surveyor needed to open a door that had a ball style door knob. Once that door was opened, there was a second, wooden door with a levered style handle. The locking mechanism on that handle required the user to twist to unlock before the handle could be used to open the door. At 4:13 PM, Surveyor and Licensee A made observations in Resident 1's room. Resident 1's door had a deadbolt locking mechanism that needed to unlocked before the levered door handle could be used to open the door. After	N 639		

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N 639	Continued From page 12 exiting the room, Surveyor observed Resident 5's bedroom door also had a deadbolt lock and levered door handle. Licensee A confirmed Surveyor's observations.	N 639		
Z 023	50.065(4m) (b) intro CAREGIVER HIRING AND CONTRACTING PROCESS Notwithstanding s.111.335, and except as provided in sub. (5), an entity may not hire or contract with a caregiver or permit to reside at the entity a nonclient resident if the entity knows or should have known any of the following: 1. That the person was convicted of a serious crime. 3. That a unit of government or a state agency, as defined in s. 16.61 (2) (d), has made a finding that the person has abused or neglected any client or misappropriated the property of any client. 4. That a determination has been made under s. 48.981 (3) (c) 4. that the person has abused or neglected a child. 5. That, in the case of a position for which the person must be credentialed by the Department of Safety and Professional Services, the person's credential is not current, or is limited so as to restrict the person from providing adequate care to the client.	Z 023		

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Z 023	Continued From page 13 This Rule is not met as evidenced by: Based on record review and interview, the provider hired Caregiver D when they knew or should have known s/he was convicted of a serious crime. 50.065(1)(e)1.1. "Serious crime" means a violation of..940.03 (Felony murder)...or a violation of the law of any other state or United States jurisdiction that would be a violation of...940.03...if committed in this state." Findings include: The Department received a complaint alleging the provider knowingly hired a caregiver who had a conviction for murder in the state of Georgia. On 12/16/2024 at 2:33 PM, Licensee A provided Surveyor with a staff roster. Caregiver D was listed on the roster with a hired date of 02/26/2024. Surveyor requested and reviewed Caregiver D's complete employee record which included a Background Information Disclosure (BID) completed by Caregiver D on 02/20/2024. Question 2 on the form asked, "Were you ever convicted of any crime anywhere...If yes, list each crime, when it occurred or the date of conviction, and the city and state where the court is located..." Caregiver D wrote, "Thirty five years ago." On 12/16/2024, Surveyor conducted a Google search using Caregiver D's name and the word "Georgia." The first result was Georgia Supreme Court ruling (source: https://law.justia.com/cases/georgia/supreme-court/1992/s92a0507-1.html). The website summarized a ruling on 07/16/1992, upholding Caregiver D's conviction for murder.	Z 023		

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 _____	R-C 12/23/2024

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

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Z 023	Continued From page 14 Surveyor interviewed Licensee A and Manager B on 12/16/2024 at 4:27 PM, and reviewed the complaint allegation: Licensee A said s/he "heard by hearsay" Caregiver D was convicted of murder in Georgia, but felt s/he was an appropriate hire because Caregiver D had served his/her time and came recommended by others in the community. Manager B said the "hearsay" was actually information that came directly from Caregiver D. Manager B recalled, "[S/he] came to me...on the first or second day after [s/he] started...and said to me, 'I was in prison for 27 years for murder.' And I told Licensee A." Licensee A said, "It didn't come up on [his/her] record.", referring to the Wisconsin criminal background check. Surveyor pointed out the Wisconsin background check would not identify an out of state conviction and additional steps would need to be taken to obtain records from the state where the conviction occurred. Manager B said s/he did "a little" research into the background check process for Georgia and it seemed cumbersome and confusing. Manager B said Licensee A did not want to purse the matter further. Licensee A agreed s/he chose not to seek out additional information and s/he felt like Caregiver D deserved a chance. Surveyor reviewed the regulatory prohibition of hiring a caregiver convicted of a serious crime which includes murder, unless the caregiver initiated and obtained Department approval through the rehabilitation review process. Licensee A said s/he would inform Caregiver D of the option for rehabilitation review. On 12/19/2024, Surveyor researched publicly	Z 023		

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Z 023	Continued From page 15 accessible records from the Georgia Department of Corrections website and determined Caregiver D was convicted of "MURDER" for an offense committed in 1990 and was on active parole supervision since his/her release from prison on 05/08/2019. Surveyor researched publicly accessible records from the Wisconsin Department of Corrections website and determined Caregiver D was on active parole supervision with a court case history from Georgia and IC (interstate compact) supervision. On 12/19/2024 at 7:50 AM, Surveyor called the Waupaca Probation and Parole Office. Probation and Parole Agent E confirmed Caregiver D was on parole supervision through IC as a result of a murder conviction from Georgia. Agent E sent Surveyor a copy of court records from Whitfield County, Georgia. A court order dated 05/30/1991, confirmed the conviction for murder. On 12/23/2024 at 11:17 AM, Surveyor interviewed Licensee A and Manager B. Manager B confirmed Caregiver D was hired during February 2024 and primarily worked 2nd shift. S/he said the staffing pattern for that shift was 1 caregiver from 5:00 PM until 11:00 PM. Manager B said Caregiver D had been suspended since Surveyor's visit and Licensee A said they would not allow him/her to work again unless Caregiver D obtained Department approval. Cross Reference: N0205 DHS 83.14(2)(j) Not Permit A Condition Of Substantial Risk	Z 023		