STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019610	A. BUILDING: _____ B. WING _____	C 09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LILY MEADOWS	N6581 VILLA PKWY WESTFIELD, WI 53964

(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 09/23/2024, Surveyors conducted an onsite visit at Lily Meadows to investigate one complaint. Information was collected through 09/25/2024. The complaint was unsubstantiated and two deficiencies were identified. Census: 32	N 000		
N 164	83.12(4)(b) Reporting when law enforcement is called. A CBRF shall send a written report to the department within 3 working days after any of the following occurs: Any time law enforcement personnel are called to the CBRF as a result of an incident that jeopardizes the health, safety, or welfare of residents or employees. The CBRF ' s report to the department shall provide a description of the circumstances requiring the law enforcement intervention. This reporting requirement does not apply to residents under the jurisdiction of government correctional agencies. This Rule is not met as evidenced by: Based on interviews and record review, the CBRF did not ensure a written report was sent to the Department within 3 working days after law enforcement personnel were called to the CBRF as a result of an incident that jeopardized the health, safety, or welfare of residents or employees. Findings include: On 09/19/2024, Surveyor reviewed Department records for incidents self-reported by the facility. Surveyor did not locate evidence that the facility self-reported any incidents during 2024 that resulted in police response as a result of an	N 164		

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

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N 164	Continued From page 1 incident that jeopardized the health, safety, or welfare of residents or employees. On 09/23/2024, Surveyor obtained police records from the Marquette County Sheriff's Office regarding an incident that occurred on 08/31/2024. Per the police report, Caregiver B called police to report an argument that took place at the facility between him/her and Caregiver A. Caregiver B stated Caregiver A threatened to physically remove Caregiver B from the property. Deputy D responded and confirmed the caregivers engaged in a verbal argument and Caregiver B left the facility. On 09/23/2024 at 8:10 AM, Surveyor interviewed Deputy D. Deputy D recalled when s/he arrived at the facility on 08/31/2024, s/he met with Caregiver A who was confrontational. Caregiver A was upset because s/he wanted Caregiver B to be charged with neglect for leaving a resident on the toilet when s/he left the facility after the argument. On 09/23/2024 at 1:15 PM, Surveyors interviewed Manager C. Manager C confirmed s/he was aware law enforcement was called to the facility on 08/31/2024. Manager C stated s/he received a call from Caregiver B on 08/31/2024 stating s/he was going to be calling the police because Caregiver A had threatened him/her. When Manager C arrived at the facility on 08/31/2024, Caregiver A stated s/he called the police on Caregiver B due to neglect. Manager C confirmed s/he did not submit a self-report to the Department about the police response to the facility because s/he was unaware it was required. Manager C said s/he would ensure the requirement was met in the future.	N 164		

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N 682	Continued From page 2	N 682		
N 682	83.63(2)(a) Construction, addition, remodeling plans New and remodeled. Plans for all new construction, additions, and remodeling projects for CBRFs shall be approved by the department before beginning construction, except under sub. (4) (b). This Rule is not met as evidenced by: Based on observation and interview, the provider did not obtain plan review and approval from the Department (Office of Plan Review and Inspection-OPRI) prior to installing 3 delayed egress exit systems in the facility. Findings include: "Delayed egress is a locking feature that delays the opening of a door. If a door has delayed egress exit hardware installed, when someone engages the exit bar, an alarm will continuously sound. The door will not unlock for a specified period of time, which is typically 15 seconds. ... it is important to note that if you do have delayed egress hardware installed, it has to be tied into your fire system. When the emergency fire system is activated, the delayed egress feature is overridden, allowing the door to have immediate free egress...." Source: https://www.locknet.com/newsroom/delayed-egress-dos-donts/, retrieval date 10/01/2024. On 09/24/2024, Surveyor reviewed DQA Memo 15-008 dated May 8, 2015, "Delayed Egress Approval for Community Based Residential Facilities" which stated, "... Effective June 1, 2014 CBRFs are required to submit an application to the Division of Quality Assurance (DQA) Office of	N 682		

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N 682	Continued From page 3 Plan Review and Inspection (OPRI) for delayed egress installation approval. ..." On 09/24/2024, Surveyor conducted an onsite visit. Upon entering the building at 10:05 AM, Surveyor observed the main door had a delayed egress exit system. Surveyor noted during a prior visit in 2023, the main door did not have delayed egress. During the 2023 visit, only the memory care unit had delayed egress doors. At 10:30 AM, Surveyor observed 2 other exit doors in the "independent" wing of the facility and noted both doors also had delayed egress exit systems. On 09/24/2024 at 2:06 PM, Surveyor interviewed Manager C. Manager C stated the 3 delayed egress systems were newly installed within the past 6 months and s/he was unaware if Administrator E obtained plan review and approval from OPRI. On 09/24/2024 at 9:38 AM, Surveyor sent an email to Architect F with OPRI and asked if there was record of the provider requesting and obtaining plan review and approval for installation of the 3 delayed egress door systems. Architect F replied at 3:05 PM, "I don't see any record of us having conducted a plan review for this facility over the past several years ...Delayed egress systems are an alteration to an exit door and have very specific requirements out of DHS 83, the Wisconsin Commercial Building Code, and the Fire Alarm Code ...plan review is required to verify the technical requirements of the alteration." On 09/25/2024 at 3:15 PM, Surveyors interviewed Administrator E. S/he confirmed the provider did	N 682		

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N 682	Continued From page 4 not obtain plan review and approval for the 3 delayed egress systems. S/he said s/he was under the impression the previous administrator may have obtained the approval but acknowledged s/he did not verify that prior to the systems being installed. Administrator E said s/he would submit the plans to OPRI for review promptly.	N 682		