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 _____	R-C 06/01/2026

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 05/26/2026 with additional information gathered through 06/01/2026, Surveyor conducted a verification visit and standard survey at Lily Meadows. As a result of the survey one (1) of one (1) deficiency was corrected and three (3) new deficiencies were identified. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 31	{N 000}		
N 546	83.48(4)(f) Smoke detector in non-resident living areas Pursuant to s. 50.035(2)(b), Stats., all facilities shall have at least one smoke detector located at each of the following locations: In all non-resident living areas, except the furnace, bathroom, kitchen and laundry room. This Rule is not met as evidenced by: Based on observation, interview and record review, the provider did not have at least one smoke detector in all non-residential living areas. The facility did not have smoke detectors located in the following locations where required: the nursing office and beauty salon. Findings include: The provider is a Class CNA (non-ambulatory) and is licensed to serve up to 33 residents who may be ambulatory, semi-ambulatory or non-ambulatory, but one or more of whom are not physically or mentally capable of responding to a fire alarm by exiting the CBRF without help or	N 546		

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

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 _____	R-C 06/01/2026

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 546	Continued From page 1 verbal or physical prompting. They are licensed to serve those who are terminally ill, advanced aged or have dementia/Alzheimer's. On 05/26/2026 at 1:50 PM, during a tour of the facility, Surveyor observed the following: -A beauty salon room, near the main entrance did not contain a smoke detector. -A nursing office, located next to the mechanical room did not contain a smoke detector. On 05/26/2026 at 2:20 PM, Surveyor pointed out the above areas to House Manager G during the tour. House Manager G confirmed Surveyor's observations and provided documentation of the most recent smoke and heat detector inspection dated 06/30/2025. The inspection identified the address of the facility, and verified there was no smoke detection located in the nursing office or beauty salon. House Manager G indicated s/he would discuss the findings with Maintenance Manager H. On 06/01/2026 at 3 PM, Surveyor interviewed Maintenance Manager H regarding no smoke detection in the nursing office and beauty salon. Maintenance Manager H indicated s/he would work with their fire protection contractor to get smoke detection installed in all required areas.	N 546		
N 554	83.48(6)(e) Integrated heat detector in laundry room. CBRFs shall have at least one heat detector integrated with the smoke detection system at all of the following locations or in accordance with the heat detector manufacturer ' s specifications:	N 554		

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 _____	R-C 06/01/2026

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 554	Continued From page 2 Laundry room. This Rule is not met as evidenced by: Based on observation, interview and record review, the provider did not ensure a heat detector was installed in 1 of 2 laundry rooms. Findings include: During a tour of the facility on 05/26/2026 at 1:50 PM while accompanied by House Manager G, Surveyor observed two laundry rooms. A small laundry (next to the kitchen) and a large laundry room (next to the activity room). The large laundry room next to the activity room did not have heat detection. House Manager G acknowledged the observation. On 05/26/2026, House Manager G provided documentation of the most recent smoke and heat detector inspection dated 06/30/2025. The inspection identified the address of the facility, and verified 1 of 2 laundry rooms had heat detection. The inspection noted a heat detector in the small laundry room, whereas only a smoke detector was present in the large laundry room. On 06/01/2026 at at 3 PM, Surveyor spoke with Maintenance Manager H. Surveyor shared DHS 83 code and the locations heat detectors were required. Maintenance Manager H indicated s/he would work with there fire protection contractor to get one installed.	N 554		
N 558	83.48(8)(b) Sprinkler system installation and maintenance Installation and maintenance. 1. All sprinkler systems shall be installed by a state licensed	N 558		

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 _____	R-C 06/01/2026

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 558	Continued From page 3 sprinkler contractor. All sprinkler systems shall be maintained, inspected and tested at least annually or at intervals determined by the requirements in NFPA 25. 2. In facilities with sprinklers, sprinkler heads shall be placed at the top of each linen or trash chute and in the rooms where the chutes terminates. 3. The sprinkler system flow alarm shall be connected to the CBRF ' s fire alarm system. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the sprinkler system was maintained, inspected and tested at least annually or at intervals determined by the requirements in NFPA 25. This had the potential to affect all 31 residents in the facility. An annual sprinkler inspection was not conducted for 2025 as required. Findings Include: The provider is a Class CNA (non-ambulatory) and is licensed to serve up to 33 residents who may be ambulatory, semi-ambulatory or non-ambulatory, but one or more of whom are not physically or mentally capable of responding to a fire alarm by exiting the CBRF without help or verbal or physical prompting. They are licensed to serve those who are terminally ill, advanced aged or have dementia/Alzheimer's. On 05/26/2026, Surveyor requested the provider's 2024 and 2025 annual sprinkler reports. Surveyor noted an annual sprinkler inspection report was completed on 09/17/2024, but could not locate any sprinkler inspection report for 2025. House Manager G indicated s/he would look into it.	N 558		

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 _____	R-C 06/01/2026

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 558	Continued From page 4 On 06/01/2026 at 10:55 AM, Surveyor spoke with House Manager G regaridng the 2025 annual sprinkler report. House Manager G verified the last annual sprinkler inspection was completed on 09/17/2024 and "[Maintenance Manager H] has it scheduled to be completed soon." On 06/01/2026 at 3 PM, Surveyor interviewed Maintenance Manager H regaridng the 2025 annual sprinkler inspection. Maintenance Manager H verified an annual sprinkler inspection was not completed for 2025 and stated, "Somehow our annual sprinkler contract was canceled or not renewed with our contractor...I scheduled a sprinkler inspection for 06/24/2026."	N 558		