STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019429	A. BUILDING: _____ B. WING _____	04/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IVY TERRACE	6606 S CRANE DRIVE OAK CREEK, WI 53154

(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 04/08/2024, Surveyor completed a standard survey at Ivy Terrace. As a result, 4 deficiencies were identified. Census: 6	N 000		
N 387	83.35(3)(b) Service plan development: parties involved Development. The CBRF shall involve the resident and the resident ' s legal representative, as appropriate, in developing the individual service plan and the resident or the resident ' s legal representative shall sign the plan acknowledging their involvement in, understanding of and agreement with the plan. If a resident has a medical prognosis of terminal illness, a hospice program or home health care agency, as identified in s. HFS 83.38(2) shall, in cooperation with the CBRF, coordinate the development of the individual service plan and its approval under s. HFS 83.38 (2) (b). The resident ' s case manager, if any, and any health care providers, shall be invited to participate in the development of the service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the resident or the resident's legal representative, or the placing agency signed the individual service plan (ISP), acknowledging their involvement in, understanding of, and agreement with the ISP for 1 of 2 (Resident 1) residents reviewed. Findings include:	N 387		

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

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N 387	Continued From page 1 On 03/27/2024, at 1:15 PM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 08/12/2023 with a diagnosis of intellectual disability. Surveyor reviewed guardianship paperwork which indicated Resident 1 had a guardian. Resident 1's face sheet indicated Resident 1 had a Managed Care Organization (MCO). Resident 1's ISP, dated 08/12/2023, did not contain signatures from Resident 1's legal representative or placing agency. On 03/27/2024, at 2:30 PM, Surveyor interviewed House Manager B regarding the unsigned ISP. House Manager B reported s/he was unaware of the requirement. House Manager B reported s/he and Licensee A completed resident ISPs. On 04/08/2024, at 1:00 PM Surveyor interviewed Licensee A. Licensee A reported s/he would ensure they have all parties sign the residents' ISPs in the future.	N 387		
N 394	83.35(5)(b) Annual evaluation of evacuation limits Evaluation update. The CBRF shall evaluate each resident ' s mental or physical capability to respond to a fire alarm at least annually or when there is a change in the resident ' s mental or physical capability to respond to a fire alarm. This Rule is not met as evidenced by: Based on record review and interview, the provider did not evaluate each resident's mental or physical capability to respond to a fire alarm at least annually for 1 of 2 resident. Resident 2 was not evaluated in 2023. Findings include:	N 394		

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N 394	Continued From page 2 On 03/27/2024, at 1:15 PM, Surveyor reviewed Resident 2's record. Resident 2 was admitted on 11/09/2022 with a diagnosis of dementia. Resident 2's initial evacuation evaluation assessment was completed on 11/2022. There was not a date recorded when Resident 2's initial evacuation evaluation assessment was completed. Resident 2 was due for an annual evacuation evaluation assessment in 11/2023. Resident 2's record did not contain evidence Resident 2 was evaluated annually for evacuation evaluation assessment. On 03/27/2024, at 2:30 PM, Surveyor interviewed House Manager B. House Manager B reported s/he was responsible for completing the evacuation evaluation assessments for the residents. House Manager B reported s/he was not aware of the requirement to assess the residents annually. House Manager B reported s/he would ensure all evacuation evaluation assessments were completed as required.	N 394		
N 488	83.44(1)(c) Clothes dryers enclosed and vented Clothes dryers. The CBRF shall enclose any clothes dryer having a rated capacity of more than 37,000 Btu/hour in a one-hour fire resistive rated enclosure. If the clothes dryer requires a vent, the CBRF shall use dryer vent tubing that is of rigid material with a fire rating that exceeds the temperature rating of the dryer. The dryer vent tubing shall be clean and maintained. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure 1 of 1 clothes dryer in the laundry room had vent tubing	N 488		

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N 488	Continued From page 3 of rigid material, with a fire rating that exceeded the temperature rating of the dryer. The clothes dryer was observed to have the flexible foil type vent tubing. Findings include: On 03/27/2024, at 12:30 PM, Surveyors toured the laundry area in the basement. The clothes dryer had approximately 2 feet of flexible foil accordion style vent tubing from the residential clothes dryer to rigid vent material. On 03/27/2024, at approximately 3:30 PM, Surveyors reviewed the facility's department file, no evidence was found requesting a waiver to use a dryer vent tube that was not of rigid material with a fire rating that exceeded the temperature rating of the dryer. On 04/08/2024, at 1:00 PM Surveyor interviewed Licensee A. Licensee A reported s/he had a company come in to work on the dryer and was not aware the accordion style vent tubing was not considered rigid material. Licensee A reported s/he learned about it at a different survey and was in the process of ensuring all dryers were vented with a rigid material.	N 488		
N 525	83.47(2)(d) Fire drills. Fire drills. 1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of the drill and the CBRF ' s total evacuation time. The CBRF shall record residents having an evacuation time greater than the time allowed	N 525		

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N 525	Continued From page 4 under s. HFS 83.35(5) and the type of assistance needed for evacuation. Fire evacuation drills may be announced in advance. 2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleeping hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the employees scheduled to work during the residents ' normal sleeping hours. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 quarterly fire drills documentation in 2023 included the time of the drill and the total evacuation time. Findings include: On 03/27/2024, at 12:30 PM, Surveyors reviewed facility fire drill records and identified the following: - Fire drill conducted on 09/02/2023, did not record a time of the drill. The space under the section "evacuation time" was written "fail." - Fire drill conducted on 12/26/2023, did not record a time of the drill or a total evacuation time. On 04/08/2024, at 1:00 PM Surveyor interviewed Licensee A. Licensee A reported House Manager B completed the fire drills. Licensee A reported s/he would ensure all documentation was complete.	N 525		