STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017763	A. BUILDING: _____ B. WING _____	09/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIENNA MEADOWS DEFOREST	504 BASSETT ST DE FOREST, WI 53532

(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 From 09/04/2024 to 09/06/2024, Surveyor conducted a standard survey at Sienna Meadows Deforest. Two deficiencies were identified. Census: 13	N 000		
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 ensure 1 of 1 residents reviewed, who resided at the facility greater than a year, had his/her mental and physical capability to respond to a fire alarm evaluated at least annually. Resident 1 had not had his/her evacuation evaluation updated in greater than 2.5 years. Findings include: On 09/04/2024 at approximately 11:45 a.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's facility on 09/14/2021. Resident 1's record included an evacuation evaluation, using the department's form, dated 09/14/2021. The record did not include any updates to the evacuation evaluation. On 09/04/2024 at approximately 12:30 p.m., Surveyor interviewed Manager A and asked if Resident 1 had an updated evacuation	N 394		

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

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N 394	Continued From page 1 evaluation. Manager A replied, "No." Manager A then made a note to him/herself to make sure all residents had an evacuation evaluation completed annually and upon changes.	N 394		
N 539	83.48(3)(b) Sensitivity testing performed Sensitivity testing shall be performed at intervals in accordance with NFPA 72. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure sensitivity testing was completed in accordance with NFPA 72. The facility had not had a sensitivity test completed within the past 5 years. Findings include: NFPA 72 indicates sensitivity tests must occur 1 year after install then checked every other year and increased to every 5 years if the device remains within its sensitivity range (Source: NFPA, How Do I Maintain My Smoke Detector? August 17 2020, https://www.nfpa.org/news-blogs-and-articles/blogs/2020/08/17/how-do-i-maintain-my-smoke-detector (retrieval date - September 6, 2024).) On 09/04/2024 at approximately 11:00 a.m., Surveyor reviewed the facility's environmental records. Surveyor was unable to locate documentation of a sensitivity test having been completed in the past 5 years. On 09/04/2024 at approximately 12:30 p.m., Surveyor interviewed Manager A and asked if the facility had a sensitivity test completed in the past 5 years. Manager A stated s/he would need to	N 539		

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	0017763	A. BUILDING: _____ B. WING _____	09/06/2024

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N 539	Continued From page 2 contact the facility's smoke detection system contractor. The provider was given until end of day on 09/05/2024 to provide follow up documentation. On 09/06/2024 at approximately 12:00 p.m., Manager A followed up with Surveyor and stated s/he was unable to locate documentation indicating the facility had a sensitivity test completed within the past 5 years. Manager A stated s/he spoke with the facility's contractor and the contractor stated they could schedule to complete a sensitivity test within the month.	N 539		