Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020694	A. BUILDING: _____ B. WING _____	05/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHEL ASSISTED LIVING KAUKAUNA NORTH	548 FRANCES STREET KAUKAUNA, WI 54130

(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 04/23/2026, with additional information gathered through 05/05/2026, Surveyor conducted a probationary survey at Bethel Assisted Living Kaukauna North. One deficiency was identified. Census: 0	N 000		
N 523	83.47(2)(b) Exit diagram. Exit diagram. The disaster plan shall have an exit diagram that shall be posted on each floor of the CBRF used by residents in a conspicuous place where it can be seen by the residents. The diagram shall identify the exit routes from the floor, including internal horizontal exits under par. (f) when applicable, smoke compartments or a designated meeting place outside and away from the building when evacuation to the outside is the planned response to a fire alarm. This Rule is not met as evidenced by: Based on observation and interview, the provider's exit diagram did not identify the exit routes or a designated meeting place outside and away from the building when evacuation to the outside is the planned response to a fire alarm. Findings include: The provider is a class CS (semi-ambulatory) CBRF who may serve up to 8 residents who may be developmentally disabled, physically disabled, emotionally disturbed/mentally ill, be of advanced age, have a terminal illness, traumatic brain injury, and/or dementia/Alzheimer's. On 04/23/2026, Surveyor conducted a probationary survey.	N 523		

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

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N 523	Continued From page 1 At 10:10 AM, Surveyor toured the facility with Caregiver D. During tour, Surveyor observed 4 doors to the outside and a framed floor plan of the facility posted on the wall next to each door. Surveyor observed the floor plan did not identify exits, exit routes, and a designated meeting place outside of the facility. Surveyor verified observation with Caregiver D that the posted exit diagrams were floor plans without any identification in the case of a need for evacuation. Caregiver D indicated s/he had different maps up previously, but was advised by Administrator A to replace them with the current floor plans. At approximately 10:00 AM, Surveyor interviewed Manager C who verified the posted exit diagrams were floor plans and did not identify evacuation routes, exits, or a designated safe space outside. On 05/05/2026 at 1:30 PM, Surveyor interviewed Administrator A who acknowledged the exit diagrams needed to include exits, exit routes, and the designated meeting place.	N 523		