STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	410404	A. BUILDING: _____ B. WING _____	04/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINDEN MANOR	1204 FOURTH ST KEWAUNEE, WI 54216

(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 A standard survey was conducted at Linden Manor on 04/15/2024 with information gathered through 04/16/2024. As a result of this survey 1 deficiency was identified. Census: 15	N 000		
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 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 staff interview the provider did not ensure the sprinkler system was inspected and tested annually having the potential to affect all 15 residents in this facility. The last sprinkler inspection was dated 07/05/2022. Findings include: This facility is licensed as a Class C non-ambulatory (CNA). A class C non-ambulatory CBRF serves residents who are 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	N 558		

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
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N 558	Continued From page 1 physical prompting. This facility serves residents who are advanced aged and physically disabled. On 04/15/2024, Surveyor reviewed the providers fire safety records during a survey. The Ahern Sprinkler Inspections were dated 04/04/2022 and 07/05/2022. There was no further evidence of sprinkler inspections. In an interview with Surveyor at approximately 12:30 pm, MGR (Manager) - A confirmed no further records could be found for sprinkler inspections but s/he thought one was done and would check with Ahern. On 04/16/2024 at 4:09 pm, MGR - A sent Surveyor and email confirming there was no record of further sprinkler inspections since 07/05/2022 but that a new proposal for inspections had been signed with Ahern who would schedule an inspection.	N 558		