STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016454	A. BUILDING: _____ B. WING _____	C 01/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VERLIN ROAD	2149 VERLIN RD GREEN BAY, WI 54311

(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 01/22/2024 with additional information gathered through 01/24/2024, Surveyor conducted a complaint investigation and an abbreviated survey at Verlin Rd. As a result, 2 of 2 complaints were unsubstantiated and 3 deficiencies were identified. Census: 8	N 000		
N 504	83.46(1)(c) Heating system maintenance. Heating. The CBRF shall maintain the heating system in a safe and properly functioning condition. The CBRF shall ensure that a heating contractor or local utility company completes all of the following maintenance and makes available to the facility documentation of the maintenance performed: 1. An oil furnace shall be serviced at least once each year. 2. A gas furnace shall be serviced at least once every 3 years. 3. The CBRF shall have a chimney inspected at intervals corresponding with the heating system service under subd. 1. or 2. This Rule is not met as evidenced by: Based on record review and staff interview the provider did not ensure the heating system was serviced at least once every 3 years which had the potential to affect all 8 residents in this facility. Findings include: On 01/22/2024 at 2:30 PM, Surveyor reviewed the facility's inspection records binder and noted the furnaces were last inspected on 08/20/2020. Surveyor asked Operational Support Manager A if	N 504		

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

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N 504	Continued From page 1 there have been any furnace inspections since 08/20/2020; however, s/he stated s/he did not know and would need to check. Surveyor asked for an update by 12:00 PM on 01/23/2024. On 01/22/2024 at 3:45 PM, during a tour of facility with Program Manager C, Surveyor observed the home was heated by 2 gas-powered furnaces installed in the lower level of the facility. On 01/23/2024 at 11:45 AM, Surveyor spoke with Administrator B who stated they were in the process of contacting several heating companies in attempt to locate the most recent furnace inspection. Administrator B reported s/he would update Surveyor as soon as s/he finds out more information. On 01/24/2024 at 7:29 AM, Surveyor sent a follow up email to Administrator B asking for an update on the most recent furnace inspection. Surveyor asked for an update by 10 AM on 01/24/2024. On 01/24/2024 at 9:42 AM, Surveyor received an email from Administrator B stating, "Last inspection on file is from Aug 2020 and it should have been completed in Aug 2023. It has been scheduled and will be completed ASAP." The provider did not ensure the heating system was serviced at least once every 3 years.	N 504		
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	N 525		

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N 525	Continued From page 2	N 525		

the drill and the CBRF ' s total evacuation time. The CBRF shall record residents having an evacuation time greater than the time allowed 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 quarterly fire drills were conducted, with both employees and residents, in the 1st and 2nd quarters of 2022 and the 1st, 2nd and 4th quarters of 2023.

Findings include:

The facility is licensed to provide services for up to 8 residents in the following client groups: physically disabled, advanced aged, irreversible dementia/Alzheimer's, traumatic brain injury, emotionally disturbed/mental illness, developmentally disabled and terminally ill.

On 01/22/2024 at 2:30 PM, Surveyor reviewed the facility's fire drills conducted for 2022 and 2023. Surveyor observed fire drills conducted in the 3rd and 4th quarters of 2022 and the 3rd quarter in 2023. Surveyor was unable to locate any other additional fire drill documentation. Surveyor asked Operational Support Manager A for any additional fire drill documentation for 2022

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N 525	Continued From page 3 and 2023, and s/he stated it would normally be in the binder Surveyor reviewed, but it was possible it could have been filed away. Operational Support Manager A stated s/he would check to see if s/he could find the additional fire drill documentation for 2022 and 2023 and would let Surveyor know. Surveyor asked for an update by 12:00 PM on 01/23/2024. On 01/23/2024 at 11:45 AM, Surveyor followed up with Administrator B via phone regarding the missing fire drill documentation for 2022 and 2023. Administrator B stated if the documentation was not in the program, s/he was not sure where they would be. On 01/24/2024 at 9:42 AM, Administrator B confirmed via email they do not have any additional fire drill documentation for 2022 or 2023. The provider did not conduct fire evacuation drills during the 1st and 2nd quarters of 2022 and the 1st, 2nd and 4th quarters of 2023. Cross Reference: N0526 DHS 83.47(2)(e) Other Evacuation Drill	N 525		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure other emergency evacuation drills - such as tornado, flooding, or	N 526		

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N 526	Continued From page 4 other emergency or disaster evacuation drills were conducted at least semi-annually for 2022. Findings include: The facility is licensed to provide services for up to 8 residents in the following client groups: physically disabled, advanced aged, irreversible dementia/Alzheimer's, traumatic brain injury, emotionally disturbed/mental illness, developmentally disabled and terminally ill. On 01/22/2024 at 2:30 PM, Surveyor reviewed the facility's other evacuation or disaster drills conducted for 2022 and 2023. Surveyor reviewed the other evacuation or disaster drills for 2022 and 2023 in the facility's binder, and observed a tornado drill was conducted once in 2022. Surveyor noted a tornado drill and/or severe weather was conducted with staff and residents on 05/04/2022, 08/14/2023 and September 2023. Surveyor was unable to locate any other evacuation or disaster drill documentation in the facility's binder for 2022. On 01/22/2024 at 3:00 PM, Surveyor interviewed Operational Support Manager A who verified s/he did not have any additional evacuation or disaster drill documentation for 2022. Operational Support Manager A stated s/he would continue to look and would let Surveyor know. On 01/24/2024 at 9:42 AM, Administrator B confirmed via email they do not have any additional other emergency evacuation drills documented for 2022. The provider did not conduct a second emergency evacuation drill for 2022.	N 526		

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N 526	Continued From page 5 Cross Reference: N0525 DHS 83.47(2)(d) Fire Drills	N 526		