STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011833	A. BUILDING: _____ B. WING _____	02/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SKY RESIDENTIAL BERWYN	7425 N BERWYN AVE GLENDALE, WI 53209

(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
M 000	INITIAL COMMENTS On 02/06/2024 with information gathered through 02/08/2024, Surveyor conducted an abbreviated survey and 4 complaint investigations at Sky Residential Berwyn. One deficiency identified. Four of four complaints unsubstantiated. Census: 4	M 000		
M 346	88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION Each resident shall be evaluated annually for evacuation time, using the departments form. All service providers who work on the premises shall be made aware of each resident having an evacuation time of more than 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents (Resident 1 and Resident 2) reviewed were evaluated annually for evacuation times on the Department form in 2023. Findings include: On 02/06/2024, Surveyor reviewed Resident 1's and Resident 2's records. The following was identified: Resident 1 was admitted on 12/21/2022. Resident 1's record did not contain an annual evacuation assessment for calendar year 2023.	M 346		

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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M 346	Continued From page 1 Resident 2 was admitted on 12/04/2018. Resident 2's record did not contain an annual evacuation assessment for calendar year 2023. On 02/06/2024 at approximately 10:30 AM, Surveyor interviewed Facility Coordinator A. Facility Coordinator A reported s/he was unaware the residents needed to be assessed annually for their evacuation time. Facility Coordinator A stated s/he thought it was only upon admission. Facility Coordinator A stated s/he would update of the residents' evacuation assessments to be current.	M 346		