STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020449	A. BUILDING: _____ B. WING _____	R-C 05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSEMORE VILLAGE	830 HIGH STREET WILD ROSE, WI 54984

(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 05/12/2026, Surveyor conducted a standard survey and a verification visit at Rosemore Village. Additional information was gathered through 05/13/2026. All previous deficient practices were verified as corrected. As a result of the survey, 2 deficient practices were identified. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 43	{N 000}		
N 547	83.48(4)(g) Smoke detector where lintels exceed 8 inches Pursuant to s. 50.035(2)(b), Stats., all facilities shall have at least one smoke detector located at each of the following locations: Additional smoke detectors shall be located where wall projections from the ceiling or lintels exceed 8 inches. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure interconnected smoke detection was installed in at least 25 areas and compartments on the ceiling where lintels exceeded 8 inches. Findings include: The provider is licensed to serve up to 46 residents who may have diagnoses including advanced age, physical disability, irreversible dementia/ Alzheimer's disease, terminally ill, developmentally disabled, and/ or emotionally disturbed/ mental illness. On 05/12/2026 at 12:30 PM, Surveyor conducted	N 547		

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

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N 547	Continued From page 1 a tour of the facility accompanied by Administrator B, Compliance Officer C, and Maintenance Director E. Surveyor observed a main common atrium room on the first floor where residents dined and had recreational activities. Surveyor observed the room had a vaulted sloped ceiling that was open to a side area with a lower flat ceiling. The vaulted area contained wooden beams greater than 8 inches that created 25 smoke compartments (including the lower ceiling side area.) The side area with the lower flat ceiling was equipped with an interconnected smoke detector but had a wooden lintel greater than 8 inches separating it from the vaulted artium ceiling area of the room. There were 24 compartments on the vaulted ceiling created by beams that had lintels greater than 8 inches in depth. (Photos 1, 2, and 3.) Additionally, Surveyor observed on the first floor there was an entrance hall prior to entering the common use bathrooms that had a lintel greater than 8 inches and was not equipped with an interconnected smoke detector. On 05/12/2026 at 12:30 PM, while conducting the tour Surveyor reviewed the facility floor plan and interviewed Administrator B, Compliance Officer C and Maintenance Director E. Surveyor noted the floor plan did not show the atrium ceiling had linteled compartments but did indicate there were supposed to be a total of 5 interconnected smoke detectors in the room. The room contained 1/5 of the smoke detectors that were indicated on the floor plan, (4 missing from the vaulted ceiling area of the room.) (Photo 4.) Surveyor observed at least 25 spaces where lintels exceeded 8 inches throughout the facility that were not equipped with interconnected	N 547		

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N 547	Continued From page 2 smoke detectors. Administrator B, Compliance Officer C and Maintenance Director E observed each space identified with Surveyor and acknowledged each space with lintels greater than 8 inches identified throughout the facility that did not contain required interconnected smoke detection. Administrator B, Compliance Officer C, and Maintenance Director E all stated they were unaware of any records or waivers obtained for the linteled spaces and none had any explanation for why 4 of 5 smoke detectors on the facility floor plan were not present. On 05/12/2026 at 2:30 PM, Surveyor interviewed Administrator B, Compliance Officer C, and Regional Director D during an exit conference. The administrators acknowledged as their facility floor plan was found to have some inaccuracies, all areas in need of interconnected smoke detection may not be identified during the survey process. The administrators acknowledged steps moving forward, including obtaining professional determination of where and how many smoke detectors are required to be installed. They discussed understanding if they can provide verification the smoke detectors that will be installed are an appropriate rating to be deemed acceptable, a variance approval could be requested from the Department so that not every smoke compartment created by the lintels in the atrium]would require an interconnected smoke detector. The administrators acknowledged the provider is required to submit plans for modifications to the facility smoke detection system to the Office of Plan Review and Inspection and the Department for approval prior to making any changes to the building's systems.	N 547		

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N 547	Continued From page 3 Cross Reference N0654 DHS 83.59(4)(f) Delayed Egress: Department Approval	N 547		
N 654	83.59(4)(f) Delayed egress: department approval Delayed egress door locks are permitted with department approval only in facilities with a supervised automatic fire sprinkler system and a supervised interconnected automatic fire detection system and shall comply with all of the following: To obtain department approval, the CBRF shall demonstrate that delayed egress equipment is necessary to ensure the safety of residents served by the CBRF, specifically persons at risk of elopement due to behavioral concerns, cognitive impairments or dementia, including Alzheimer ' s disease. This Rule is not met as evidenced by: Based on record review and interview, the provider did not receive approval for the use of delayed egress. Findings include: The provider is licensed to serve up to 46 residents who may have diagnoses including advanced age, physical disability, irreversible dementia/ Alzheimer's disease, terminally ill, developmentally disabled, and/ or emotionally disturbed/ mental illness. On 05/12/2026, Surveyor observed the facility had 6 exits that were equipped with a delayed egress mechanism. Surveyor observed 2 of 6 of the delayed egress doors (the main entrance/ exit door and the first-floor smoking patio exit door) did not function correctly and would not	N 654		

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N 654	Continued From page 4	N 654		

disengage when force was applied for greater than 15 seconds. The 2 doors were magnetically locked from both sides and required Maintenance Director E to enter a code for them to open.

On 05/12/2026 at 12:00 PM, Surveyor interviewed Administrator B while reviewing records. When asked to review the Department approvals from the Bureau of Assisted Living and Office of Plan Review and Inspection (OPRI) for the delayed egress systems, Administrator B stated s/he did not find any in their records. Administrator B stated the facility had changes in ownership over the years and to his/her recollection, the delayed egress doors were added under the previous owners. Surveyor reviewed the facility's records and noted the facility was initially licensed in 2006 with changes in ownership occurring in 2015, 2020, and 2024. No records to verify Department approval and OPRI approval of the use of the delayed egress equipment on 6 doors were provided.

On 05/12/2026 at 2:00 PM, Surveyor conducted an exit interview with Administrator B and Compliance Officer C. Administrator B confirmed there was no other documentation to review and acknowledged the provider would need to disengage the delayed egress mechanisms until they obtained approval from the Department (the Bureau of Assisted Living and OPRI) for use of the delayed egress system. Administrator B stated they would discuss with leadership if they wanted to seek approval for the use of delayed egress and stated if not, s/he understood the delayed egress equipment would need to be removed from the doors.

Cross Reference
N0547 DHS 83.48(4)(g) Smoke Detectors Where

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N 654	Continued From page 5 Lintels Exceed 8 Inches	N 654		