STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018402	A. BUILDING: _____ B. WING _____	10/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY LIVING 3 A TOUCH OF HOME	720 S CYPRESS MARSHFIELD, WI 54449

(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 10/23/2023, Surveyor conducted a standard survey at Serenity Living 3 A Touch of Home. Additional information was gathered through 10/25/2023. As a result of the standard survey, 2 deficiencies were identified. Census: 8	N 000		
N 496	83.45(1)(e) Electrical, mechanical, water supply Systems. The CBRF shall maintain all electrical, mechanical, water supply, plumbing, fire protection and sewage disposal systems in a safe and functioning condition. This Rule is not met as evidenced by: Based on observation and interview, the provider did not maintain the sewage disposal system in a safe and functioning condition. Findings include: The facility is licensed to provide services for up to 8 residents who may have irreversible dementia/Alzheimer's, be physically disabled, developmentally disabled, advanced aged, emotionally disturbed/mentally ill, and/or terminally ill. On 10/23/2023 at approximately 10:35 A.M., Surveyor and Manager A toured the basement of Serenity Living 3 A Touch of Home. Surveyor observed a large puddle of dark water in the front furnace room. The puddle spanned the entire length of the cement wall and expanded approximately 10 feet out from the wall. The puddle was approximately 2 inches at the deepest point. Manager A described a similar situation which happened approximately one year	N 496		

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

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N 496	Continued From page 1	N 496		

prior due to a resident using "too many wipes" or "sticking depends down the toilet."

At approximately 10:40 A.M., while touring the unoccupied apartment side of the basement with Manager A, Surveyor observed a dark patch of carpet next to a closed door. Manager A stated the door led to a bathroom. Manager A opened the door and Surveyor smelled a strong sewage odor and observed dark brown liquid filling the bathtub and toilet. Surveyor observed feces lining the rim of the toilet along with what appeared to be dry feces splattered on the floor which extended approximately 4 feet away from the toilet towards the sink. Surveyor heard a gurgling sound which seemed to originate from the toilet and bathtub.

Manager A stated, "I have never seen it in the bathroom ...This is really bad." Manager A stated s/he checked the basement on 10/20/2023 and did not observe signs of sewage backup. Manager A stated s/he checks the basement on Mondays, Wednesdays, and Fridays, but was unable to provide documentation or other evidence of the checks. At approximately 10:45 A.M., Manager A contacted Owner B notifying him/her of the sewage backup. At approximately 12:15 P.M., Manager A informed Surveyor a plumber had just been on site but had already left the facility.

On 10/25/2023 at 8:35 A.M., Surveyor interviewed Plumber D. S/he confirmed the sewer was "backed up" and confirmed a similar situation occurred approximately one year prior. Plumber D identified plan to replace the pipe causing the backup in December.

On 10/26/2023 at 3:00 P.M., Surveyor

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N 496	Continued From page 2 interviewed Manager A, Owner B, and Corporate Manager C regarding sewer backup in basement. Owner B confirmed that the sewer had backed up and confirmed a similar issue approximately one year prior. Owner B stated, "I have never seen it back up to the tub like that." Owner B confirmed that Plumber D will be implementing a "permanent fix" in December.	N 496		
N 553	83.48(6)(d) Integrated heat detector in furnace room. CBRFs shall have at least one heat detector integrated with the smoke detection system at all of the following locations or in accordance with the heat detector manufacturer ' s specifications: Furnace room. This Rule is not met as evidenced by: Based on observation, interview and record review, the provider did not have heat detectors in the furnace rooms as required. Finding include: The facility is licensed to provide services for up to 8 residents who may have irreversible dementia/Alzheimer's, be physically disabled, developmentally disabled, advanced aged, emotionally disturbed/mentally ill, and/or terminally ill. On 10/23/2023 at approximately 10:40 A.M., Surveyor conducted a tour of the facility accompanied by Manager A. Surveyor did not observe heat detection in the back furnace room located in the basement. Manager A pointed to an empty mounting plate on the ceiling and stated, "It's right there." Surveyor observed the item on	N 553		

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N 553	Continued From page 3	N 553		

the ceiling was the mounting plate for the detector and the detector was lying on the floor. Manager A volunteered s/he was unsure how to test the unit, but ultimately was able to press the test button and the alarm sounded. Surveyor then observed the detector was labeled by the manufacture as a combination smoke and carbon monoxide detector; it was not a heat detector. Manager A confirmed Surveyor's observations.

At approximately 10:43 A.M., the tour continued in a second furnace room located in the front of the basement. Surveyor observed a ceiling mounted detector labeled by the manufacturer as a smoke and carbon monoxide detector. Manager A confirmed Surveyor's observations and acknowledged this furnace room also did not contain heat detections.

At approximately 10:50 A.M., Surveyor and Manager A returned to the kitchen area. Surveyor could not locate a heat detector. Surveyor asked Manager A if there was a heat detector in the kitchen. Manager A confirmed that there was not a heat detector in the kitchen.

Surveyor reviewed the fire detection inspection from Mueller Electric dated 04/28/2023. The inspection report indicated, "Re: [sic] Inspection of smoke, carbon monoxide, and heat detectors ...All detectors functioned properly at the time of the inspection." The report did not identify locations of smoke, carbon monoxide, and heat detectors in the facility.

On 10/25/2023 at approximately 3:30 P.M., Surveyor interviewed Owner B, Corporate Manager C, and Manager A regarding heat detector requirements in a CBRF. Owner B acknowledged the requirement for heat detectors

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N 553	Continued From page 4 in all furnace rooms. Owner B stated s/he is considering a clipboard in the basement that identifies heat detector locations for staff to check monthly.	N 553		