STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018123	A. BUILDING: _____ B. WING _____	C 05/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARTFORD ESTATES II	111 LONE OAK LANE HARTFORD, WI 53027

(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 05/20/2025, Surveyor conducted a complaint investigation and standard survey at Hartford Estates II, a Community-Based Residential Facility (CBRF) in Hartford, WI. Two deficiencies identified. Complaint unsubstantiated. Census: 5	N 000		
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 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 conduct fire evacuation drills at least quarterly and did not conduct at least one fire evacuation drill annually that simulated the	N 525		

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
	0018123	A. BUILDING: _____ B. WING _____	C 05/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARTFORD ESTATES II	111 LONE OAK LANE HARTFORD, WI 53027

(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 525	Continued From page 1 conditions during usual sleep hours for 1 of 1 calendar year reviewed (2024). Findings include: The facility was licensed on 08/01/2021 to serve residents in the client groups of traumatic brain injury, irreversible dementia, developmentally disabled, physically disabled, terminally ill and advanced aged. On 05/20/2025, Surveyor reviewed fire evacuation drills for calendar year 2024. The provider completed fire drills on 02/01/2024, 04/21/2024 and 10/18/2024. There were no drills which simulated the conditions during usual sleep hours. On 05/20/2025, at approximately 12:45 PM, Surveyor interviewed Administrator A. Administrator A stated s/he must have not explained it well enough to Assistant Administrator B who conducted the fire drills. Administrator A stated s/he would go over it with Assistant Administrator B to make sure they are conducted quarterly and one of them being simulated during usual sleep hours.	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 conduct other evacuation drills at least semi-annually for 1 of 1 calendar year	N 526		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018123	A. BUILDING: _____ B. WING _____	C 05/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARTFORD ESTATES II	111 LONE OAK LANE HARTFORD, WI 53027

(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 526	Continued From page 2 (2024). Findings include: The facility was licensed on 08/01/2021 to serve residents in the client groups of traumatic brain injury, irreversible dementia, developmentally disabled, physically disabled, terminally ill and advanced aged. On 05/20/2025, Surveyor requested to review other evacuation drills for calendar year 2024. There was only one other evacuation drill completed on 12/30/2024. On 05/20/2025 at approximately 12:45 PM, Surveyor interviewed Administrator A and Assistant Administrator B. Administrator A stated s/he did not explain it well enough to Assistant Administrator B when s/he returned. Administrator A stated s/he would go over the regulations with Assistant Administrator B and make sure moving forward the other evacuation drills are completed semi-annually.	N 526		