

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0012309	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 10/17/2023
NAME OF PROVIDER OR SUPPLIER BREEZE COVE		STREET ADDRESS, CITY, STATE, ZIP CODE 1256 1ST ST GRAFTON, WI 53024		
(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 10/17/2023, Surveyor conducted an abbreviated survey at Breeze Cove, an Adult Family Home (AFH) in Grafton, WI. One deficiency identified. Census: 3	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 evaluate annually for evacuation time for 3 of 3 residents. Findings include: On 10/17/2023, as part of the survey process, Surveyor requested to review resident evacuation assessments for Resident 1, Resident 2 and Resident 3. On 10/17/2023 at approximately 10:45 a.m., Director of Adult Family Homes A showed Surveyor each assessment for Resident 1, Resident 2 and Resident 3. All evacuation assessments were completed on 04/27/2021. Surveyor asked Director of Adult Family Homes A if there was anything more recent. Director of	M 346		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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M 346	Continued From page 1 Adult Family Homes A called Previous House Coordinator B and put him/her on speaker phone. Previous House Coordinator B stated what was in the binders was current but there may have been something on the shared drive that was completed in 2023. Surveyor told Previous House Coordinator B to send the information by the end of the day if there was something more recent than 04/27/2021. Surveyor did not receive any additional information.	M 346			