STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014721	A. BUILDING: _____ B. WING _____	R 10/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOX HOLLOW	W7126 FOX HOLLOW GREENVILLE, WI 54942

(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 10/09/2024, with additional information gathered through 10/16/2024, Surveyor conducted a verification visit at Fox Hollow. All previous deficiencies were corrected. One deficiency was identified. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 8	{N 000}		
N 538	83.48(3)(a) Fire detection systems inspected annually. After the first year following installation, fire detection systems shall be inspected, cleaned and tested annually by certified or trained and qualified personnel in accordance with the specifications in NFPA 72 and the manufacturer ' s specifications and procedures. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 4 smoke detectors and 2 heat detectors that were newly installed were inspected by a certified or trained and qualified personnel in accordance with the specifications in NFPA 72 and the manufacturer's specifications and procedures. The CBRF was identified to have missing smoke detectors and heat detectors as required under DHS 83.48. See Statement of Deficiency (SOD) TB3B11, dated 05/08/2024. The smoke and heat detectors were installed, but not inspected by qualified personnel as of 10/16/2024. Findings include:	N 538		

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

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N 538	Continued From page 1 This facility is licensed as a Class C non-ambulatory (CNA). A class C non-ambulatory CBRF serves residents who are ambulatory, semi-ambulatory or non-ambulatory, but one or more of whom are not physically or mentally capable of responding to a fire alarm by exiting the CBRF without help or verbal or physical prompting. This facility serves residents who are advanced aged, developmentally disabled, physically disabled, or who have irreversible dementia or Alzheimer's, mental illness/emotional disturbance, or traumatic brain injury. On 10/09/2024, Surveyor conducted a verification visit. At approximately 10:10 AM, Surveyor and Program Manager E toured the facility. Surveyor observed all smoke detectors and heat detectors installed as required under DHS 83.48. Program Manager E verified 4 smoke detectors (living room, dining, and 2 resident hallways) and 2 heat detectors (laundry room and kitchen) were newly installed. See Statement of Deficiency (SOD) TB3B11, dated 05/08/2024. Following installation of the missing smoke and heat detectors, the department issued a special order for the newly installed smoke and heat detectors to be inspected by a certified or trained qualified contractor within 45 days of SOD issuance. Surveyor reviewed a completed state form "CBRF Fire Inspection" dated 09/18/2024 and completed by Direct Support Professional (DSP) F. Surveyor inquired with Program Manager E and DSP F whether a contractor or other qualified personnel had conducted a fire inspection since installation of the 4 smoke detectors and 2 heat detectors. DSP F stated s/he did not believe they utilized an external contractor anymore. Program Manager E stated their quality department would	N 538		

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N 538	Continued From page 2 have any documentation of inspections. On 10/09/2024 at approximately 3:30 PM, Surveyor interviewed Quality and Compliance Coordinator (QCC) G who stated a sprinkler inspection was conducted since the previous Surveyor visit, but a fire inspection was not conducted. QCC G stated s/he had put in a maintenance work order and a Cintas Fire Inspector would be in to conduct an inspection. On 10/10/2024 at approximately 2:46 PM, Surveyor interviewed QCC G who stated the inspection would be done by the end of the week or on Monday, 10/14/2024 at the latest and Program Manager E would send Surveyor the report. On 10/16/2024 at approximately 12:00 PM, Surveyor reviewed email correspondence from QCC G which included a screen shot of a work order for a fire inspection to be conducted. On 10/16/2024 at approximately 2:18 PM, Surveyor interviewed QCC G who verified a fire inspection had not been conducted in 2024 and since installation of the new smoke and heat detectors.	N 538		