STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016399	A. BUILDING: _____ B. WING _____	R-C 06/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE SHORE ASSISTED LIVING BOLTON COTTAGE	2201 W BOLTON LAKE LN LAC DU FLAMBEAU, WI 54538

(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 06/20/2023, Surveyor conducted a complaint investigation and verification visit at Lake Shore Assisted Living Bolton Cottage. Data collection continued through 06/21/2023. The complaint was unsubstantiated. One deficiency was identified. The deficiency is a repeat violation (See SOD TX6C12, dated 01/13/2023). Five of 6 deficiencies identified in SOD TX6C12 were corrected. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 4	{N 000}		
{N 637}	83.59(1)(g) Proper exit locations, sidewalks, driveways. All habitable floors shall have at least 2 exits providing unobstructed travel to the outside. Small class AA CBRFs licensed on or before the effective date of this section with no more than 2 habitable floors may have one exit from the second floor. Exits, sidewalks and driveways used for exiting shall be kept free of ice, snow, and obstructions. For facilities serving only ambulatory residents, the CBRF shall maintain a cleared pathway from all exterior doors to be used in an emergency to a public way or safe distance away from the building. For facilities serving semi-ambulatory and non-ambulatory residents, a CBRF shall maintain a cleared, hard surface, barrier-free walkway to a public way or safe distance away from the building for at least 2	{N 637}		

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

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{N 637}	Continued From page 1 primary exits from the building. All other required exits shall have at least a cleared pathway maintained to a public way or safe distance from the building. An exit door or walkway to a cleared driveway leading away from the CBRF also meets this requirement. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure one of 2 exit doors provided unobstructed travel to the outside. This is a repeat violation. See Statement of Deficiency (SOD) TX6C12, dated 01/13/2023. Findings include: The facility serves up to 8 residents in the client groups of advanced age, physically disabled, terminally ill, traumatic brain injury, and irreversible dementia/Alzheimer's disease. On 06/20/2023, while touring the facility, Caregiver B informed Surveyor the east side exit door was broken. Caregiver B reported the door had been broken for approximately one month and management was notified. Surveyor tried opening the east side exit door from inside the facility and from outside the facility. The door did not open from the inside but opened from the outside. Caregiver B confirmed the east side door was used to access a common seating area for residents outside and used as a second exit to evacuate residents in case of an emergency. On 06/20/2023 at 11:30 AM, Surveyor interviewed Maintenance Worker (MW) D. MW D reported s/he was notified last week about the broken door handle on the east side door. MW D reported that	{N 637}		

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{N 637}	Continued From page 2 s/he ordered a new door and planned to replace the east side door the next day, 06/21/2023. On 06/20/2023 at 4:05 PM, Surveyor interviewed Caregiver C. Caregiver C confirmed the east side door had been broken (unable to open) for at least a month. Caregiver C confirmed that Caregiver B informed management the door was broken. On 06/21/2023 at 10:20 AM, Surveyor interviewed Administrator A. Administrator A informed Surveyor the east side door was supposed to be replaced on 06/21/2023 but the wrong door was ordered. Administrator A indicated the door was re-ordered and would be available for pick up in seven days. Administrator A assured Surveyor the east side door would be replaced once the replacement door was available.	{N 637}		