Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020166	A. BUILDING: _____ B. WING _____	C 12/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ASPEN RAE YORKSHIRE	**920 YORKSHIRE AVENUE RICE LAKE, WI 54868**

(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 12/17/2025, Surveyor began a complaint investigation at Aspen Rae Yorkshire. The complaint was substantiated. One deficiency was identified. Census: 4.	M 000		
M 344	88.05(4)(d)2.a FIRE SAFETY EVACUATION PLAN REVIEW The licensee shall review the fire safety evacuation plan with each new resident immediately following placement and shall evaluate the resident using a form provided by the department to determine whether the resident is able to evacuate the home without any help within 2 minutes. This Rule is not met as evidenced by: Based on record review and interview the provider did not ensure there was a fire safety evacuation plan immediately following Resident 1's placement and did not evaluate the resident to determine whether s/he was able to evacuate from his/her bedroom egress window located on the lower-level. Findings include: On 10/15/2025, the Department received a complaint regarding fire safety. The provider is licensed for 4 residents in the client groups: developmentally disabled,	M 344		

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

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M 344	Continued From page 1	M 344		

traumatic brain injury, advanced aged, irreversible dementia/Alzheimer's disease, and emotionally disturbed/mental illness.

On 12/17/2025 at approximately 9:55 AM, Administrator A provided a tour of the home. Surveyor observed the home was a split level. Administrator A confirmed there was 1 bedroom on the lower-level and Resident 1 resided in that room.

Surveyor reviewed Resident 1's record.

Resident 1 was admitted on 04/29/2025. Resident 1's Individualized Service Plan (ISP) dated 08/13/2025 read, in part, "Evacuation capability in an emergency ...independent."

Resident 1's evacuation assessment dated 05/01/2025 read, in part, "Response to fire drills (self-directed evacuation ...Initiates and completes evacuation promptly ..." There was a choice to circle Yes, No, or NA; yes was circled.

At approximately 10:30 AM, Surveyor interviewed Administrator A and Licensee B who stated that Resident 1's capability to evacuate from the basement egress window in his/her bedroom had not been evaluated. Licensee B stated a step stool was installed for ease of getting into the window. Administrator A and Licensee B stated Resident 1 had demonstrated evacuation by walking up the stairs to the main level during monthly fire drills.

At 11:00 Licensee B stated that in their other home licensed by the same provider, they had assessed a resident's ability to evacuate from a lower-level egress window and should have recalled the same procedure was needed for

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M 344	Continued From page 2 Resident 1. Licensee B stated they did not think to do so because s/he was so mobile. The provider did not ensure Resident 1 could safely evacuate from his/her bedroom egress window.	M 344		