

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0018206	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/16/2023
NAME OF PROVIDER OR SUPPLIER CONNIE HOME LLC 2		STREET ADDRESS, CITY, STATE, ZIP CODE 1128 HIGH AVE OSHKOSH, WI 54901		
(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 08/16/2023, Surveyor conducted a complaint investigation and standard survey at Connie Home LLC 2. Complaint was unsubstantiated. One deficiency was identified. Census 3	M 000		
M 336	88.05(4)(b)2 SMOKE DETECTORS-TESTING AND MAINTENANCE The licensee shall maintain each required smoke detector in working condition and test each smoke detector monthly to make sure that it is operating. If a unit is found to be not operating, the licensee shall immediately replace the battery or have the unit repaired or replaced. This Rule is not met as evidenced by: Based on record review and interview the provider did not test each smoke detector monthly to make sure it was operating. Findings include: On 08/16/2023, Surveyor reviewed the facility's life safety binder. Surveyor noted there were no smoke detector tests documented. On 08/16/2023 at approximately 2:30 PM, Surveyor interviewed Licensee A. Licensee A stated s/he did not have monthly smoke detector tests. Licensee A stated s/he had bought the 10	M 336		

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

TITLE

(X6) DATE

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M 336	Continued From page 1 year smoke detectors and did not realize it was a requirement to do monthly checks. Licneseee A stated s/he would start doing the monthly checks.	M 336			