STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018221	A. BUILDING: _____ B. WING _____	C 01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TALL OAKS OF WEST ALLIS	2825 SOUTH WAUKESHA ROAD WEST ALLIS, WI 53227

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N 000	Initial Comments On 01/30/2025 Surveyor completed a standard survey and 2 complaint investigations at Tall Oaks of West Allis. As a result, 7 deficiencies were identified. One of the 7 deficiencies is a repeat deficiency (see Statement of Deficiency (SOD) NLUR11, dated 03/30/2021). Two complaints were unsubstantiated. Census: 10	N 000		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident's Individual Service Plan (ISP) was updated annually and signed by the resident or resident's legal representative acknowledging their involvement in, understanding of, and agreement with the resident's ISP. Resident 1 did not have an updated ISP for the year of 2024.	N 389		

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

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N 389	Continued From page 1 Findings include: On 01/30/2025, at approximately 10:00 AM, Surveyor reviewed resident records and identified the following: Resident 1 was admitted to the facility on 08/11/2023. Resident 1's record indicated Resident 1 was his/her own legal decision maker. Resident 1's last ISP was signed and dated 09/11/2023. Resident 1's record did not include an updated ISP for 2024. On 01/30/2025, at 1:30 PM, Surveyor interviewed Administrator A. Administrator A reported s/he was responsible for ensuring the ISPs were updated annually and signed. Administrator A was unsure why Resident 1 did not have an updated ISP for 2024 and confirmed s/he did not complete an updated ISP for Resident 1 in 2024.	N 389		
N 419	83.37(3)(c) Medication storage: locked cabinet. Administered by facility. The CBRF shall keep medicine cabinets locked and the key available only to personnel identified by the CBRF. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 1 medication cart was locked with a key available only to personnel identified by the community based residential facility (CBRF). The medication cart, which stored residents' scheduled medications, was unlocked for approximately 30 minutes. Findings include: The provider is licensed as a class CS (semi-	N 419		

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N 419	Continued From page 2 ambulatory) CBRF (community-based residential facility) able to serve up to 20 residents in client groups of developmentally disabled, advanced aged, irreversible dementia/Alzheimer's, and emotionally disturbed/mental illness. On 01/30/2025, at approximately 9:15 AM, Surveyor toured the facility and observed the medication cart in the kitchen. The cart contained a locking mechanism, the locking mechanism was not engaged. The cart was unlocked for approximately 30 minutes. When Surveyor pulled on the drawers, the drawers opened. Residents were observed moving freely throughout the facility. On 01/30/2025, at approximately 9:45 AM, Surveyor interviewed Caregiver B. Caregiver B confirmed the medication cart should have been locked and s/he was responsible for ensuring the medication cart was locked. Caregiver B reported s/he would ensure the cart was locked at all times.	N 419		
N 481	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation and interviews, the provider did not ensure the living environment	N 481		

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N 481	Continued From page 3 was safe, clean, comfortable, and homelike. The facility needed cleaning and some repairs. This had the potential to affect 10 of 10 residents. Findings include: On 01/30/2025, at approximately, 9:15 AM, Surveyor toured the facility and observed the following: First Floor Bathroom - The front of the vanity at the bottom contained a hole with peeling paint. The bottom and right side of the vanity was also warped and swollen from possible water damage. -Approximately 6 feet trim on the wall in the bathroom was missing. Kitchen - The entire oven contained a sticky black matter . The oven rack had a gray/brown material similar to foil stuck to the oven rack. The entire oven hood contained approximately a 2-inch-thick sticky dark brown substance similar to grease build up. -The kitchen pantry stand contained approximately 6 heavily soiled brown paper bags underneath the stand. The bags had stains similar to oil on them. The floor underneath the stand contained old macaroni noodles, a plastic bag, and a gritty material similar to cornmeal. Room 5 - The ceiling of room 5 contained a significant stain on the ceiling similar to a water stain. The stain measured approximately 3 feet in length and 5 feet in width.	N 481		

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N 481	Continued From page 4 On 01/30/2025, at approximately 1:30 PM, Surveyor interviewed Administrator A. Administrator A reported staff had daily cleaning schedules and confirmed the code requirement. Administrator A reported the building had a water pipe burst several months ago, and maintenance was working on patching and painting all the rooms affected. Administrator A reported s/he would follow up with staff and maintenance to address facility concerns.	N 481		
N 488	83.44(1)(c) Clothes dryers enclosed and vented Clothes dryers. The CBRF shall enclose any clothes dryer having a rated capacity of more than 37,000 Btu/hour in a one-hour fire resistive rated enclosure. If the clothes dryer requires a vent, the CBRF shall use dryer vent tubing that is of rigid material with a fire rating that exceeds the temperature rating of the dryer. The dryer vent tubing shall be clean and maintained. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 1 clothes dryer in the laundry room had vent tubing of rigid material, with a fire rating that exceeded the temperature rating of the dryer. The clothes dryer was observed to have the flexible foil type vent tubing. Findings include: On 01/30/2025, at approximately 9:15 AM, Surveyor toured the laundry room. The clothes dryer had flexible foil accordion style vent tubing running up the back of the dryer to the outside ventilation system. On 01/30/2025, at approximately 1:30 PM,	N 488		

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N 488	Continued From page 5 Surveyor interviewed Administrator A. Administrator A reported s/he thought the dryer vent was of rigid material. Administrator A reported the facility had the washer and dryer replaced recently. Administrator A confirmed the code requirement. Administrator A reported s/he was unaware of maintenance changing the dryer vent to flexible venting. Administrator A reported s/he would notify their maintenance team to address the dryer vent immediately.	N 488		
N 507	83.46(1)(f) Combustibles. Combustible materials shall not be placed within 3 feet of any furnace, boiler, water heater, fireplace or other similar equipment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure combustible materials were not placed within 3 feet of 1 of 1 furnace. Surveyor observed twin sized mattresses, cardboard boxes, plastic bags, planter pots, lamps, and an oxygen tank stored within 3 feet of the furnace. This is a repeat deficiency. See Statement of Deficiency (SOD) NLUR11, dated 03/30/2021. Findings include: On 01/30/2025, at approximately 9:15 AM, Surveyor toured the facility accompanied by Administrator A. During the tour Administrator A took Surveyor to the basement. Surveyor observed 2 twin sized mattresses, 3 lamps, 1 oxygen tank, bags of clothing, carboard boxes, plastic tubing, and 2 planter pots within 3 feet of the furnace.	N 507		

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N 507	Continued From page 6 On 01/30/2025, at approximately 1:30 PM , Surveyor interviewed Administrator A. Administrator A reported s/he was aware of the code requirement to not have items within 3 feet of the furnace. Administrator A stated the items should have been removed months ago. Administrator A reported s/he would have maintenance remove the items from around the furnace immediately.	N 507		
N 525	83.47(2)(d) Fire drills. Fire drills. 1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of the drill and the CBRF ' s total evacuation time. The CBRF shall record residents having an evacuation time greater than the time allowed under s. HFS 83.35(5) and the type of assistance needed for evacuation. Fire evacuation drills may be announced in advance. 2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleeping hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the employees scheduled to work during the residents ' normal sleeping hours. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure fire drills were conducted quarterly and at least one drill which simulated the conditions during usual sleeping hours for 2 of 2 years reviewed. There was not a fire drill	N 525		

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N 525	Continued From page 7 conducted during the 1st and 4th quarters of 2023, or a drill which simulated the conditions during sleeping hours in 2023. There was not a fire drill conducted during the 3rd and 4th quarters of 2024 or a drill which simulated the conditions during sleeping hours in 2024. Findings include: On 01/30/2025, at approximately 10:00 AM, Surveyor reviewed fire drills and identified the following: Two fire drills were conducted on 05/29/2023 and 09/21/2023. These fire drills did not simulate conditions during usual sleeping hours. There were no fire drills conducted in the 1st and 4th quarters of 2023. There were 2 fire drills conducted in 2024 on 01/05/2024 and 05/06/2024. These fire drills did not simulate conditions during usual sleeping hours. On 01/30/2025, at approximately 1:30 PM, Surveyor interviewed Administrator A. Administrator A confirmed fire drills needed to be completed every quarter. Administrator A stated, "I need to do better with ensuring this is done." Administrator A reported s/he would work on ensuring fire drills are done quarterly.	N 525		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and interview, the	N 526		

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N 526	Continued From page 8 provider did not ensure tornado, flooding or other emergency or disaster drills were conducted semi-annually for 2 of 2 years. There were no other emergency or disaster drills conducted in 2023 and 2024. Findings include: On 01/30/2024 at approximately 10:00 AM, Surveyor reviewed safety records and identified there was no evidence of tornado, flooding, or disaster drills in 2023 and 2024. On 01/30/2024, at approximately 1:30 PM, Surveyor interviewed Administrator A regarding the emergency or disaster drills. Administrator A confirmed s/he was aware of the code requirement. Administrator A reported s/he was unaware if the other evacuation drills were completed. Administrator A reported s/he would ensure the emergency or disaster drills are completed.	N 526		