STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	310557	A. BUILDING: _____ B. WING _____	R-C 11/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST MONICAS SENIOR LIVING INC	3920 N GREEN BAY RD RACINE, WI 53404

(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 11/06/2025, with information gathered through 11/26/2025, Surveyors conducted a standard survey, verification visit, and investigated a self-report at St. Monica's Senior Living INC. As a result, 1 deficiency was identified. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 60	{N 000}		
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 in each quarter of 3 of 3 years (2023, 2024, and to date in 2025). There were no fire drills	N 525		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	310557	A. BUILDING: _____ B. WING _____	R-C 11/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST MONICAS SENIOR LIVING INC	3920 N GREEN BAY RD RACINE, WI 53404

(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 525	Continued From page 1 conducted in the 2nd quarter of 2023, the 1st quarter of 2024, or the 2nd quarter of 2025. Fire drills reviewed by Surveyors did not contain total evacuation times. Findings include: On 11/06/2025, at 9:45 AM, Surveyors reviewed safety records and identified the following: Four fire drills were conducted in 2023 on 01/12/2023, 07/27/2023, 10/05/2023, and 10/27/2023. Fire drills reviewed by Surveyors did not contain total evacuation times. Surveyors did not review evidence of fire drills conducted in the 2nd quarter of 2023. Five fire drills were conducted in 2024 on 04/18/2024, 06/01/2024, 07/25/2024, 07/29/2024, and 11/15/2024. Fire drills reviewed by Surveyors did not contain total evacuation times. Surveyors did not review evidence of fire drills conducted in the 1st quarter of 2024. Three fire drills were conducted in 2025 on 03/13/2025, 07/31/2025, and 10/23/2025. Fire drills reviewed by Surveyors did not contain total evacuation times. Surveyors did not review evidence of fire drills conducted in the 2nd quarter of 2025. On 11/06/2025 at 1:30 PM, Surveyors interviewed Administrator A regarding the fire drills. Administrator A reported s/he was responsible for completing quarterly fire drills. Administrator A confirmed the code requirement. Administrator A reported the facility did not document total time of evacuations because all drills were completed in under four minutes based on code requirement. Administrator A confirmed the required quarterly	N 525		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	310557	A. BUILDING: _____ B. WING _____	R-C 11/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST MONICAS SENIOR LIVING INC	3920 N GREEN BAY RD RACINE, WI 53404

(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 525	Continued From page 2 fire drills were not completed in the 2nd quarter of 2023, the 1st quarter of 2024, and 2nd quarter of 2025.	N 525		