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
	0016379	A. BUILDING: _____ B. WING _____	05/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PARK VISTA THE LEGACY	1403 CHURCHILL ST WAUPACA, WI 54981

(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 05/21/2026, Surveyor conducted an abbreviated survey at Park Vista the Legacy. Additional information was gathered through 05/28/2026. One deficient practice was identified. Census: 21	N 000		
N 653	83.59(4)(e) Delayed egress: irreversible process release Delayed egress door locks are permitted with department approval only in facilities with a supervised automatic fire sprinkler system and a supervised interconnected automatic fire detection system and shall comply with all of the following: An irreversible process will occur which will release the latch in not more than 15 seconds when a force of not more than 15 pounds is applied for 3 seconds to the release device. Initiation of the irreversible process shall activate an audible signal in the vicinity of the door. Once the door lock has been released by the application of force to the releasing device, re-locking shall be by manual means only. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 4 doors with a delayed egress mechanism unlocked after 15 seconds of applied pressure attempting to open it. The provider had Department approval for the use of the delayed egress mechanisms but no evidence the plan was reviewed and approved by the Office of Plan Review and Inspection (OPRI.) Findings include: On 05/21/2026 at 1:00 PM, Surveyor toured the	N 653		

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

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N 653	Continued From page 1	N 653		

facility while interviewing Director A. Surveyor attempted to exit each of the emergency doors noted on their posted emergency evacuation plan and discovered the emergency exit door in the activity room at the end of the North wing would not open. Surveyor applied more than 15 pounds of pressure by putting his/her weight into the door and observed the delayed egress mechanism was not engaging and the door remained locked after 15 seconds of applied pressure. Surveyor observed the exit was only able to be unlocked by a keypad, by Director A entering a code at the door. Director A stated s/he was unaware the delayed egress mechanism was not functioning correctly.

On 05/21/2026, at 1:30 PM, Surveyor interviewed Director A and Regional Director B. Director A commented they were unaware the door latch on the North wing activity room exit was not releasing the door prior to observing the malfunction along with Surveyor. Director A and Regional Director B verified the door was noted on the facility evacuation plan/map and verified the door was not unlocking as intended.

Surveyor note:
During a previous survey, Statement of Deficiency (SOD) QLSZ11, (dated 04/11/2024,) Chief Operating Officer C (COO C) sent Surveyor a chain of e-mail correspondence from 2019 that confirmed Bureau of Assisted Living approval for the use of delayed egress was approved in 2019. COO C also sent Surveyor documentation from OPRI which did not verify their review or approval. On 04/22/2024 at approximately 10:40 AM, COO C stated the provider would resubmit their delayed egress plans for review and approval to OPRI. The provider was not issued a citation, and no follow-up confirmation was

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N 653	Continued From page 2 received. On 05/21/2026 at 1:30 PM, Surveyor interviewed Director A and Regional Director B. When asked to review the approvals for the use of the delayed egress system, Regional Director B did not have a copy of approval from the Department or OPRI. At 4:30 PM, Regional Director B sent Surveyor a series of e-mails with attachments that were dated 2019. Surveyor reviewed the correspondence was the same as was sent and reviewed during SOD QLSZ11 in 2024. The correspondence and attachments noted the provider had Department approval but did not have OPRI approval and needed to resubmit their plans to OPRI for review. On 05/27/2026 at 4:00 PM, Surveyor reached out to the provider and spoke with Regional Director B to follow-up regarding if the provider found the OPRI approval resubmitted in 2024. Regional Director B reviewed the previously identified circumstances regarding the COO C confirming in 2024 that the provider would resubmit their plans to OPRI and stated s/he would reach out to COO C to determine if the resubmission and approval was completed. On 05/28/2026 at 9:00 AM, Surveyor reached out to the provider and spoke with Director A. Director A stated there was no evidence the provider resubmitted for OPRI approval in 2024 and their plan going forward is to resubmit to OPRI for review and approval.	N 653		