STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015583	A. BUILDING: _____ B. WING _____	C 06/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTURY OAKS ON BALLARD	2100 E GLENHURST LN APPLETON, WI 54913

(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 06/13/2023, with additional information gathered through 06/19/2023, Surveyor conducted a complaint investigation at Century Oaks on Ballard. The complaint was substantiated. One deficiency was identified. Census: 40	N 000		
N 358	83.32(3)(n) Rights of Residents: Safe environment In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Safe environment. Live in a safe environment. The CBRF shall safeguard residents from environmental hazards to which it is likely the residents will be exposed, including both conditions that are hazardous to anyone and conditions that are hazardous to the resident because of the residents ' conditions or disabilities. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure residents were safeguarded from environmental hazards to which it is likely the residents would be exposed, including both conditions that are hazardous to anyone and conditions that are hazardous to the resident because of the residents' conditions or disabilities. An alert on the provider's fire alarm system was beeping indicating trouble or an error. A staff member physically silenced the beeping and did not make management aware despite written policy. The provider's fire alarm system was not in proper working function from 05/16/2023 through 06/13/2023. Findings include:	N 358		

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
	0015583	A. BUILDING: _____ B. WING _____	C 06/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTURY OAKS ON BALLARD	2100 E GLENHURST LN APPLETON, WI 54913

(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 358	Continued From page 1 The provider is licensed to provide services for up to 67 residents who may be developmentally disabled, physically disabled, emotionally disturbed/mentally ill, of advanced age, terminally ill, have traumatic brain injury and/or have Alzheimer's/dementia. On 06/12/2023, the department received complaint information alleging the provider's fire alarm system was out of commission. On 06/14/2023, Surveyor reviewed the provider's "Emergency Response Plan" section "Fire or Fire Alarm Activation" policy and noted: "Supervisor in Charge will determine location of fire by viewing the fire panel located: [blank space]. Supervisor in Charge will contact the Executive Director and Maintenance Director Immediately ...Supervisor in Charge will monitor control panel to note changes in the system and communicate changes with other associates and emergency response personnel (through use of radio or phone Intercom system. [sic] Supervisor in Charge will designate an associate to dial 9-1-1 and report the fire alarm activation or actual fire. The following information should be provided: 'Fire Alarm' or 'Building Fire' ..." On 06/13/2023 at approximately 10:32 AM, Surveyor observed the fire panel to say "SYSTEM NORMAL." On 06/13/2023 at approximately 11:00 AM, Surveyor interviewed Executive Director A who stated s/he was made aware of the fire alarm system being down on 06/12/2023 at approximately - from Battalion Chief E who arrived at the facility. At that time it was recommended to implement a fire watch, which	N 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015583	A. BUILDING: _____ B. WING _____	C 06/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTURY OAKS ON BALLARD	2100 E GLENHURST LN APPLETON, WI 54913

(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 358	Continued From page 2	N 358		

was initiated immediately. Executive Director A stated s/he was not made aware of any troubles with the fire panel prior to Battalion Chief E notifying him/her.

Surveyor reviewed an email sent from Lieutenant D to Battalion Chief C and Battalion Chief E on 06/11/2023 at approximately 9:19 AM which stated, "On 06-11-23 [Badge number] was on a medical call at 2100 E Glenhurst when it was noticed that the remote fire alarm panel at the front door stated the system was in trouble mode and silenced. I asked the staff about it, and they stated that it was silenced because of the panel beeping and they didn't want to disturb the people staying there. When asked about why the system was in trouble mode they didn't know. I asked them to contact their manager to get someone to look at it. I would like to have someone follow up with this and find out why it was in trouble mode. I do understand that they have staff there 24 hours a day, but at night they only have a limited staff and getting the elderly and handicap out of the building will take a lot of time and having a fully operational fire alarm hopefully will give us that time."

On 06/13/2023 at approximately 1:20 PM, Surveyor interviewed Battalion Chief C who reported the fire department received a call and responded to the building on 06/11/2023 at approximately 7:40 AM for an unrelated medical call regarding a resident. Surveyor inquired whether the panel would have to physically be silenced by someone or if it has an automatic silence setting and Battalion Chief C stated no, it must be physically silenced by someone to stop alarming or beeping.

On 06/13/2023 at approximately 9:20 AM,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015583	A. BUILDING: _____ B. WING _____	C 06/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTURY OAKS ON BALLARD	2100 E GLENHURST LN APPLETON, WI 54913

(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 358	Continued From page 3 Surveyor interviewed Maintenance Tech B who stated when s/he learned that the fire alarm system was not running properly on 06/12/2023, s/he assessed the panel and confirmed the message stating it was in "trouble mode." Maintenance Tech B stated s/he contacted Martin Systems who installed the fire panel for a technician to service the panel. Maintenance Tech B stated s/he was told that the soonest a technician could arrive to the facility was 06/13/2023 at 8:00 AM. Maintenance Tech B stated s/he was not made aware of the fire panel having a trouble message or the system being down until s/he was notified by Executive Director A and Battalion Chief E. Maintenance Tech B stated if the system was down over the weekend or before that, noone had notified him/her. On 06/13/2023 at approximately 3:35 PM, Surveyor interviewed Contractor F who serviced the fire alarm system on 06/13/2023 at approximately 8:00 AM. Contractor F verified the system was repaired and operating as it should. Contractor F stated they received a ticket on 06/12/2023 of Maintenance Tech B contacting them, so s/he went out to fix it on 06/13/2023. Contractor F stated s/he had no idea how long the fire alarm system had been down and since the company was not the monitoring company for this provider, s/he was unable to run a report or receive notification of any faulty codes or alarms. On 06/16/2023 at approximately 9:19 AM, Surveyor interviewed Contractor G who reviewed a report of the fire panel system at Century Oaks and reported the following: On 05/16/2023 at approximately 10:43 PM, the fire system reporting going into 'Trouble mode." Contractor G stated once there is an error or connection issue with the system, their monitoring program will send	N 358		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015583	A. BUILDING: _____ B. WING _____	C 06/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CENTURY OAKS ON BALLARD	2100 E GLENHURST LN APPLETON, WI 54913

(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 358	Continued From page 4 auto tests to the system twice a day every day at 9:54 AM and 12:54 AM. These auto tests will make the system beep again if it was silenced. Surveyor inquired whether the staff would have to physically silence the beeping and Contractor G stated yes. On 06/19/2023 at approximately 11:00 AM, Surveyor interviewed Executive Director A and Operations Specialist H. Surveyor inquired whether Executive Director A and Operations Specialist H were aware of the fire system being down or having error messages for the timeframe and received no response. No additional information was provided.	N 358		