STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019888	A. BUILDING: _____ B. WING _____	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY VILLA V	280 N BAUMANN ST CAMPBELLSPORT, WI 53010

(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 08/21/2024, Surveyors conducted a standard survey at Serenity Villa V. As a result of the survey, three (3) deficiencies were identified. Census: 22	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 quarterly fire drills were conducted. Findings include: The provider is licensed to care for 22 residents in the client groups advanced age, irreversible dementia/Alzheimer's, terminally ill, and physically	N 525		

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

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N 525	Continued From page 1 disabled. On 08/21/2024, Surveyors reviewed the provider's drill records binder. Surveyors observed records for fire drills conducted on 01/29/2024 and 03/06/2024; however, there was no drill documented as completed for the second quarter of 2024. On 08/21/2024 at approximately 2:15 PM, Surveyor interviewed Nurse Manager A. Nurse Manager A stated that s/he believed that a fire drill had been conducted in the second quarter of 2024, but acknowledged that there was no fire drill documented during that time. The provider did not ensure quarterly fire drills were conducted as required.	N 525		
N 637	83.59(1)(g) Proper exit locations, sidewalks, driveways. All habitable floors shall have at least 2 exits providing unobstructed travel to the outside. Small class AA CBRFs licensed on or before the effective date of this section with no more than 2 habitable floors may have one exit from the second floor. Exits, sidewalks and driveways used for exiting shall be kept free of ice, snow, and obstructions. For facilities serving only ambulatory residents, the CBRF shall maintain a cleared pathway from all exterior doors to be used in an emergency to a public way or safe distance away from the building. For facilities serving semi-ambulatory and non-ambulatory residents, a CBRF shall maintain a cleared, hard surface, barrier-free walkway to a public way or safe distance away from the building for at least 2 primary exits from the building. All other required	N 637		

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N 637	Continued From page 2 exits shall have at least a cleared pathway maintained to a public way or safe distance from the building. An exit door or walkway to a cleared driveway leading away from the CBRF also meets this requirement. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the patio exit on the back side of the facility was unobstructed. Findings include: On 08/21/2024 at 12:40 PM, Surveyors observed the physical environment. Surveyors toured the facility with Nurse Manager A. Surveyors observed a chain on the patio gate. Surveyors were unable to exit outside the patio because there was a chain with a combination lock on the exit gate of the patio. Surveyors observed the emergency exit diagram, identifying the patio as an emergency exit. On 08/21/2024 at approximately 2:50 PM, Nurse Manager A acknowledged the chain with combination lock on the exit gate of the patio and stated that s/he would have maintenance remove it. The provider did not ensure that the exits were unobstructed.	N 637		
Z 012	50.065(2)(bm) OUT OF STATE BACKGROUND CHECKS If the person who is the subject of the search under par. (am) or (b) is not a resident of this	Z 012		

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Z 012	Continued From page 3 state or if at any time within the 3 years preceding the date of the search that person has not been a resident of this state, or if the department or entity determines that the person's employment, licensing, or state court records provide a reasonable basis for further investigation, the department or the entity shall make a good faith effort to obtain from any state or other United States jurisdiction in which the person is a resident or was a resident within the 3 years preceding the date of the search information that is equivalent to the information specified in par. (am) 1. or (b) 1. The department or entity may require the person to be fingerprinted on 2 fingerprint cards, each bearing a complete set of the person's fingerprints. The department of justice may provide for the submission of the fingerprint cards to the federal bureau of investigation for the purposes of verifying the identity of the person fingerprinted and obtaining the records of his or her criminal arrests and convictions. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure an out of state background check was completed at the time of hire for 1 of 1 employee (Caregiver B). This had the potential to affect 22 out of 22 residents. Findings include: On 08/21/2024, Surveyors reviewed staff records for Caregiver B. Caregiver B had a hire date of 12/12/2023. Caregiver B completed a Background Information	Z 012		

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Z 012	Continued From page 4 Disclosure (BID) on 12/05/2023, which indicated s/he lived in Kentucky within the last 3 years. The Department of Justice (DOJ) and IBIS background check information report was completed, but no out of state background check was completed. On 08/21/2024 at approximately 1:30 PM, Surveyors interviewed Scheduler C. Scheduler C acknowledged that s/he was unaware that an out of state background check must be completed if staff resided out of state within the last 3 years.	Z 012		