STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016521	A. BUILDING: _____ B. WING _____	R-C 09/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FLAGG STREET MANOR III	**8608 WEST BENDER ROAD MILWAUKEE, WI 53224**

(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
{M 000}	INITIAL COMMENTS On 09/26/2024, Surveyor conducted a verification visit and a complaint investigation at Flagg Street Manor III. One deficiency was identified. One of 1 deficiency is being cited for a third time. See Statement of Deficiency ZEZF11, dated 09/10/2021 and SOD ZEZF12, dated 07/19/2023. One complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 3	{M 000}		
{M 342}	88.05(4)(d)1 FIRE SAFETY EVACUATION PLAN The licensee shall have a written plan for the immediate and safe evacuation of all occupants of the home in the event of a fire. The plan shall identify an external meeting place. This Rule is not met as evidenced by: Based on record review, observation and interview, the provider did not have a written plan for the immediate and safe evacuation of all occupants of the home in the event of a fire. Resident 4 and Resident 5 were Hoyer Lift transfer assists and listed as Point of Rescue (POR) on their evacuation assessments. This deficiency is being cited for a third time. See Statement of Deficiency ZEZF11, dated 09/10/2021 and SOD ZEZF12, dated 07/19/2023. Findings include:	{M 342}		

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
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{M 342}	Continued From page 1 On 09/26/2024, at 9:00 a.m., Surveyor conducted an onsite tour of Flagg Street Manor III. Surveyor observed Resident 4 and Resident 5 in wheelchairs. Caregiver S confirmed both residents utilized wheelchairs for mobility and required a mechanical lift for transfers. On 09/26/2024, at 9:35 a.m., Surveyor interviewed Caregiver S, who stated when the facility conducted a fire drill, Resident 4 and 5 usually stayed in their bedrooms. Surveyor asked what the provider would do if the residents were in bed and there was a fire, since both residents utilized wheelchairs for mobility and required a mechanical lift for transfers. Caregiver S stated, "We would leave the residents in bed with the door closed. We would put a blanket or towel under the door and call 911 to let fire department know what room the residents are in." On 09/26/2024, at 9:38 a.m., Caregiver S provided Surveyor with posted exit plan. Caregiver S confirmed posted exit plan did not identify an external meeting place. On 09/26/2024, at 9:40 a.m., Surveyor interviewed Caregiver S, who stated, "We were told where the external meeting place was during our training. It is not on the floor plan or the written evacuation plan, to my knowledge." On 09/26/2024, at 9:55 a.m., Surveyor reviewed Resident 4's Resident Evacuation Assessment, dated on 04/24/2024. It read, "[Resident 4] stays at designated location in a safe area." It was hand marked, "no". The document included a hand-written, evaluator remark, "[Resident 4] will remain in bed [sic] door closed [sic] and towel underneath door [sic] call 911 [sic] [HM A] (House Manager A) 4/26/24".	{M 342}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016521	A. BUILDING: _____ B. WING _____	R-C 09/26/2024

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FLAGG STREET MANOR III	**8608 WEST BENDER ROAD MILWAUKEE, WI 53224**

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{M 342}	Continued From page 2 On 09/26/2024, at 10:44 a.m., HM A provided Surveyor with written evacuation plan. House Manager A confirmed posted exit plan was current. The posted exit plan identified two emergency exits. The posted exit plan read, "In the event of a fire occurring, or during a fire drill, every person WITHOUT EXCEPTION, is to exit the premise [sic]." On 09/26/2024, at 12:55 p.m., Surveyor interviewed Resident 4, who stated s/he was never told what would happen in case of a fire. Resident 4 stated s/he did not know how the staff would help him/her. On 09/26/2024, at 2:30 p.m., Surveyor asked Administrator T and House Manager (HM) A to see the providers written fire safety evacuation plan. Administrator T stated they were looking into talking to the local fire department since they were cited on not having a safe evacuation plan for residents who were Hoyer Lift transfer assists at a different location. On 09/26/2024 at 3:30 p.m., Surveyor reviewed note section for Wis. Admin. Code § DHS 88.05(4)(d), which stated, "Licensees are encouraged to consult with their local fire department in preparing a fire safety evacuation plan."	{M 342}		