STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017545	A. BUILDING: _____ B. WING _____	R-C 11/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WAUPACA ELDER CARE HOME	510 RIVER 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 11/08/2023, Surveyor conducted a standard survey and verification visit at Waupaca Elder Care Home. Additional information was gathered through 11/17/2023. All previous deficient practices were corrected. As a result of the survey, 1 deficient practice was identified. Under statutory provisions, a $200 revisit fee is being assessed for the verification visit. Census: 14	{N 000}		
N 631	83.59(1)(a) Class AS, ANA, CS, CNA 2 grade level exits 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. Class AS, class ANA, class CS and class CNA CBRFs shall have at least 2 grade level or ramped exits to grade. This Rule is not met as evidenced by: Based on observation, record review, and interview the provider did not ensure at least 2 exits were unobstructed from travel to the outside. The exits were found to be unmaintained, without a hard surface, containing a bump that would be difficult for resident to safely negotiate, with an egress greater than 15 seconds, locked, and/ or equip with hardware that is not accessible to all residents. Findings include:	N 631		

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

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N 631	Continued From page 1 On 11/08/2023 at 11:00 AM, Surveyor toured the facility while interviewing Administrator A. Surveyor observed 3 main exits highlighted on the facility exit diagram. Surveyor observed each of the 3 main exits had obstructions. Surveyor interviewed Owner D at approximately 11:30 AM. Owner D stated s/he was aware the CBRF required at least 2 unobstructed exits. Exit 1 At 11:00 AM, Surveyor observed the front main door was egressed. The egress had a sign that noted the door would be unlocked after 30 seconds of pressure applied. (Photo 1) Surveyor tested the door and it unlocked after 30 seconds of applied pressure. At approximately 12:00 PM, Surveyor reviewed the code requirements for the egress to be no more than 15 seconds. Administrator A acknowledged the egressed door, with a 30 second hold, was not in compliance. Surveyor reviewed the provider records which included a letter for egressed door approval, dated 07/20/2020, from the Office of Plan Review and Inspection. The letter included specifications and requirements for the egressed door use, including the allowed time: "DHS 83.59 (4) ... (e) 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." On 11/17/2023 Surveyor conducted an exit interview at 2:10 PM via phone with Administrator A, RN B, Licensees C and Owner D present. Owner D confirmed the egressed door was not in compliance.	N 631		

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N 631	Continued From page 2 Exit 2 At 11:05 AM, Surveyor observed an exit sign above a door leading to a fenced outdoor space. The space had a gate equip with hardware that was not one-hand one-motion and was located near the top of the gate approximately 55 inches off of the ground. (Photo 2, 3) Additionally, the gate was secured with a padlock. At 11:07 AM, Administrator A acknowledged the exit was obstructed and stated even if the pad lock was not present, there were residents who would not be able to reach up to the gate lock due to their height and/or use of a wheelchair. Administrator A stated there were residents who, even if they could reach up to the gate hardware, they would have difficulty negotiating hardware that was not one-hand one-motion. On 11/17/2023, Surveyor conducted an exit interview at 2:10 PM via phone with Administrator A, RN B, Licensees C and Owner D present. Owner D confirmed the outdoor fenced and gated area was not equip with one-hand one-motion hardware that was within reach and accessible to all residents for exit. Exit 3 At approximately 11:25 AM, Surveyor observed the back door exit. The back door exited on to a hard surface cement platform. the platform was made up of approximately 2 cemented slabs that had a bump of approximately 1 inch between the two. (Photo 4) The bump appeared to be a tripping hazard. Administrator A stated there were residents at the facility that utilized walking assistive devices and/ or wheelchairs that would not be able to safely negotiate the bump.	N 631		

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N 631	Continued From page 3 Surveyor observed the cement platform ended directly outside of the doorway and lead on to a path that was covered with approximately 2 inches of moss and debris with some gravel below. (Photo 5) The moss and debris appeared to have eroded the gravel and created an infirm and obstructed pathway leading away from the facility. At approximately 11:30 AM, Surveyor interviewed Owner D. Owner D acknowledged the requirement to have at minimum 2 unobstructed pathways from the facility. Owner D stated s/he believed the pathway leading from the back of the facility had been "grandfathered in." Upon further discussion of the code, Owner D acknowledged 2 safe and unobstructed exits were required for his/her licensed building at all times. On 11/17/2023, Surveyor conducted an exit interview at 2:10 PM via phone with Administrator A, RN B, Licensee C and Owner D present. Owner D acknowledged the need to ensure 2 exits were accessible and unobstructed at all times.	N 631		