STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011300	A. BUILDING: _____ B. WING _____	08/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPAL HOUSE	N9633 HOWARD RD WHITEWATER, WI 53190

(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 07/30/2025, Surveyor conducted a standard licensing survey at Opal House, an AFH located in Whitewater, WI. As a result of the survey, 2 violations of Chapter DHS 88 were issued. Census: 3	M 000		
M 290	88.05(3)(e)2.b INSPECTIONS-GAS FURNACE A gas furnace shall be inspected and serviced every 3 years by a heating contractor or local utility company. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that the furnace was inspected and serviced every 3 years by a contractor. The facility furnace hadn't been inspected since 10/04/2021. Findings include: On 07/30/2025, Surveyor reviewed the facility records. The most up to date furnace inspection was dated 10/04/2021. On 07/30/2025 at 10:30 AM, Surveyor interviewed Manager A. Manager A stated that s/he thought the furnace had been inspected recently. Surveyor gave Manager A until 07/31/2025 at noon to provide further information. On 08/01/2025, at 10:42 AM, Manager A sent Surveyor an email with an invoice that the furnace	M 290		

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

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M 290	Continued From page 1 was inspected 07/31/2025, one day after survey.	M 290		
M 346	88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION Each resident shall be evaluated annually for evacuation time, using the departments form. All service providers who work on the premises shall be made aware of each resident having an evacuation time of more than 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that 2 of 3 residents reviewed were evaluated annually for evacuation time. Resident 1 and Resident 3 had outdated evacuation assessments. Findings include: On 07/30/2025, Surveyor reviewed Resident 1's medical record. Resident 1 was admitted 02/03/1991. The most current evacuation assessment for Resident 1 was dated 01/17/2023. On 07/30/2025, Surveyor reviewed Resident 3's medical record. Resident 3 was admitted 08/22/2023. The most current evacuation assessment for Resident 3 was dated 09/23/2023. On 07/30/2025 at 10:30 AM, Surveyor interviewed Manager A. Manager A stated that the most current evacuation assessments were in Resident 1 and Resident 3's binders. Manager A	M 346		

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M 346	Continued From page 2 stated, "It's safe to say that they haven't been done since 2023."	M 346		
M 420	88.06(3)(d)5 SIGNED STATEMENT OF AGREEMENT A statement of agreement with the plan, dated and signed by all persons involved in developing the plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that the Individual Service Plan (ISP) was signed by all persons involved in developing the plan. Findings include: On 07/30/2025 at 9 AM, Surveyor reviewed Resident 1's medical record. Resident 1 was admitted 02/03/1991. Resident 1's ISP dated 07/10/2025. The signature page on Resident 1's ISP was blank. On 07/30/2025 at 9 AM, Surveyor reviewed Resident 2's medical record. Resident 1 was admitted 12/17/2024. Resident 2's ISP dated 07/10/2025. The signature page on Resident 2's ISP was blank. On 07/30/2025 at 10:30 AM, Surveyor interviewed Manager A. Manager A stated that the facility has transitioned to electronic charting and the signature page is still being figured out. Manager A stated that currently there is no signature page, but will be able to electronically sign in the near future.	M 420		

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