| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0019973 | A. BUILDING: _____ B. WING _____ | C 09/17/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| BEULAHGENE ASSISTANT LIVING INC 1 | 1706 STONEBRIDGE RD WEST BEND, WI 53095 |

| (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<br><br>On 09/12/2024 with additional information gathered through 09/17/2024, Surveyor conducted a complaint investigation at Beulahgene Assisted Living 1. As a result one deficiency was identified.<br><br>The complaint was unsubstantiated.<br><br>Census: 1 | M 000 | | |
| M 338 | 88.05(4)(c)1 EXITING FROM THE FIRST FLOOR<br><br>Exiting from the first floor. The first floor of the home shall have at least 2 means of exiting which provides unobstructed access to the outside.<br><br>This Rule is not met as evidenced by:<br>Based on observation, interview and record review, the licensee did not ensure at least 2 means of exiting which provided unobstructed access to the outside. Both a keypad lock and a dead bolt lock were installed on three (3) of three (3) exit doors to the outside from the first floor, creating an obstruction for immediate evacuation of the home in the event of a fire.<br><br>Findings include:<br><br>The Adult Family Home has been licensed since 12/12/2023 and is able to care for 4 ambulatory residents. At the time of survey this was home to 1 resident.<br><br>On 09/12/2024 at 11 AM, Surveyor toured the home with Director A and observed a total 3 exit | M 338 | | |

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

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| BEULAHGENE ASSISTANT LIVING INC 1 | 1706 STONEBRIDGE RD WEST BEND, WI 53095 |

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| M 338 | Continued From page 1<br>doors to the outside from the first floor with two different locking mechanisms installed. Each exit door contained a deadbolt lock and a battery-operated keypad lock with a levered handle. Director A indicated the deadbolt lock could be unlocked manually and staff needed to enter a code into the keypad to disengage the lock. Director A verified only staff knew the code to disengage the keypad lock. Surveyor observed both the keypad lock and deadbolt lock were engaged on all 3 doors, creating an obstruction for immediate evacuation of the home in the event of a fire. Following the tour of the home, Surveyor noted multiple steps needed to occur to gain access to the outside. The dead bolt lock needed to be manually disengaged, a code needed to be entered to unlock the keypad lock and the levered handle needed to be pulled down to open the door. Director A confirmed the door locking system (deadbolts and keypad lock), were in no way connected with the home's smoke detection system. The door hardware on 3 of 3 exit doors did not allow for the safe, unobstructed, and immediate evacuation of residents in the event of a fire.<br><br>On 09/12/2024 at 11:20 AM, Director A stated the door lock system was installed as a prerequisite for Resident 1's admission to the home. Director A indicated the placing agency required the door locks due to concerns for Resident 1's safety if s/he would attempt to leave the home. Director A verified all 3 exit doors remain locked from the inside due to Resident 1's risk of elopement. Director A confirmed the home always has awake staff present in the home. Surveyor then asked if the home had an approved wavier, variance or exception for the door locks. Director A confirmed the home did not have any waivers, variences or exceptions for the door locks. | M 338 | | |

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| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| **BEULAHGENE ASSISTANT LIVING INC 1** | **1706 STONEBRIDGE RD WEST BEND, WI 53095** |

| (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 338 | Continued From page 2<br><br>On 09/17/2024, Surveyor reviewed department records and verified the licensee did not have any approved waivers, variances or exceptions related to the locks on 3 of 3 exit doors. | M 338 | | |