STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018906	A. BUILDING: _____ B. WING _____	C 02/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINNACLE ASSISTED LIVING SERVICES ROLLING MI	N464 POEPPEL RD FORT ATKINSON, WI 53538

(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 02/26/2024, Surveyor conducted a complaint investigation at Pinnacle Assisted Living Services Rolling Meadows. 3 deficiencies were identified. Complaint was substantiated. Census 7	N 000		
N 167	83.12(4)(e) Reporting fire on the premises. A CBRF shall send a written report to the department within 3 working days after any of the following occurs: A fire occurs on the premises of the CBRF. This Rule is not met as evidenced by: Based on observation, record review, and interview the provider did not send a written report to the Department within 3 working days after a fire occurred on the premises. Findings include: On 02/26/2024, Surveyor reviewed a fire department inspection document dated 03/31/2023 that reported a large hole in the facility deck that caused by a fire that burned through the front deck of the facility and was unreported to the fire department. A caregiver at the facility came to work at 11:00 PM and smelled smoke but after checking the oven could not locate the source of the burning smell. Then at 5:00 AM the following day, the caregiver discovered that a portion of the front deck was smoldering and extinguished the fire using kitchen pans filled with water. The deck in the current condition is a safety risk causing	N 167		

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

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N 167	Continued From page 1 inadequate means of egress which constitutes a fire hazard and is dangerous to human life. The exit off of the deck is a means of emergency exit for residents and staff of the facility. The report indicates the joist hangers were rotted out and no longer supporting joists and the opposite ends of the joists are pulling away from the decks rim boards. The report cautions that immediate action is required and the deck should not be occupied until repairs are made. On 02/26/2024 at approximately 1:50 PM, Surveyor arrived at the facility and noted the second story deck in poor repair. A walkway section was hanging down and no longer attached to the main frame on one side of the deck due to warped and rotting wood. Surveyor also observed black marks on the siding by the deck that appeared to be residue from a fire (See Pictures 1-4). On 02/26/2024 at approximately 2:07 PM, Surveyor interviewed Manager A and asked Manager A for the most recent fire report for the facility. Manger A did not have a fire report to provide. Manager A confirmed there had been a fire on the deck and was not sure if the fire was reported. On 02/27/2024, Surveyor reviewed department records and confirmed the provider did not report the fire at the facility.	N 167		
N 205	83.14(2)(j) Not permit a condition of substantial risk. The licensee may not permit the existence or continuation of any condition which is or may create a substantial risk to the health, safety or	N 205		

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N 205	Continued From page 2 welfare of any resident. This Rule is not met as evidenced by: Based on observation, interview, and record review the provider permitted the existence or continuation of a condition which is a substantial risk to the safety and welfare of 7 of 7 residents residing at the facility. Findings include: On 02/26/2024, Surveyor reviewed a fire department inspection document dated 03/31/2023 that reported a large hole in the facility deck that caused by a fire that burned through the front deck of the facility and was unreported to the fire department. A caregiver at the facility came to work at 11:00 PM and smelled smoke but after checking the oven could not locate the source of the burning smell. Then at 5:00 AM the following day, the caregiver discovered that a portion of the front deck was smoldering and extinguished the fire using kitchen pans filled with water. fire department inspection documented that the deck in it's current condition is a safety risk causing inadequate means of egress which constitutes a fire hazard and is dangerous to human life. The exit off of the deck is a means of emergency exit for residents and staff of the facility. The report indicates the joist hangers were rotted out and no longer supporting joists and the opposite ends of the joists are pulling away from the decks rim boards. Fire department inspectioncautions that immediate action is required and the deck should not be occupied until repairs are made. On 02/26/2024 at approximately 1:50 PM,	N 205		

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N 205	Continued From page 3 Surveyor arrived at the facility and noted the second story deck in poor repair. Surveyor observed Resident 1 standing on the sagging deck upon arrival. The walkway section was hanging down and no longer attached to the main frame on one side of the deck due to warped and rotting wood. Surveyor also observed black marks on the siding by the deck that appeared to be residue from a fire (See Pictures 1-4). On 02/26/2024 at approximately 2:07 PM, Surveyor interviewed Manager A who confirmed Resident 1 was the resident that standing on the deck where the deck is sagging. Surveyor asked Manager A for the most recent fire report for the facility. Manager A stated s/he was aware of a fire inspection that documented the deck was not safe for use. Manager A stated s/he attempts to keep residents off of the deck, but they typically will go out on the deck to smoke. On 02/26/2024 at approximately 2:10 PM, Surveyor interviewed Manager A about the fire on the deck. Manager A confirmed there was a fire that effected the deck in 2022. Manager confirmed the deck had been in the current state of repair since the fire in 2022. Manager A stated there used to be a sign on the door that instructed residents not to use the deck, but the sign was misplaced at the moment. Manager A also verified the deck is one of the facilities' emergency exits.	N 205		
N 481	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and	N 481		

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N 481	Continued From page 4 homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation, record review and interview the provider did not ensure a living environment that was safe, clean, comfortable, and homelike. Findings include: On 02/26/2024 at approximately 2:10 PM, Surveyor toured the facility. The following was observed while on tour of the facility: 1.) The living room carpet was pulling up and bubbling, creating a tripping hazard. 2.) The shower was covered in a white substance and was in poor repair (See photo 5). 3.) There was a black substance on the ceiling where the smoke detector was in the bathroom consistent with mold. 4.) There was a brown substance on the wall in the bathroom. 5.) The ceiling fan in the living room was very wobbly. 6.) The ceiling light in the bathroom was flickering and not working properly. 7.) The lower-level carpeting was pulling and bubbling, creating a tripping hazard.	N 481		

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N 481	Continued From page 5 8.) Resident 2's room had masking tape all around the window, Surveyor attempted to open the window. The window opened hard and the mechanism that closes the window was broken off the window requiring staff to go outside and close the window by pushing on it. 9.) The soffit on the outside of the house was separating in numerous areas exposing the roof rafters to the elements. 10.) On backside of the home the rain gutter was pulled down and hanging from the facia of the facility. 11.) There were black marks in the siding of the house from a previous unreported fire. 12.) There was cigarette butts all over the wood deck and lawn next to the facility. 13.) There were three spots in the ceiling at the facility where old smoke detectors used to be that had exposed wires. 14.) There was a large hole in the lower-level ceiling. 15.) The lower-level patio door shades were broken and only covered half of the patio door. 16.) The ceiling tiles in the lower-level storage room showed signs of water marks. 17.) The vent exposed in the storage room was broken and appeared to have a liquid on it. There was a black substance around the exposed heating vent consistent with mold. 18.) The chairs in the common area living room	N 481		

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N 481	Continued From page 6	N 481		

were in poor repair. The fabric was pulling apart.

19.) The window in the common area day room would not open.

20.) Multiple window screens were torn and in poor repair.

On 02/26/2024 at approximately 3:00 PM, Surveyor shared findings with Manager A. Manager A confirmed the window in the dayroom would not open properly. Manager A stated s/he has attempted to clean the shower numerous times with multiple different cleaners and the white substance is not coming off. Manager A stated the vent in the storage room was exposed because a resident had behaviors and would urinate down the heating vent. Manager A stated a previous maintenance manager was in the middle of repairing the vent and then terminated employment. Manager A confirmed the black substance found at the facility was consistent with mold. Manager A stated s/he would let the owner know about the findings shared at survey.

On 02/26/2024, Surveyor reviewed the facilities fire inspection dated 03/31/2023. The report indicated findings of cigarette butts all over the deck and yard by the facility.

On 02/26/2024 at approximately 3:45 PM, Surveyor shared findings at the exit interview with Manager A and Assistant Administrator B. Surveyor also toured the facility at this time with Manager A and Assistant Administrator B to share observations. Assistant Administrator B stated s/he thought the owner was getting quotes for the deck and would share the rest of the information with the owners.