| 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 _____ | R-C 05/14/2024 |

| 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<br><br>On 05/14/2024, Surveyor conducted a verification visit at Pinnacle Assisted Living Services Rolling Meadows.<br><br>1 deficiency is a repeat deficiency.<br><br>2 deficiencies were substantially corrected.<br><br>Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed.<br><br>Census 6 | {N 000} | | |
| {N 481} | 83.43(1) Environment safe, clean, and comfortable<br><br>Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room.<br><br>This Rule is not met as evidenced by:<br>Based on observation, record review and interview the provider did not ensure a living environment that was safe, clean, comfortable, and homelike.<br><br>Findings include:<br><br>This is a repeat deficiency from SOD # H0OG11 dated 02/26/2024.<br><br>On 05/14/2024 at approximately 1:45 PM, Surveyor toured the facility. The following was observed while on tour of the facility: | {N 481} | | |

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

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| {N 481} | Continued From page 1<br>1.) The living room carpet was pulling up and bubbling, creating a tripping hazard.<br><br>2.) There was a brown substance on the wall in the living room.<br><br>3.) 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.<br><br>4.) The soffit on the outside of the house was separating in numerous areas exposing the roof rafters to the elements.<br><br>5.) There were black marks in the siding of the house from a previous unreported fire.<br><br>6.) The ceiling in the storage room had a very strong urine smell from a resident urinating down the heating vent.<br><br>7.) The chairs in the common area living room were in poor repair. The fabric was pulling apart.<br><br>8.) The window in the common area day room would not open.<br><br>9.) Empty room 4 had a very strong urine smell. The flooring was pulling up by the wall. There was fabric shoved in the heating vent from the previous resident who resided in the room with a strong urine smell.<br><br>On 05/14/2024 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 room | {N 481} | | |

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| {N 481} | Continued From page 2<br>4 had a resident that had behaviors and was recently moved to another facility due to needing a higher level of care. Manager A stated the provider is in the process of getting contractors to put in new windows and to clean the outside of the facility up. | {N 481} | | |