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 _____	C 05/27/2026

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 05/19/2026, Surveyor conducted a standard survey and 1 complaint investigation at Waupaca Elder Care Home. Additional information was gathered through 05/27/2026. The complaint was unsubstantiated, and as a result of the survey, 1 repeat deficient practice was identified. Census: 12	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. Of the 3 available exits, the 2 exits in the front of the facility that were in use were not the required distance apart. The back exit that was within acceptable distance was found to be unmaintained, without a hard surface, containing a bump that would be difficult for residents to safely negotiate, was locked, and had signage noting it was not an exit. The main front entrance was equipped with malfunctioning delayed egress hardware which did not allow the door to open without entering a code and did not have	N 631		

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

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N 631	Continued From page 1 Department approval. This is a repeat deficient practice. See SOD (Statement of Deficiency) ZN7J12 (dated 11/17/2023.) Findings include: The facility is a class CNA (non-ambulatory.) The provider is licensed to serve up to16 residents who may have diagnoses including advanced age, irreversible dementia/ Alzheimer's disease, and/ or traumatic brain injury. At the time of the survey the census was 12. On 05/19/2026 at 12:00 PM, Surveyor toured the facility while interviewing House Manager B and RN A. Surveyor observed 3 exits highlighted on the facility exit diagram. The facility had 3 possible exits, 2 in the front of the building, (the main entrance (1) and the side exit (2) leading to a gated patio,) and one exit in the back of the facility (3.) Surveyor observed 2/3 of the exits were obstructed: Exit 1 Surveyor observed the main entrance door was equipped with delayed egress hardware that had a sign noting the door would open after applying pressure for 15 seconds. Surveyor attempted to open the door and found the delayed egress mechanism was not functioning, and the door remained locked. House Manager B stated they had to enter a code into the keypad for the door to open. House Manager B entered the code and the door unlocked. Surveyor observed without entering a key code, the door was locked from both sides. On 05/19/2026 at 1:00 PM, Surveyor interviewed	N 631		

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N 631	Continued From page 2 Owner C. Owner C stated the delayed egress mechanism that was added in 2020 was malfunctioning, and from time to time the mechanism needed to be realigned in order for the delayed egress system to engage. Owner C acknowledged when the mechanism malfunctioned the door was locked from both sides and that the equipment needed to be professionally maintained to ensure its consistent function. When asked to review the Department's approval for the use of delayed egress, Owner C stated the provider submitted their plans to the Office of Plan Review and Inspection (OPRI) but that s/he did not believe the provider had Department approval. Owner C stated s/he would disengage the delayed egress equipment until the provider sought Department approval and then professional services to fix the malfunctioning equipment. Exit 3 Surveyor observed the back door had a sign saying stating this was not an exit, had the lighted exit sign removed, and was secured with a deadbolt lock. The 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. The bump appeared to be a tripping hazard. RN 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. 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. The moss and debris appeared to have eroded the gravel and created an infirm and	N 631		

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N 631	Continued From page 3 obstructed pathway leading away from the facility. On 05/19/2026 at 1:00 PM, Surveyor interviewed Owner C. Owner C stated s/he was aware the CBRF required at least 2 unobstructed exits and stated rather than maintaining the backdoor as an exit they chose to utilize the 2 front exits as their 2 required exits. Owner C acknowledged the exit diagrams still had exit 3 listed as a means of evacuation and stated the maps would be corrected. Surveyor and Owner C discussed the 2 exits in use (exit 1 and exit 2) were located near each other and Owner C acknowledged the risk of not having use of exit 3 at the back of the facility. On 05/20/2025, Surveyor reviewed the building code requirements with OPRI D who noted based on the floorplan and installed sprinkler system, exits 1 and 2 were too close together to be the only 2 exits in use and that exit 3 was required to be maintained as an exit, "Per IBC section 1007.1.1, these 2 exits are required to be a minimum of 1/3 the length of the maximum diagonal dimension of the building. These exits are not located remotely to meet that minimum requirement." On 05/27/2025 at 10:30 AM, Surveyor conducted an exit interview with RN B. RN B confirmed the requirement for the provider to seek Department approval for the use of a delayed egress system, professional review of the malfunctioning delayed egress equipment and ongoing maintenance, maintaining the back exit 3 as one of the official exits due to building code requirements, and ensuring the evacuation plans matched.	N 631		