STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013967	A. BUILDING: _____ B. WING _____	R-C 05/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIBERTY VILLAGE LLC	200 LIBERTY PLACE TOMAH, WI 54660

(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 04/29/2026, Surveyors conducted a three-complaint investigation and verification visit at Liberty Village LLC. Data collection continued through 05/06/2026. One of the 3 complaints were substantiated. Eight deficiencies were identified. Three of the 8 deficiencies were repeat violations. See Statement of Deficiency (SOD) 77DQ12, dated 06/02/2021 and SOD UWVK11, dated 12/02/2025. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 16	{N 000}		
N 158	83.12(2)(a) Caregiver: Investigating abuse & neglect Investigating and reporting abuse, neglect, or misappropriation of property. Caregiver. 1. When a CBRF receives a report of an allegation of abuse or neglect of a resident, or misappropriation of property, the CBRF shall take immediate steps to ensure the safety of all residents. 2. The CBRF shall investigate and document any allegation of abuse or neglect of a resident, or misappropriation of property by a caregiver. If the CBRF ' s investigation concludes that the alleged abuse, or neglect of a resident or misappropriation of property meets the definition of abuse or neglect of a resident, or of misappropriation of property, the CBRF shall report the incident to the department on a form provided by the department, within 7 calendar days from the date the CBRF knew or should	N 158		

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

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N 158	Continued From page 1 have known about the abuse, neglect, or misappropriation of property. The CBRF shall maintain documentation of any investigation. This Rule is not met as evidenced by: Based on record review and interview, the provider did not report an incident to the department within 7 days from the date the community-based residential facility (CBRF) knew or should have known about employee misconduct. Findings include: On 01/12/2026, the Department received a complaint regarding resident care and resident rights concerns. On 04/29/2026 at 2:37 PM, Surveyor requested any documentation related to care concerns for Caregiver D from Acting Executive Director (AED) A. On 04/29/2026 Surveyor reviewed Caregiver D's record. Caregiver D was hired on 07/31/2025. An Employee Notice of Discipline form dated 11/26/2025, indicated Caregiver D was observed taking photos and video of a resident with his/her personal device on 11/23/2025. Caregiver D received a written first warning, was asked to delete the photos and video, and had additional education related to resident rights. An Employee Notice of Discipline form dated 01/28/2026, indicated Caregiver D had a second written warning for not providing a shower to a resident on 01/27/2026. Caregiver D did not report making multiple attempts to shower the	N 158		

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N 158	Continued From page 2 resident nor did s/he ask other caregivers to assist. Caregiver D received additional education on the importance of showers for residents and ways to seek help with uncompleted tasks. An Employee Education Acknowledgement form dated 02/13/2026, indicated the week of 02/08/2026 resident cares were not completed by Caregiver D. The form indicated Caregiver D had an excessive number of "refusal of care" and "care not provided" documented during his/her shifts and it had been an ongoing issue that was monitored since October 2025. The form indicated this was Caregiver D's first verbal warning. An Employee Notice of Discipline form dated 02/23/2026, indicated Caregiver D had posted a video of him/her and a resident dancing on social media on 02/22/2026. This resulted in Caregiver D's termination on 02/23/2026. On 04/30/2026 at 1:30 PM, Surveyor interviewed AED A, Staff Coordinator (SC) B, and Chief Operating Officer (COO) C. COO C stated s/he did not believe Caregiver D's misconduct was reported to the Office of Caregiver Quality (OCQ). On 05/01/2026 at 6:44 AM, Surveyor received an email from OCQ Investigator E confirming the provider had not reported Caregiver D's misconduct to OCQ. Cross Reference N0218 DHS 83.16(2) Resident Care Staff At Least 18 Years Old	N 158		
N 196	83.14(2)(a) Licensee ensures facility complies with laws	N 196		

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N 196	Continued From page 3 The licensee shall ensure the CBRF and its operation comply with all laws governing the CBRF. This Rule is not met as evidenced by: Based on record review and interview, the licensee did not ensure the provider, and its operation complied with all laws governing the facility. Findings include: The provider is licensed to care for 22 non-ambulatory residents in the client groups physically disabled, advanced aged, and irreversible dementia/Alzheimer's. On 12/19/2026, the Department received a complaint regarding Previous Director (PD) I asking staff and residents to sign documents without dates during the previous survey. On 01/29/2026, the provider was issued a Statement of Deficiency (SOD) UWVK11, dated 12/02/2025. The attached Notice and Order letter contained special orders, which indicated the licensee would develop and implement corrective measures to address each deficient practice in SOD UWVK11. On 04/29/2026, Surveyor conducted a verification visit and 3-complaint investigations. Nine deficiencies, including this one, were identified. Two of the three complaints were substantiated and 3 of the 9 deficiencies were repeat violations. The following concerns were identified throughout the course of the survey: - Caregiver misconduct not reported to the	N 196		

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N 196	Continued From page 4 department timely - Waivers for employees less than 18 years of age were not obtained - Employees were not screened for communicable diseases, including tuberculosis. - Resident self-determination rights were not respected - Resident least restrictive environment rights were not respected - Fire drills documentation did not include type of resident assistance - Resident individual care plans (ISPs) were not updated with changes. On 04/29/2026 at 9:38 PM, Surveyors entered the facility and met with Acting Executive Director (AED) A and Staff Coordinator (SC) B. AED A stated this was his/her third day on his/her own as the AED. AED A stated PD I had left last Thursday after giving notice. On 04/29/2026 at 3:35 PM, Surveyors interviewed AED A and SC B. AED A confirmed there had been concerns with PD I asking staff and residents to sign documents without dates during the previous survey from 11/11/2025 to 12/02/2025. AED A stated PD I had asked SC B and him/her to have staff sign job descriptions without dates. AED A stated PD I had also had two residents sign satisfaction surveys without dates. AED A stated s/he had gone to the Chief Executive Officer (CEO) with these concerns and did not receive help. AED A stated when PD I found out s/he had spoken to the CEO, PD I had put AED A in the kitchen for a "training" opportunity for the month of December 2025. AED A stated it felt punitive in nature, and s/he had been afraid of PD I retaliating against him/her further.	N 196		

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N 196	Continued From page 5 On 04/30/2026 at 1:30 PM, Surveyor interviewed AED A, SC B, and Chief Operating Officer (COO) C. COO C stated s/he oversaw multiple facilities within the company and was at this facility physically once per week mainly in a nursing capacity. COO C stated now that AED A was in his/her new position, s/he was at the facility two times per week to support him/her. COO C stated s/he had a feeling s/he could not trust PD I and communication had declined between them prior to PD I leaving. COO C stated s/he was not privy to what had been going on at the facility and "mortified" to find out the extent of AED A's "punishment." COO C stated PD I had told AED A and SC B not to speak to COO C and they had feared further retaliation from PD I. COO C stated s/he would investigate further what happened while PD I was employed and report to the Office of Caregiver Quality (OCQ) as required. COO C stated they had a long road ahead of them but would work diligently to turn things around at the facility. The licensee did not ensure the provider, and its operation complied with all laws governing the facility when 3 deficiencies were not corrected per the special orders from SOD UWVK11 and 8 total deficiencies were identified during this survey, which included 2 of the 3 complaints substantiated. The licensee did not ensure PD I's operation and conduct complied with all laws governing the facility, when s/he appeared to retaliate against AED A for going above him/her with concerns and placed AED A in the kitchen for a month of "training". Cross Reference N0158 DHS 83.12(2)(a) Caregiver: Investigating Abuse Neglect N0218 DHS 83.16(2) Resident Care Staff At	N 196		

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N 196	Continued From page 6 Least 18 Years Old N0220 DHS 83.17(2)(a) Employees Screened For Communicable Disease N0355 DHS 83.32(3)(k) Rights Of Residents: Self-Determination N0356 DHS 83.32(3)(l) Rights Of Residents: Least Restrictive Env N0389 DHS 83.35(3)(d) Service Plans Updated Annually Or On Changes N0525 DHS 83.47(2)(d)Fire Drills	N 196		
N 218	83.16(2) Resident care staff at least 18 years old Resident care staff shall be at least 18 years old. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each resident care staff was at least 18 years old. Findings include: On 04/29/2026 at 1:17 PM, Surveyor requested Caregiver G's record from Acting Executive Director (AED) A. On 04/29/2026 Surveyor reviewed Caregiver G's record. Caregiver G was hired on 04/02/2026. Caregiver G's date of birth was 01/25/2009. On 04/29/2026 at 2:37 PM, Surveyor requested Caregiver D's record from AED A. On 04/29/2026 Surveyor reviewed Caregiver D's record. Caregiver D was hired on 07/31/2025. Caregiver D's date of birth was 03/13/2008. On 04/29/2026 at 3:35 PM, Surveyor interviewed	N 218		

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N 218	Continued From page 7 Acting Executive Director (AED) A and Staff Coordinator (SC) B and asked if waivers had been submitted for Caregiver D and Caregiver G to work as resident care staff before they turned 18 years old. AED A stated s/he was unable to find a waiver approved from the Department in Caregiver D's or Caregiver G's record.	N 218		
{N 220}	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 employees reviewed had obtained documentation from a physician, physician assistant, clinical nurse practitioner, or a licensed registered nurse, indicating they had been screened within 90 days before the start of employment for clinically apparent communicable disease, including tuberculosis (TB). This is a repeat deficiency. See Statement of	{N 220}		

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{N 220}	Continued From page 8 Deficiency UWVK11, dated 12/02/2025. Findings include: The provider is licensed to care for 22 non-ambulatory residents in the client groups physically disabled, advanced aged, and irreversible dementia/Alzheimer's. On 04/29/2026, Surveyor conducted a review of 3 employees. Surveyor requested communicable disease screenings and TB tests from Acting Executive Director (AED) A. Caregiver F was hired on 04/15/2026 and had a TB test on 04/20/2026. Caregiver F's record contained a communicable disease screening dated by Caregiver F on 04/16/2026, but it did not contain a date and signature from a physician, physician assistant, clinical nurse practitioner, or a licensed registered nurse. Caregiver G was hired on 04/02/2026 and had a TB test on 04/08/2026. Caregiver G's record contained a communicable disease screening dated by Caregiver G on 04/08/2026, but it did not contain a date and signature from a physician, physician assistant, clinical nurse practitioner, or a licensed registered nurse. Activities Director (AD) H was hired on 04/06/2026 and had a TB test on 04/22/2026. AD's record contained a communicable disease screening dated by AD H on 04/22/2026, but it did not contain a date and signature from a physician, physician assistant, clinical nurse practitioner, or a licensed registered nurse. On 04/30/2026 at 1:30 PM, Surveyor interviewed AED A, Staff Coordinator (SC) B, and Chief	{N 220}		

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{N 220}	Continued From page 9 Operating Officer (COO) C. CCO C stated s/he was a registered nurse, and it was his/her responsibility to review the new hire's communicable disease screenings. COO C stated Caregiver F's, Caregiver G's, and AD H's communicable disease screenings were not passed on to him/her and COO C confirmed s/he had not reviewed them.	{N 220}		
N 355	83.32(3)(k) Rights of Residents: Self-determination In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Self-determination. Make decisions relating to care, activities, daily routines and other aspects of life which enhance the resident ' s self reliance and support the resident ' s autonomy and decision making. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 1's right to self-determination was respected. Resident 1 was not given the choice to move rooms, which caused him/her to get rid of his/her cat. Findings include: On 04/29/2026 at 10:20 AM, Surveyor observed Resident 1 had moved rooms within the same wing of the Community-Based Residential Facility (CBRF) since the last survey conducted on 11/11/2025. Surveyor observed the new room had a shared bathroom and separate bedrooms for Resident 1 and another resident. Surveyor	N 355		

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N 355	Continued From page 10	N 355		

interviewed Resident 1 and asked about the move. Resident 1 stated s/he had to move from his/her private room to a shared room. Resident 1 stated s/he was given notice about the move. Resident 1 stated s/he was not given a choice about moving and did not like it. Resident 1 stated s/he could not have the cat in a shared room.

On 04/29/2026 at 10:45 AM, Surveyor interviewed Caregiver J. Caregiver J stated s/he heard Resident 1 had moved rooms due to financial reasons and the move had occurred about 2 months ago. Caregiver J stated Resident 1 had to get rid of his/her cat before the move.

On 04/29/2026 at 11:04 AM, Surveyor interviewed Caregiver M. Caregiver M stated Resident 1 was made to move due to a new resident moving into the CBRF from the Residential Care Apartment Complex (RCAC) within the same building that could not go in a shared room with a resident of the opposite sex. Caregiver M stated Resident 1 had to get rid of his/her cat before the move.

On 04/29/2026, Surveyor reviewed Resident 1's record.

Resident 1 had an admission date to the CBRF on 08/08/2024 and was his/her own decision maker.

An admission agreement dated 08/08/2024 and signed by Previous Director (PD) I and Resident 1, only addressed a resident requesting room transfers not the provider initiating the room transfer.

A letter dated 01/14/2026 and signed by AED A, read in part, "This letter serves as a formal notice

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N 355	Continued From page 11 regarding an upcoming change to your current living accommodations [sic] within our community. After careful review of personal funds and apartment occupancy needs, it has been determined that you will need to transfer from your current apartment to a smaller studio apartment within the community. We understand that moving can be a significant adjustment, and our team is committed to supporting you through this transition. Staff will be available this week as well as next to assist you in this move ..." A Community Change Form dated 01/23/2026, indicated Resident 1 had moved rooms on this date; only 9 days after being given notice. A new admission agreement was signed by PD I and Resident 1 on 02/04/2026 which included Resident 1's fee adjustment for the shared room. On 04/29/2026 at 3:35 PM, Surveyors interviewed Acting Executive Director (AED) A and Staff Coordinator (SC) B. AED A stated Resident 1 had to move rooms due to being out of funds and was under the impression it would help him/her out financially. AED A stated Resident 1 expressed to him/her that s/he was unhappy about the move but stated Resident 1 had agreed to it. On 04/30/2026 at 1:30 PM, Surveyor interviewed Chief Operating Officer (COO) C, AED A, and SC B. AED A stated s/he typed up and brought the letter on 01/14/2026 to Resident 1's room. AED A stated s/he read the letter to Resident 1 notifying him/her about the move. AED A stated s/he had not given Resident 1 an option to not move and	N 355		

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N 355	Continued From page 12 had not explained to Resident 1 his/her rights about moving rooms. AED A stated Resident 1 expressed to him/her that s/he wanted to stay in his/her current room after reading the letter on 01/14/2026. The provider did not allow Resident 1 self-determination when s/he was not given an option to move rooms to a shared room with another resident, which prompted him/her to get rid of his/her cat.	N 355		
N 356	83.32(3)(l) Rights of Residents: Least restrictive env In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Least restrictive environment. Have the least restrictive conditions necessary to achieve the purposes of the resident ' s admission. The CBRF may not impose a curfew, rule or other restriction on a resident ' s freedom of choice. This Rule is not met as evidenced by: Based on observation, interview and record review, the provider did not ensure each resident's right to the least restrictive environment necessary by preventing 8 of 8 residents' access to the community kitchenette refrigerator. Findings include: The facility is licensed as a Class CNA (non-ambulatory) assisted living facility that can provide care and services to 22 residents within the client groups advanced aged, physically	N 356		

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N 356	Continued From page 13 disabled, and irreversible dementia/Alzheimer's disease. On 04/29/2026 at approximately 10:15 AM, Surveyor observed the east wing community kitchenette refrigerator had a lock on it. Surveyor did not observe any snacks or beverages available to all residents in the common living areas. On 04/29/2026 at 2:45 PM, Surveyor interviewed Caregiver J about the lock on the community kitchenette refrigerator. Caregiver J stated the refrigerator was locked due to Resident 2 eating other resident's food out of it. Caregiver J stated Resident 2 had eaten a whole box of ice cream at one time. Caregiver J stated Resident 2 did not have any food in his/her room and no snacks or beverages were left out for all residents. Caregiver J stated Resident 2 would also have taken any snacks or beverages left out. Caregiver J stated Resident 2 was offered snacks between meals and given double portions of food at mealtimes. On 04/29/2026, Surveyor reviewed Resident 2's record. Resident 2 was admitted on 01/06/2026 and had diagnoses that included dementia, dysphasia, and failure to thrive. Resident 2's undated individual service plan (ISP) indicated if Resident 2 came out to the common living area with a blue ceramic bowl s/he was looking for food and staff were to assist. The ISP indicated Resident 2 was to receive double portions of food at mealtimes and staff were to offer more filling options for snacks such as sandwiches, boiled eggs, etc. The ISP stated,	N 356		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013967	A. BUILDING: _____ B. WING _____	R-C 05/06/2026

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N 356	Continued From page 14 "Do not limit food intake." The ISP did not document restrictive measures had been put in place regarding Resident 2's behaviors regarding his/her ability to open the community kitchenette refrigerator. Staff observation notes dated 01/01/2026 to 04/29/2026 indicated the following: 02/09/2026- Resident 2 had grabbed a box of cereal off the community kitchenette refrigerator and took it to his/her room eating out of the box. A few minutes later Resident 2 came out of his/her room with a frozen hot pocket that s/he was trying to eat. 02/19/2026- Resident 2 was observed in the community kitchenette eating cake that had been sitting on the counter from the day before. Later in the morning Resident 2 attempted to take the box of cheerios to his/her room. 02/23/2026- Resident 2 was observed taking a Jell-o cup out of the community kitchenette refrigerator and left the door wide open. 03/02/2026 - Resident 2 had removed another resident's food from the community kitchenette refrigerator and ate it. Resident 2 had also left the refrigerator and freezer doors wide open. Later Resident 2 was found in the kitchenette with the refrigerator door open eating a slice of bread with chocolate syrup on it. Resident 2 had another slice of bread with chocolate syrup on the counter, chocolate syrup spilled all over the counter, and strawberries sitting out on the counter. 03/04/2026 - Resident 2 had helped him/herself to leftovers from the community kitchenette refrigerator and was found in the kitchenette eating cold spaghetti straight out of the container. 03/05/2026 - Resident 2 was found in the community kitchenette eating a pint of ice cream with a measuring spoon and s/he had a sharp	N 356		

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N 356	Continued From page 15 knife in his/her hands. 03/06/2026 - Resident 2 had taken food items from the community kitchenette refrigerator and would not give them back to staff. On 05/06/2026 at 9:20 AM, Surveyors interviewed Surveyor interviewed Acting Executive Director (AED) A, Staff Coordinator (SC) B, Chief Operating Officer (COO) C, and Nurse K. AED A confirmed the lock was placed on the community kitchenette refrigerator due to Resident 2's behaviors. AED A confirmed there were 8 residents residing in the east wing.	N 356		
{N 389}	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not review and revise Resident 2's individual service plan (ISP), when there was a change in Resident 2's behavior.	{N 389}		

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{N 389}	Continued From page 16 This is a repeat deficiency. See Statement of Deficiency UWVK11, dated 12/02/2025. Findings include: On 04/29/2026 at approximately 10:15 AM, Surveyor observed the east wing community kitchenette refrigerator had a lock on it. On 04/29/2026 at 2:45 PM, Surveyor interviewed Caregiver J about the lock on the community kitchenette refrigerator. Caregiver J stated the refrigerator was locked due to Resident 2 eating other resident's food out of it. Caregiver J stated Resident 2 had eaten a whole box of ice cream at one time. Caregiver J stated Resident 2 did not have any food in his/her room and no snacks or beverages were left out for all residents. Caregiver J stated Resident 2 would also have taken any snacks or beverages left out. Caregiver J stated Resident 2 was offered snacks between meals and given double portions of food at mealtimes. On 04/29/2026, Surveyor reviewed Resident 2's record. Resident 2 was admitted on 01/06/2026 and had diagnoses that included dementia, dysphasia, and failure to thrive. Resident 2's undated individual service plan (ISP) indicated if Resident 2 came out to the common living area with a blue ceramic bowl s/he was looking for food and staff were to assist. The ISP indicated Resident 2 was to receive double portions of food at mealtimes and staff were to offer more filling options for snacks such as sandwiches, boiled eggs, etc. The ISP stated, "Do not limit food intake". The ISP did not	{N 389}		

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{N 389}	Continued From page 17 document restrictive measures had been put in place regarding Resident 2's behaviors regarding his/her ability to open the community kitchenette refrigerator. On 05/06/2026 at 9:20 AM, Surveyors interviewed Acting Executive Director (AED) A, Staff Coordinator (SC) B, Chief Operating Officer (COO) C, and Nurse K. AED A confirmed the lock was placed on the community kitchenette refrigerator due to Resident 2's behaviors. COO C confirmed Resident 2's ISP was not updated after the lock was placed on the community kitchenette refrigerator due to his/her behavior. Cross Reference N0356 DHS 83.32(3)(l) Rights Of Residents: Least Restrictive Env	{N 389}		
{N 525}	83.47(2)(d) Fire drills. Fire drills. 1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of the drill and the CBRF ' s total evacuation time. The CBRF shall record residents having an evacuation time greater than the time allowed under s. HFS 83.35(5) and the type of assistance needed for evacuation. Fire evacuation drills may be announced in advance. 2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleeping hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the employees scheduled to work during the residents ' normal sleeping hours.	{N 525}		

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{N 525}	Continued From page 18 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure fire drill documentation included the type of assistance needed for evacuation of residents having an evacuation time greater than the time allowed under s. DHS 83.35(5). This is a repeat deficiency. See Statement of Deficiency (SOD) 77DQ12, dated 06/02/2021 and SOD UWVK11, dated 12/02/2025. Findings include: The provider is licensed to care for 22 non-ambulatory residents in the client groups physically disabled, advanced aged, and irreversible dementia/Alzheimer's. On 04/29/2026, Surveyor conducted a review of the provider's fire drills. Surveyor requested fire drills from Acting Executive Director (AED) A. The fire drill on 03/18/2026 indicated the total evacuation time was 5 minutes. The fire drill form had a list of residents with an evacuation time greater than the time allowed under s. DHS 83.35(5) but did not record the type of assistance required for evacuation or if they were a point of rescue. On 04/29/2026 at approximately 2:40 PM, Surveyor asked AED A about the list of residents on the fire drill. AED A explained those residents were point of rescue. On 05/06/2026 at 9:20 AM, Surveyors interviewed	{N 525}		

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{N 525}	Continued From page 19 AED A, Staff Coordinator (SC) B, Chief Operating Officer (COO) C, and Nurse K. COO C confirmed they had not been putting the type of assistance residents required for evacuation or if they were a point of rescue on the fire drill form and would correct their process moving forward.	{N 525}		