STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013631	A. BUILDING: _____ B. WING _____	09/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARCADIA COMMUNITIES	911 S CENTER ST BEAVER DAM, WI 53916

(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 From 09/24/2025 to 09/25/2025, Surveyor conducted an abbreviated survey at Arcadia Communities, a CBRF in Beaver Dam. Three deficiencies were identified. Census: 19	N 000		
N 219	83.17(1) Licensee conduct caregiver background check Caregiver background check. At the time of hire, employment or contract and every 4 years after, the licensee shall conduct and document a caregiver background check following the procedures in s. 50.065, Stats., and ch. DHS 12. A licensee shall not employ, contract with or permit a person to reside at the CBRF if the person has been convicted of the crimes or offenses, or has a governmental finding of misconduct, found in s. 50.065, Stats., and ch. DHS 12, Appendix A, unless the person has been approved under the department ' s rehabilitation process as defined in ch. DHS 12. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a criminal records check was completed for 1 of 3 caregivers reviewed. Caregiver B's background check was incomplete. Findings include: According to The Wisconsin Caregiver Program Manual (P-00038), a complete Caregiver Background Check, at minimum, consists of:	N 219		

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

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N 219	Continued From page 1 1) A completed DHS form F-82064, Background Information Disclosure (BID). 2) A response from the Department of Justice (DOJ). 3) A Governmental Findings Report from DHS that reports the person's status, including administrative finding or licensing restrictions (IBIS). On 09/24/2025 at 11:30 a.m., Surveyor reviewed employee records provided by Executive Director A. Caregiver B's record indicated s/he had been hired on 05/27/2025. The record included a BID completed at the time of hire, but did not include a DOJ or IBIS. On 09/24/2025 at 12:55 p.m., Surveyor reviewed concern with Executive Director A that Caregiver B's record did not include a DOJ or IBIS. Executive Director B stated s/he was sure s/he completed the DOJ and IBIS, but would need to check records further and/or the website. On 09/25/2025 at approximately 2:30 p.m., Executive Director A followed up with Surveyor and stated s/he was unable to locate records to indicate a DOJ and IBIS check were completed for Caregiver B.	N 219		
N 488	83.44(1)(c) Clothes dryers enclosed and vented Clothes dryers. The CBRF shall enclose any clothes dryer having a rated capacity of more than 37,000 Btu/hour in a one-hour fire resistive rated enclosure. If the clothes dryer requires a vent, the CBRF shall use dryer vent tubing that is of rigid material with a fire rating that exceeds the temperature rating of the dryer. The dryer vent	N 488		

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N 488	Continued From page 2 tubing shall be clean and maintained. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 2 dryer vents were made of rigid material. The provider had 1 dryer with a semi-rigid vent. Findings include: On 09/24/2025 at 12:15 p.m., Surveyor toured the provider's laundry room with Executive Director A. Surveyor observed that 1 of 2 dryer vents were made of semi-rigid material. Surveyor shared concern with Executive Director A that 1 of 2 dryer vents was made of semi-rigid material and compared the dryer vent to the 2nd dryer vent, which was made of rigid material. Executive Director A acknowledged Surveyor's concern and stated, "Oh, I see what you mean," as Surveyor pointed out the difference between rigid and semi-rigid vents.	N 488		
N 650	83.59(4)(b) Delayed egress: locking device sign posted Delayed egress door locks are permitted with department approval only in facilities with a supervised automatic fire sprinkler system and a supervised interconnected automatic fire detection system and shall comply with all of the following: A sign shall be posted adjacent to the locking device indicating how the door may be opened. This Rule is not met as evidenced by: Based on observation and interview, the provider	N 650		

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N 650	Continued From page 3 did not ensure 3 of 4 delayed egress doors had a sign posted adjacent to the locking device indicating how the door may be opened. Findings include: The facility is licensed to care for up to 20 residents with diagnoses including physically disabled, irreversible dementia/Alzheimer's, terminally ill and advanced age. On 09/24/2025 at approximately 12:00 p.m., Surveyor toured the provider's facility. The facility is divided into an "assisted living" side and "memory care" side. Surveyor observed the 4 doors on "memory care," which were identified as emergency exits, did not immediately open upon turning the door handle. Surveyor observed 3 of 4 doors did not have a sign documenting how to open the door. Surveyor observed a keypad next to each of the doors. Executive Director A stated all doors on "memory care" were delayed egress. Surveyor then shared concern that 3 of 4 doors did not have a sign indicating how to open the doors. Executive Director A made note of Surveyor's concern.	N 650		