

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 110198	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/23/2026
NAME OF PROVIDER OR SUPPLIER OAKWOOD VILLAGE TABOR OAKS		STREET ADDRESS, CITY, STATE, ZIP CODE 6175 MINERAL POINT RD MADISON, WI 53705		
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N 000	Initial Comments On 06/22/2026 to 06/23/2026, Surveyor conducted a standard survey at Oakwood Village Tabor Oaks. Ten deficiencies were identified. One of 10 deficiencies was a repeat violation. See Statements of Deficiency (SOD) DL2411, dated 06/27/2023 and SOD JDJH11, dated 12/20/2023. Census: 60	N 000		
N 230	83.19 Orientation Before an employee performs any job duties, the CBRF shall provide each employee with orientation training which shall include all of the following: (1) Job responsibilities; (2) Prevention and reporting of resident abuse, neglect and misappropriation of resident property; (3) Information regarding assessed needs and individual services for each resident for whom the employee is responsible; (4) Emergency and disaster plan and evacuation procedures under s. HFS 83.47(2); (5) CBRF policies and procedures; (6) Recognizing and responding to resident changes of condition. This Rule is not met as evidenced by: Based on record review and interview the provider did not ensure 1 of 2 caregivers (Caregiver E) completed orientation training before job duties were performed. Orientation training must include all of the	N 230		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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N 230	Continued From page 1 following: (1) Job responsibilities; (2) Prevention and reporting of resident abuse, neglect and misappropriation of resident property; (3) Information regarding assessed needs and individual services for each resident for whom the employee is responsible; (4) Emergency and disaster plan and evacuation procedures under s. HFS 83.47(2); (5) CBRF (Community Based Residential Facility) policies and procedures; (6) Recognizing and responding to resident changes of condition. Findings include: On 06/22/2026, Surveyor reviewed Caregiver E's record and identified the following: -Caregiver E was hired 03/17/2026. Caregiver E left his/her position on 06/04/2026. Caregiver E's orientation did not include training on the following categories: assessed needs and individual services for each resident, emergency and disaster plan and evacuation procedures, CBRF policies and procedures, and recognizing and responding to resident changes of conditions. On 06/22/2026 at 4:00 PM, Surveyor interviewed AL Director A and Interim Executive Director B and shared findings. Both staff acknowledged the concern and stated they would review training records to ensure nothing was missed. Surveyor noted evidence would need to be submitted by 06/23/2026 at 4:00 PM. On 06/23/2026 at 2:53 PM, AL Director A sent the Surveyor an email verifying additional training documentation could not be provided.	N 230		

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N 243	Continued From page 2	N 243		
N 243	83.21(1)-(3) All employee training. The CBRF shall provide, obtain or otherwise ensure adequate training for all employees in all of the following: Resident rights. Training shall include general rights of residents including rights as specified under s. DHS 83.32(3). Training shall be provided as applicable under ss. 50.09 and 51.61 and chs. 54, 55, and 304, Stats., and ch. DHS 94, depending on the legal status of the resident or service the resident is receiving. Specific training topics shall include house rules, coercion, retaliation, confidentiality, restraints, self-determination, and the CBRF 's complaint and grievance procedures. Residents ' rights training shall be completed within 90 days after starting employment. Client Group. Training shall be specific to the client group served and shall include the physical, social and mental health needs of the client group. Specific training topics shall include, as applicable: characteristics of the client group served, activities, safety risks, environmental considerations, disease processes, communication skills, nutritional needs, and vocational abilities. Client group specific training shall be completed within 90 days after starting employment. Client Group. In a CBRF serving more than one client group, employees shall receive training for each client group. Recognizing, preventing, managing, and responding to challenging behaviors. Specific training topics shall include, as applicable: elopement, aggressive behaviors, destruction of property, suicide prevention, self-injurious behavior, resident supervision, and changes in condition. Challenging behaviors training shall be	N 243		

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N 243	Continued From page 3 completed within 90 days after starting employment. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 employees reviewed completed training in all employee training within 90 days after starting employment. Caregiver F did not have documentation for completion of training in challenging behaviors and client groups. Findings include: On 06/22/2026, Surveyor conducted a review of employee files to verify compliance with all employee training requirements Surveyor requested training records for Caregiver F from AL Director A and Interim Executive Director B. Client Group: -The record for Caregiver F, hired 12/08/2025, did not contain evidence of training in client groups within 90 days of hire, or evidence of meeting an exemption for the training. Recognizing, Preventing, Managing and Responding to Challenging Behaviors: -The record for Caregiver F, hired 12/08/2025, did not contain evidence of training in challenging behaviors within 90 days of hire, or evidence of meeting an exemption for the training. On 06/22/2026 at 4:00 PM, Surveyor interviewed	N 243			

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N 243	Continued From page 4 AL Director A and Interim Executive Director B and shared findings. Both staff acknowledged the concern and stated they would review training records to ensure nothing was missed. Surveyor noted evidence would need to be submitted by 06/23/2026 at 4:00 PM. On 06/23/2026 at 2:53 PM, AL Director A sent the Surveyor an email verifying additional training documentation could not be provided.	N 243		
N 247	83.22(1)-(4) Task specific training. The CBRF shall provide, obtain or otherwise ensure adequate training for employees performing job duties in all of the following: Assessment of residents. All employees responsible for resident assessment shall successfully complete training in the assessment of residents prior to assuming these job duties. Specific training topics shall include: assessment methodology, assessment of changes in condition, sources of assessment information, and documentation of the assessment. Individual service plan development. All employees responsible for service plan development shall successfully complete training in individual service plan development prior to assuming these job duties. Specific training topics shall include: identification of the resident 's needs and desired outcomes, development of goals and interventions, service plan evaluation and review of progress. Provision of personal care. All employees responsible for providing assistance with activities of daily living shall successfully complete training prior to assuming these job duties. Specific training topics shall include, as appropriate: bathing, eating, dressing, oral hygiene, nail and	N 247		

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N 247	Continued From page 5 foot care, toileting and incontinence care, positioning and body alignment, and mobility and transferring. Dietary training. All employees performing dietary duties shall complete dietary training within 90 days after assuming these job duties. Specific training topics shall include: determining nutritional needs, menu planning, food preparation and food sanitation. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that 1 of 2 employees reviewed had documented completed training in personal cares and dietary. Caregivers E did not have documented completed training in personal cares or dietary. Findings include: On 06/22/2026, Surveyor reviewed Caregiver E's record and identified the following: Personal Cares Caregiver E was hired 03/17/2026. Caregiver E did not have documentation of completed training in personal cares. There was no evidence in Caregiver E's file indicating s/he was exempt from this training. Dietary Caregiver E was hired 03/17/2026. Caregiver E did not have documentation of completed training in dietary. There was no evidence in Caregiver E's file indicating s/he was exempt from this training.	N 247		

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N 247	Continued From page 6 On 06/22/2026 at 4:00 PM, Surveyor interviewed AL Director A and Interim Executive Director B and shared findings. Both staff acknowledged the concern and stated they would review training records to ensure nothing was missed. Surveyor noted evidence would need to be submitted by 06/23/2026 at 4:00 PM. On 06/23/2026 at 2:53 PM, AL Director A sent the Surveyor an email verifying additional training documentation could not be provided.	N 247		
N 352	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not ensure 4 of 7 resident records reviewed received all prescribed medications in the dosage and at intervals prescribed by a practitioner. This is a repeat deficiency. See Statements of Deficiency (SOD) DL2411, dated 06/27/2023 and SOD JDJH11, dated 12/20/2023. Findings include: On 06/22/2026 at 10:02 AM, Surveyor conducted a standard survey and audited 4 medication carts	N 352		

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N 352	Continued From page 7 with RN D. The following was found: Example 1: Resident 1 Resident 1's polyethylene glycol container noted a manufacturer's label including the container originally held 30 once-daily doses of 17 grams. The container included a pharmacy label including Resident 1's practitioner's prescription for polyethylene glycol including, "Take 17 Grams in 8 oz water by mouth once daily for constipation." The pharmacy label included a delivery date to the facility of 04/27/2026. Surveyor observed approximately 1/4 of the medication remained within the container. RN D verbally confirmed same amount remained and no other containers of the medication were observed in the cart. On 06/22/2026, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider on 04/19/2021 with diagnoses including enlarged prostate, frequency of micturition, anxiety disorder, and epilepsy. Resident 1's most recent individual service plan (ISP) with an unknown date indicated staff administer his/her medications. Surveyor reviewed Resident 1's April - June 2026 medication administration records (MARs) and identified the following: Resident 1 was administered 56 doses of polyethylene glycol between 04/27/2026 to 06/22/2026 from a 30-dose container, based on Resident 1's practitioner's order, with 1/4 of the medication remaining in the container. Example 2: Resident 2 Resident 2's polyethylene glycol container noted a manufacturer's label including the container originally held 30 once-daily doses of 17 grams.	N 352		

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N 352	Continued From page 8 The container included a pharmacy label including Resident 2's practitioner's prescription for polyethylene glycol including, "Mix 17G with 8 oz fluid and drink every day for constipation." The pharmacy label included a delivery date to the facility of 03/23/2026. Surveyor observed approximately 1/2 of the medication remained within the container. RN D verbally confirmed same amount remained and no other containers of the medication were observed in the cart. On 06/22/2026, Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider on 06/21/2023 with diagnoses including hypertension, multiple sclerosis, and hyperlipidemia. Resident 2's ISP with an unknown date indicated staff administer his/her medications. Surveyor reviewed Resident 2's March - June 2026 MARs and identified the following: Resident 2 was administered 74 doses of polyethylene glycol between 03/23/2026 to 06/22/2026 from a 30-dose container, based on Resident 2's practitioner's order, with 1/2 of the medication remaining in the container. Example 3: Resident 3 Resident 3's polyethylene glycol container noted a manufacturer's label including the container originally held 30 once-daily doses of 17 grams. The container included a pharmacy label including Resident 3's practitioner's prescription for polyethylene glycol including, "Mix 17G with 8 oz fluid and drink every day for constipation." The pharmacy label included a delivery date to the facility of 12/19/2025. Surveyor observed approximately 1/3 of the medication remained within the container. RN D verbally confirmed same amount remained and no other containers of the medication were observed in the cart.	N 352		

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N 352	Continued From page 9 On 06/22/2026, Surveyor reviewed Resident 3's record. Resident 3 was admitted to the provider on 10/24/2023 with diagnoses including dementia, type 2 diabetes, and hypertension. Resident 3's most recent ISP with an unknown date indicated staff administer his/her medications. Surveyor reviewed Resident 3's April - June 2026 MARs and identified the following: Resident 3 was administered 67 doses of polyethylene glycol between 04/16/2026 to 06/22/2026 from a 30-dose container, based on Resident 3's practitioner's order, with 1/3 of the medication remaining in the container from December 2025. There was no other containers observed. Example 4: Resident 4 Resident 4's polyethylene glycol container noted a manufacturer's label including the container originally held 30 once-daily doses of 17 grams. The container included a pharmacy label including Resident 4's practitioner's prescription for polyethylene glycol including, "Mix 17G with 8 oz fluid and drink every day for constipation." The pharmacy label included a delivery date to the facility of 02/17/2026. Surveyor observed approximately 1/3 of the medication remained within the container. RN D verbally confirmed same amount remained. Another container of polyethylene glycol was observed with a delivery date of 03/12/2026, this container was just opened and RN D verbally confirmed. On 06/22/2026, Surveyor reviewed Resident 4's record. Resident 4 was admitted to the provider on 07/12/2022 with diagnoses including hypertension and age-related osteoporosis. Resident 4's most recent ISP with an unknown	N 352		

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N 352	Continued From page 10 date indicated staff administer his/her medications. Surveyor reviewed Resident 4's March - June 2026 MARs and identified the following: Resident 4 was administered 107 doses of polyethylene glycol between 03/12/2026 to 06/22/2026 from a 30-dose container, based on Resident 4's practitioner's order, with 1/3 of the medication remaining in the container from February. Interviews: On 06/22/2026 at 11:05 AM, Surveyor interviewed RN D. RN D stated s/he had called the pharmacy and confirmed the most recent dispense dates for Resident 1's, Resident 2's, Resident 3's, and Resident 4's polyethylene glycol containers are as followed: Resident 1 = 04/27/2026, Resident 2=03/23/2026, Resident 3= 04/16/2026, and Resident 4= 03/12/2026. RN D reported s/he had checked the provider's bulk supply and did not observe any extra containers of poly glycol for the above residents. RN D reported it was evident that the medication carts had not been inspected recently. On 06/22/2026 at 11:50 AM, Surveyor interviewed RN D. Surveyor shared concern with the amount of medications still left in each container and staff continuing to document as administered. RN D stated s/he did not review MARs but acknowledged poly glycol containers should have been refilled if given as ordered.	N 352		
N 381	83.35(1)(a) Pre-admission and ongoing assessments. Scope. The CBRF shall assess each resident ' s needs, abilities, and physical and mental	N 381		

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N 381	Continued From page 11 condition before admitting the person to the CBRF, when there is a change in needs, abilities or condition, and at least annually. The assessment shall include all areas listed under par. (c). This requirement includes individuals receiving respite care in the CBRF. For emergency admissions the CBRF shall conduct the assessment within 5 days after admission. This Rule is not met as evidenced by: Based on review of resident records and staff interview, the provider did not ensure each resident's needs, abilities, and physical and mental condition were assessed at least annually in 1 of 1 resident who required an assessment. Findings include: On 06/22/2026, Surveyor reviewed Resident 1's record and identified the following: Resident 1 was admitted to the provider on 04/19/2021 with diagnoses including enlarged prostate, frequency of micturition, anxiety disorder, and epilepsy. Resident 1 was his/her own decision maker. Resident 1's record did not contain an annual assessment identifying the needs, abilities, and physical and mental condition for 2024 and 2025. On 06/22/2026 at 1:15 PM, Surveyor interviewed RN D regarding Resident 1's annual assessments. Nurse D reported an unknown staff member was working on updating the assessment in the provider's electronic health record, but did not think it was completed at this	N 381		

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N 381	Continued From page 12 time. Nurse D stated s/he could not locate annual assessments completed in 2024 or 2025 for Resident 1.	N 381		
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 ensure the Individual Service Plan (ISP) was updated when there was a change in needs and physical or mental condition for 1 of 3 residents reviewed. Resident 1's ISP was not updated to include who was responsible for monitoring or performing wound care. Findings include: On 06/22/2026, Surveyor reviewed Resident 1's record and identified the following: Resident 1 was admitted to the provider on 04/19/2021 with diagnoses including enlarged	N 389		

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N 389	Continued From page 13 prostate, frequency of micturition, anxiety disorder, and epilepsy. Resident 1 was his/her own decision maker. Resident 1's individual service plan (ISP) with an unknown date did not include who was responsible for monitoring or performing wound care. Resident 1's progress notes documented: "-06/16/2026: resident returned from wound clinic appt on this date. Wound order updated per after visit summary (AVS). Visit summary uploaded in Point Click Care (PCC). -06/11/2026: resident seen at facility yesterday, 6/10 by home health for scheduled wound care. Per [medical provider] wound care to be decreased to twice weekly. Updated wound order received via fax and updated in PCC. -05/27/2026: updated wound care instructions received via fax on 5/22 after home health visit. Order reflects resumption of hydrofera blue for open wound treatment. Home health plan to extend for "a couple weeks" in hopes to resolve wounds in that time. -05/20/2026: faxed order received from PCP with updated wound treatment to LLE. Order updated in PCC. Plan for [medical provider] to discharge from home health on Friday, 5/22 with ALF nursing to resume wound care. Resident aware and in agreement. -05/11/2026: home health RN has not been to facility yet to complete wound treatment and has not called POA or facility with ETA. Writer placed call out to [medical provider] scheduling, who reports resident has been decreased to 1-2 visits per week for wound care. Writer inquired regarding wound care orders, as current orders in PCC are for 3x weekly. [Medical provider] RN to call writer back. Writer placed call out to PCP clinic to request clarification on current wound care order. Awaiting response.	N 389		

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N 389	Continued From page 14 -04/22/2026: home health nurse here on this date for scheduled dressing change. PRN gabapentin given at time of arrival as resident has not taken AM medications yet. Resident requesting Naproxen. -04/15/2026: writer completed wound care treatment on this date as ordered. Resident continues to report significant pain that lingers long after treatment completion. Drainage from wounds has significantly lessened since initial wound care orders were requested and wound have not shown improvement whilst doing them M-F daily. Writer placed call out to PCP to request decrease frequency of wound care treatment to MWF and PRN and to change medihoney w/ calcium alginate to hydrofera blue. Awaiting response. -04/09/2026: writer completed wound care on this date following scheduled shower. Resident reporting significant increase in pain to L foot. No evident change noted to wounds. No increased redness, swelling, or drainage. Resident continues on oral ABX for potential wound infection. -04/06/2026: resident returned from PCP appt for edema/wound assessment. Per POA, new order for oral ABX and probiotic for prophylaxis to be sent to [provider] pharmacy per PCP d/t new opening to base of toes of L foot. Awaiting faxed orders. Wound care provided during appt. Weights and BP reading have been stable. PCP suggested home health SN for assistance with wound cares, writer in agreement and reported this to POA, who reports [s/he] is going to call clinic with request for home health referral.." On 06/22/2026 at 1:15 PM, Surveyor interviewed RN D regarding Resident 1's wound care needs not being identified on his/her ISP. RN D acknowledged Resident 1's ISP was not updated	N 389		

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N 389	Continued From page 15 when there was a change in his/her needs. RN D stated it was his/her responsibility to update ISPs. RN D stated s/he did not get a lot of training when s/he first started.	N 389		
N 404	83.37(1)(e) Medication regimen, administration review. Medication Regimen Review. 1. If residents ' medications are administered by a CBRF employee, the CBRF shall arrange for a pharmacist or a physician to review each resident ' s medication regimen. This review shall occur within 30 days before or 30 days after the resident ' s admission, whenever there is a significant change in medication, and at least every 12 months. 2. At least annually, the CBRF shall have a physician, pharmacist, or registered nurse conduct an on-site review of the CBRF ' s medication administration and medication storage systems. 3. The CBRF shall obtain a written report of findings under subds. 1. and 2., and address any irregularities for appropriate action. When the review is done by someone other than the prescribing practitioner, the prescribing practitioner shall receive a copy of the report when there are irregularities identified with the resident's medication regimen, which may need physician involvement to address. This Rule is not met as evidenced by: Based on interview and record review, the provider did not arrange on an annual basis, for a physician, pharmacist, or registered nurse to conduct an on-site review of the CBRF's medication administration and medication storage systems for 2024 and 2025.	N 404		

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N 404	Continued From page 16 Findings include: On 06/22/2026, Surveyor conducted a standard survey and requested annual reviews of the medication administration and storage review for 2024 and 2025 from AL Director A and Interim Executive Director B. Surveyor was never provided record of medication administration and storage reviews for 2024 and 2025. On 06/22/2026 at 4:00 PM, Surveyor interviewed AL Director A and Interim Executive Director B and shared findings. Both staff acknowledged the above records were never provided to the Surveyor and they requested additional time to contact the pharmacy. On 06/23/2026 at 2:53 PM, AL Director A sent the Surveyor an email verifying medication cart audit records could not be located.	N 404		
N 416	83.37(2)(e) Other administration given or delegated by RN Other administration. Injectables, nebulizers, stomal and enteral medications, and medications, treatments or preparations delivered vaginally or rectally shall be administered by a registered nurse or by a licensed practical nurse within the scope of their license. Medication administration described under sub. (2)(e) may be delegated to non-licensed employees pursuant to s. N 6.03(3). This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure injectables	N 416		

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N 416	Continued From page 17 medications were delegated by a Registered Nurse (RN) pursuant to the Nurse Practice Act [s. N 6.03(3)] and in accordance with accepted standards of practice for 1 of 1 (Caregiver G) unlicensed caregivers reviewed. Findings include: Chapter N6.03(3) is the Standard of Practice for RN's and addresses the supervision and direction of delegated tasks. The RN may delegate a task based on the educational preparation and demonstrated abilities of the person supervised but must provide direction and assistance, and observe, monitor, and evaluate the effectiveness of the delegated tasks. On 06/22/2026 at 10:02 AM, Surveyor completed an audit of 4 medication carts with RN D. Surveyor observed several residents required the use of insulin pens. Caregiver G was an assigned med passer for the day. On 06/22/2026, Surveyor reviewed Caregiver G's employee record and identified the following: Caregiver G was hired 04/17/2017. Caregiver G's file contained an RN delegation for administering injectable medications dated 11/15/2019 completed by RN H. On 06/22/2026 at 1:15 PM, Surveyor interviewed RN D. Surveyor asked if RN H was still the delegating nurse. RN D stated s/he would be responsible for delegating staff but had not started caregiver delegation at this time. On 06/22/2026, Surveyor reviewed Resident 3's record. Resident 3 was admitted on 10/24/2023 with a diagnosis of type 2 diabetes. Resident 3's individual service plan (ISP) with an unknown	N 416		

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N 416	Continued From page 18 date indicated staff administer his/her medications. Resident 3's medication administration record (MAR) dated April to June 2026 indicated Resident 3 received Insulin Glargine-yfgr, with instructions to inject 8 unit subcutaneously in the morning for diabetes, blood sugar control, prime pen with 2 units before every injection, with a start date of 03/07/2025. Resident 3's MAR indicated Caregiver F administered Resident 3's insulin 7 times between 04/01/2026 to 06/22/2026. On 06/22/2026 at 4:00 PM, Surveyor interviewed AL Director A and Interim Executive Director B and shared findings. Surveyor asked clarification regarding RN H's employment status. AL Director A stated s/he had only been at the facility for a few weeks and would need to review training records to ensure nothing was missed. Both staff acknowledged an understanding of the concern. Surveyor noted evidence would need to be submitted by 06/23/2026 at 4:00 PM. On 06/23/2026 at 2:53 PM, AL Director A sent the Surveyor an email verifying RN delegation documentation could not be provided.	N 416		
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	N 525		

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N 525	Continued From page 19 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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure fire drills were conducted quarterly for 1 of 2 years reviewed (2025). Findings include: On 06/22/2026, Surveyor reviewed the provider's safety records and identified the following: -The records included 1 drill conducted in 2025 (07/29/2025). There was no record of quarterly fire drills completed for the 1st, 2nd, and 4th quarters of 2025. On 06/22/2026 at 11:25 AM, Surveyor interviewed Maintenance Director C. Maintenance Director C stated s/he had gathered all records and acknowledged the provider did not have evidence of quarterly fire drills for 2025. Maintenance Director C stated the office staff who was responsible for saving documents did not complete this task. Maintenance Director C reported his/her department is moving forward and has updated their record keeping system.	N 525		
N 526	83.47(2)(e) Other evacuation drills.	N 526		

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N 526	Continued From page 20 Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure other emergency drills were conducted semi-annually for 2 of 2 years reviewed (2024 and 2025). Findings include: On 01/31/2025, Surveyor reviewed the provider's safety records and identified the following: The records included 1 drill conducted in 2025 (04/10/2025). There was no emergency drills recorded in 2024. The provider did not conduct semi-annual drills for both years. On 06/22/2026 at 11:25 AM, Surveyor interviewed Maintenance Director C. Maintenance Director C stated s/he had gathered all records and acknowledged the provider did not have evidence of semi-annually other emergency drills. Maintenance Director C stated the office staff who was responsible for saving documents did not complete this task. Maintenance Director C reported his/her department is moving forward and has updated their record keeping system.	N 526			