STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017168	A. BUILDING: _____ B. WING _____	C 08/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APARTMENTS AT ELIZABETH RESIDENCE (TH	9279 N PORT WASHINGTON RD BAYSIDE, WI 53217

(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
U 000	INITIAL COMMENTS On 08/20/2024, Surveyors conducted a standard survey and complaint at The Apartments at Elizabeth Residence, a Residential Care Apartment Complex (RCAC) in Bayside, WI. Two deficiencies identified. The complaint was unsubstantiated. Census: 30	U 000		
U 134	89.23(4)(d)1. SERVICES PROVIDER QUALIFICATIONS. Staff training. All facility staff shall have training in safety procedures, including fire safety, first aid, universal precautions and the facility's emergency plan, and in the facility's policies and procedures relating to tenant rights. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 caregiver reviewed (Caregiver B) had training in safety procedures, including the facility's emergency plan and the facility's policies and procedures relating to tenant rights. Caregiver B had not received training in tenant rights and the facility's emergency plan. Findings include: On 08/20/2024 at approximately 9:30 AM,	U 134		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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U 134	Continued From page 1 Surveyors reviewed Caregiver B's record. Caregiver B was hired by the provider on 08/31/2022. Caregiver B's record did not contain evidence of training in tenant rights and the facility's emergency plan. Caregiver B's training checklist, dated 08/31/2022, was not completed and had blank entries. On 08/20/2024 at approximately 10:00 AM, Surveyors interviewed Administrator A. Administrator A reviewed Caregiver B's training checklist. Administrator A confirmed it looked like the trainer did not complete the training with Caregiver B. Administrator A acknowledged Caregiver B did not have training in tenant rights and the facility's emergency plan.	U 134		
U 139	89.23(6) SERVICES WRITTEN STAFFING PLAN. A residential care apartment complex shall maintain an up-to-date, written staffing plan which describes how the facility is staffed to provide services that are sufficient to meet tenant needs and that are provided by qualified staff. The facility shall inform current and prospective tenants and their representatives about the existence and availability of the staffing plan and shall provide copies of the plan upon request. This Rule is not met as evidenced by: Based on record review and interview, the provider did not maintain an up-to-date, written and accurate staffing plan that was available	U 139		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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U 139	Continued From page 2 upon request. Findings included: The facility is a residential care apartment complex (RCAC) with 40 certified apartments. On 08/20/2024 at 10:00 AM, Surveyors requested the up-to-date, written staffing plan from Administrator A. Administrator A stated, s/he did not know if s/he had ever seen one. S/he was not aware of a written staffing plan and would have to ask the owner if s/he had one. On 08/20/2024 at 10:30 AM, Surveyors interviewed Administrator A. Administrator A reported s/he had a staffing plan but it was not written down anywhere.	U 139		