STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	410310	A. BUILDING: _____ B. WING _____	R 04/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER LEAF MANOR	1310 LINCOLN ST KEWAUNEE, WI 54216

(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 04/06/2026 with additional information gathered through 04/08/2026, Surveyor conducted a standard survey and verification visit. As a result, 1 of 1 previous deficiencies were corrected. Eight (8) new deficiencies were identified. Under statutory provisions of WI Stat. Ch. 50 a $200 revisit fee is being assessed. Census: 8	{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 complete background check was completed for 1 of 2 employees reviewed. Caregiver F did not have a complete caregiver	N 219		

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

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N 219	Continued From page 1	N 219		

background check to include a response from the Department of Justice (DOJ) and a Government Findings Report (GFR) in his/her employee record.

Findings include:

On 04/06/2026, Surveyor conducted a standard survey and verification visit.

Surveyor requested a sample of employee records from Manager C to include the record of Caregiver F.

On 04/06/2026 at 1:20 PM, Surveyor reviewed Caregiver F's employee record and noted s/he was hired on 11/02/2022 as a caregiver. Caregiver F's record included a Background Information Disclosure (BID) form dated 11/03/2022. His/her record did not have evidence a DOJ and GFR was conducted.

On 04/06/2026 at 2:30 PM, Surveyor interviewed Manager C who confirmed s/he was not able to locate the DOJ or GFR in Caregiver F's employee record. Manager C stated s/he would check their records for any additional documentation they may have and will follow up with Surveyor. Surveyor requested additional documentation be provided no later than 3:00 PM on 04/07/2026.

On 04/06/2026 at 3:43 PM, Surveyor interviewed Manager D who acknowledged Surveyor's concern Caregiver F's employee record was missing the complete background check to include the DOJ and GFR.

On 04/07/2026 at 4:01 PM, Surveyor received an email with an attachment from Manager D to include Caregiver F's DOJ and GFR, dated

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N 219	Continued From page 2 04/07/2026. Manager D stated, "I have attached the DOJ & DHS for [Caregiver F] for 2026 since I did not locate the 2022."	N 219		
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 1 employees received orientation training in all required topics prior to performing job duties. Caregiver E did not have training in prevention and reporting of resident abuse, neglect and misappropriation of resident property; recognizing and responding to resident changes of condition; and assessed needs of residents. Findings include: On 04/06/2026 at 1:15 PM, Manager C provided Surveyor with Caregiver E's employee record.	N 230		

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N 230	Continued From page 3 Surveyor reviewed Caregiver E's employee record to verify compliance with orientation training requirements. The employee record for Caregiver E, hired on 07/03/2025, did not contain evidence of orientation training in 3 of 6 required topics. Training was not documented for prevention and reporting of resident abuse, neglect and misappropriation of resident property; recognizing and responding to resident changes of condition; and assessed needs of residents. On 04/06/2026 at 1:50 PM, Surveyor interviewed Manager C regarding Caregiver E's missing orientation training. Manager C stated s/he would check their records for any additional documentation they may have and will follow up with Surveyor. Surveyor requested additional documentation be provided no later than 3:00 PM on 04/07/2026. On 04/07/2026 at 3:45 PM, Surveyor sent an email to Manager D requesting an update on Caregiver E's missing orientation training. On 04/07/2026 at 4:01 PM, Surveyor received a follow up email from Manager D confirming s/he was not able to locate any additional orientation training documentation for Caregiver E. S/he stated s/he will have Caregiver E complete the required trainings as soon as possible. Cross reference DHS 83.20(2)(a)-(d) Department Approved Training Course	N 230		
N 239	83.20(2)(a)-(d) Department-approved training courses.	N 239		

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N 239	Continued From page 4 Standard Precautions. All employees who may be occupationally exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions before the employee assumes any responsibilities that may expose the employee to such material. Fire safety. Within 90 days after starting employment, all employees shall successfully complete training in fire safety. First aid and choking. Within 90 days after starting employment, all employees shall successfully complete training in first aid and procedures to alleviate choking. Medication administration and management. Any employee who manages, administers or assists residents with prescribed or over-the-counter medications shall complete training in medication administration and management prior to assuming these job duties. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure 1 of 1 employees obtained all department approved training as required. Caregiver E did not have training in fire safety and first aid and choking within 90 days after starting employment. Findings include: On 04/06/2026 at 1:15 PM, Manager C provided	N 239		

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N 239	Continued From page 5 Surveyor with Caregiver E's employee record. Surveyor reviewed Caregiver E's employee record to verify compliance with department approved training requirements. The employee record for Caregiver E, hired on 07/03/2025, did not contain evidence of training or evidence of meeting an exemption for fire safety and first aid and choking. On 04/06/2026, Surveyor verified Caregiver E was not on the CBCT (Community-Based Care and Treatment) training registry for fire safety or first aid and choking. On 04/06/2026 at 1:50 PM, Surveyor interviewed Manager C who stated Caregiver E was signed up to complete fire safety and first aid and choking and was not sure why s/he was not listed on the training registry. Manager C and Manager D discussed they paid for Caregiver E to complete the required classes and if s/he did not show up they would have been notified. Manager C and Manager D denied receiving notification Caregiver E did not complete the required training. Manager D reported s/he will follow up and let Surveyor know. Surveyor requested additional documentation be provided no later than 3:00 PM on 04/07/2026. On 04/07/2026 at 12:31 PM, Surveyor received an email from Manager D with attachments to include a "training report" which reflected Caregiver E was a "no show" on 07/08/2025 for fire safety and on 07/08/2025 and 07/28/2025 for first aid and choking. Under fire safety the report noted "registered - was unable to complete class, due to did not return from break in a timely manner." Under first aid and choking, the report noted "registered - uncompleted, left in car to pick	N 239		

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N 239	Continued From page 6 up kids, instr. (instructor) Told [him/her] [s/he] will need to reschedule" and "no show." On 04/08/2026 at 2:55 PM, Surveyor interviewed Manager C and Manager D via phone. Manager D confirmed Caregiver E did not complete fire safety or first aid and choking. Manager D reported s/he will have Caregiver E complete the required training as soon as possible. Cross reference: N0230 DHS 83.19 Orientation	N 239		
N 277	83.25 Continuing education The administrator and resident care staff shall receive at least 15 hours per calendar year of continuing education beginning with the first full calendar year of employment. Continuing education shall be relevant to the job responsibilities and shall include, at a minimum, all of the following: (1) Standard precautions; (2) Client group related training; (3) Medications; (4) Resident rights; (5) Prevention and reporting of abuse, neglect and misappropriation; (6) Fire safety and emergency procedures, including first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Caregiver F received 15 hours of continuing education in 2024 and 2025. Findings include: On 04/06/2026 at 1:15 PM, Manager C provided	N 277		

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N 277	Continued From page 7 Surveyor with Caregiver F's employee record. Surveyor reviewed Caregiver F's employee record for compliance with continuing education training requirements. Surveyor noted s/he was hired on 11/02/2022 and completed 7 hours of continuing education in 2024 and 9 hours of continuing education in 2025 out of the 15 required hours of continuing education per calendar year. On 04/06/2026 at 2:30 PM, Surveyor interviewed Manager C who confirmed Caregiver F did not complete 15 hours of continuing education training in 2024 or 2025. S/he stated Caregiver F previously worked night shift and did not attend many of the trainings that were provided. Manager C stated s/he would check their records for any additional documentation they may have and will follow up with Surveyor. Surveyor requested additional documentation be provided no later than 3:00 PM on 04/07/2026. On 04/07/2026 at 3:45 PM, Surveyor sent an email to Manager D requesting an update on Caregiver F's continued education training for 2024 and 2025. On 04/07/2026 at 4:01 PM, Surveyor received a follow up email from Manager D confirming s/he was not able to locate any additional continued education training for Caregiver F for 2024 or 2025.	N 277		
N 302	83.28(4)(a) Resident health screening and documentation Resident health screening. 1. Within 90 days before or 7 days after admission, a physician,	N 302		

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N 302	Continued From page 8 physician assistant, clinical nurse practitioner or a licensed registered nurse shall screen each person admitted to the CBRF for clinically apparent communicable disease, including tuberculosis, and document the results of the screening. 2. Screening for tuberculosis and all immunizations shall be conducted using centers for disease control and prevention standards. 3. The CBRF shall maintain the screening documentation in each resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 1 was screened for clinically apparent communicable disease including tuberculosis (TB), by a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse within 90 days before or 7 days after admission. Findings include: On 04/06/2026, Surveyor conducted a standard survey and verification visit. A sample of resident records were requested from Manager C to include the record of Resident 1. On 04/06/2026 at 3:00 PM, Surveyor reviewed Resident 1's record. Resident 1 admitted to the facility on 04/12/2021 and had an activated healthcare power of attorney (POA). Resident 1's record did not contain evidence s/he was screened for clinically apparent communicable disease including TB.	N 302		

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N 302	Continued From page 9 On 04/06/2026 at 3:15 PM, Surveyor interviewed Manager D who confirmed s/he was not able to locate Resident 1's screening for clinically apparent communicable disease to include TB in his/her record. Manager D reported s/he would check their records for any additional documentation they may have and will follow up with Surveyor. Surveyor requested additional documentation be provided no later than 3:00 PM on 04/07/2026. On 04/07/2026, no additional information was received. On 04/08/2026 at 2:55 PM, Surveyor interviewed Manager D via phone who verified s/he was unable to locate Resident 1's screening for communicable disease including TB. S/he reported s/he contacted Resident 1's physician's office and they also did not have any documentation. Manager D stated s/he will ensure this gets completed as soon as possible. The provider did not ensure all residents were screened within 90 days before or 7 days after admission for clinically apparent communicable diseases including TB.	N 302		
N 387	83.35(3)(b) Service plan development: parties involved Development. The CBRF shall involve the resident and the resident ' s legal representative, as appropriate, in developing the individual service plan and the resident or the resident ' s legal representative shall sign the plan acknowledging their involvement in, understanding of and agreement with the plan. If a resident has a medical prognosis of terminal	N 387		

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N 387	Continued From page 10	N 387		

illness, a hospice program or home health care agency, as identified in s. HFS 83.38(2) shall, in cooperation with the CBRF, coordinate the development of the individual service plan and its approval under s. HFS 83.38 (2) (b). The resident ' s case manager, if any, and any health care providers, shall be invited to participate in the development of the service plan.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure resident's individual service plans (ISP) were signed by the resident or resident's legal representative acknowledging their involvement in, understanding of and agreement with the plan for 2 of 2 resident records reviewed (Resident 1 and Resident 2).

Findings include:

On 04/06/2026, Surveyor conducted a standard survey and verification visit. A sample of resident records were requested from Manager C to include the record of Resident 1 and Resident 2.

RESIDENT 1:

On 04/06/2026 at 3:00 PM, Surveyor reviewed Resident 1's record. Resident 1 admitted to the facility on 04/12/2021 and had an activated Health Care Power of Attorney (POA). Surveyor requested to review Resident 1's most recent signed ISP. Resident 1's most recent signed ISP dated 10/16/2025 was only signed by Manager C. Resident 1's record included a signed signature page identifying who was involved in the updated ISP reviews. The last documented signature from

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N 387	Continued From page 11 Resident 1's POA was on 02/10/2023. RESIDENT 2: On 04/06/2026 at 3:25 PM, Surveyor reviewed Resident 2's record. Resident 2 admitted to the facility on 02/10/2025 and was his/her own person. Surveyor requested to review Resident 2's most recent signed ISP. Resident 2's most recent signed ISP was dated 02/24/2025 and was only signed by Manager C. On 04/06/2026 at 3:30 PM, Surveyor interviewed Manager C who acknowledged Resident 1 and Resident 2's ISP were missing the required signatures. On 04/07/2026 at 3:39 PM, Surveyor received an email from Manager D with attachments to include Resident 1 and Resident 2's ISPs with signatures from Resident 1 and Resident 2 along with Manager C. On 04/08/2026 at 2:55 PM, Surveyor interviewed Manager C and Manager D via phone who acknowledged Surveyor's concern Resident 1 and Resident 2's ISP were missing the required signatures. Manager C confirmed s/he obtained Resident 1 and Resident 2's ISP signatures on 04/07/2026. Cross Reference: N0389 83.35(3)(d) Service Plans Updated Annually or on Changes	N 387		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when	N 389		

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N 389	Continued From page 12	N 389		

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 update 2 of 2 residents' Individual Service Plans (ISP) annually.

Resident 1's ISP was not updated annually in 2024.

Resident 2's ISP was not updated annually since 02/24/2025.

Findings include:

On 04/06/2026, Surveyor conducted a standard survey and verification visit. A sample of resident records were requested from Manager C to include the record of Resident 1 and Resident 2.

RESIDENT 1:

On 04/06/2026 at 3:00 PM, Surveyor reviewed Resident 1's record. Resident 1 admitted to the facility on 04/12/2021 with a diagnosis of Alzheimer's Disease and had an activated healthcare power of attorney (POA). Resident 1's

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N 389	Continued From page 13 record included a current ISP dated 10/16/2025. A signature page identifying who was involved in the previously updated ISP's reflected a review was completed on 02/10/2023. There were no additional ISP reviews documented in Resident 1's record for 2024. RESIDENT 2: On 04/06/2026 at 3:25 PM, Surveyor reviewed Resident 2's record. Resident 2 admitted to the facility on 02/10/2025 with diagnoses to include Type 2 diabetes and congestive heart failure and was his/her own person. Resident 2's record included a current ISP from 02/24/2025. There were no additional ISP reviews documented in Resident 2's record since 02/24/2025. On 04/06/2026 at 3:30 PM, Surveyor interviewed Manager C who confirmed s/he did not have any other ISP's for Resident 1 or Resident 2. On 04/08/2026 at 2:55 PM, Surveyor interviewed Manager C and Manager D via phone who acknowledged Surveyor's concern Resident 1 and Resident 2's ISP were not updated annually. Manager C stated, "I started in 2024. I didn't update them at that time. I didn't know I needed to update them." Manager C verified Resident 1's ISP was not updated from 02/10/2023 to 10/16/2025 and Resident 2's ISP was not updated annually in February 2026. S/he reported that since Surveyor's onsite visit, s/he has recently added updates to Resident 1's and Resident 2's ISPs. Cross Reference: N0387 DHS 83.35(3)(b) Service Plan Development: Parties Involved	N 389		

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(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
Z 012	Continued From page 14	Z 012		
Z 012	50.065(2)(bm) OUT OF STATE BACKGROUND CHECKS If the person who is the subject of the search under par. (am) or (b) is not a resident of this state or if at any time within the 3 years preceding the date of the search that person has not been a resident of this state, or if the department or entity determines that the person's employment, licensing, or state court records provide a reasonable basis for further investigation, the department or the entity shall make a good faith effort to obtain from any state or other United States jurisdiction in which the person is a resident or was a resident within the 3 years preceding the date of the search information that is equivalent to the information specified in par. (am) 1. or (b) 1. The department or entity may require the person to be fingerprinted on 2 fingerprint cards, each bearing a complete set of the person's fingerprints. The department of justice may provide for the submission of the fingerprint cards to the federal bureau of investigation for the purposes of verifying the identity of the person fingerprinted and obtaining the records of his or her criminal arrests and convictions. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure an out of state background check was completed for Caregiver E after s/he reported s/he resided out of state in the 3 years prior to the date of employment.	Z 012		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	410310	A. BUILDING: _____ B. WING _____	R 04/08/2026

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Z 012	Continued From page 15 Findings include: On 04/06/2026 at 1:15 PM, Manager C provided Surveyor with Caregiver E's employee record. Surveyor reviewed Caregiver E's employee record and noted s/he was hired on 07/03/2025. Caregiver E's record contained a Background Information Disclosure (BID) form signed by him/her on 06/25/2025. On the form, Caregiver E disclosed s/he lived in Illinois within the past 3 years. Caregiver E's employee record did not contain evidence a background check was completed in the state of Illinois upon hire. On 04/06/2026 at 1:35 PM, Surveyor interviewed Manager C who verified s/he was aware Caregiver E lived in Illinois prior to employment. Manager C confirmed a background check was not completed in the state of Illinois for Caregiver E. Manager C stated, "I didn't know I had to run out of state background checks." On 04/06/2026 at 3:43 PM, Surveyor interviewed Manager D who acknowledged Surveyor's concern a background check was not completed in the state of Illinois for Caregiver E when s/he was hired. On 04/07/2026 at 12:31 PM, Surveyor received an email from Manager D to include a "Illinois Department of Public Health - Health Care Worker Registry" document for Caregiver E. The document reflected Caregiver E was eligible to work and there were no administrative findings on record. The document also reflected "Determination of Illinois State Police Background Check: 04/04/2017" and "Last Employment Verification: 03/25/2025 Active Certified Nursing	Z 012		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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Z 012	Continued From page 16 Assistant (CNA) Training Program - Nurse Aide in Training." There was no additional dates listed on the document to identify when the background check was conducted. On 04/08/2026 at 2:55 PM, Surveyor interviewed Manager D via phone who confirmed s/he completed a state of Illinois background check for Caregiver E on 04/07/2026.	Z 012		