STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016391	A. BUILDING: _____ B. WING _____	C 09/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEVIEW CARE PARTNERS AT WATERFORD	1701 SHARP RD WATERFORD, WI 53185

(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 09/13/2024, Surveyor conducted 3 complaint investigations at Lakeview Care Partners at Waterford. As a result, 1 deficiency was identified. One complaint was substantiated, 2 complaints were unsubstantiated. Census: 20	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 2 of 3 staff (Caregiver B and Caregiver C) received orientation prior to performing job duties in the required topics: Prevention and reporting of resident abuse, neglect, and misappropriation of resident property; Emergency and disaster plan and evacuation procedures; CBRF policies and procedures; Recognizing and responding to resident changes of condition.	N 230		

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

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N 230	Continued From page 1 Findings include: On 06/03/2024, the department received a complaint regarding staff training. On 09/13/2024, at 10:55 AM, Surveyor reviewed staff schedules, dated 04/28/2024 - 09/14/2024. Caregiver B was scheduled for training on the floor on 05/28/2024, 05/30/2024, and 06/01/2024. Caregiver B was scheduled on the floor on 06/02/2024, 06/04/2024, 06/06/2024 and 06/10/2024. Caregiver C was scheduled on the floor 05/02/2024, 05/09/2024, 05/14/2024, 05/16/2024, and 05/17/2024. On 09/13/2024, at 11:00 AM, Surveyor reviewed employee files and identified the following: Caregiver B was hired on 05/28/2024. Caregiver B started Relias orientation training on 06/11/2024. Caregiver B's record did not contain an orientation checklist. Caregiver B's record did not contain evidence of orientation training on prevention and reporting of resident abuse, neglect, and misappropriation of resident property; emergency and disaster plan and evacuation procedures; CBRF policies and procedures; recognizing and responding to resident changes of condition prior to Caregiver B performing job duties. Caregiver C was hired on 04/15/2024. Caregiver C's orientation checklist indicated Caregiver C received training in rights of residents and mistreatment, neglect, abuse, and ethical violations on 06/23/2024 by "demonstration". Caregiver C's Relias training record did not indicate Caregiver C received training in prevention and reporting of resident abuse, neglect, and misappropriation of resident property	N 230		

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N 230	Continued From page 2 prior to Caregiver C performing job duties. On 09/13/2024, at 11:30 AM, Surveyor interviewed Quality Coordinator (QC) A. QC A reported s/he was unsure why Caregiver B did not receive orientation training prior to performing job duties. QC A reported resident rights is trained throughout the orientation period. OC A confirmed Caregiver B and Caregiver C were performing job duties while working on the floor.	N 230		