

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0019881	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/13/2025
NAME OF PROVIDER OR SUPPLIER LAKEHOUSE CEDARBURG		STREET ADDRESS, CITY, STATE, ZIP CODE W56 N225 MCKINLEY BLVD CEDARBURG, WI 53012		
(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 11/12/2025, with additional information gathered through 11/13/2025, Surveyor conducted two (2) complaint investigations at LakeHouse Cedarburg. As a result of the survey two (2) complaints were substantiated and two (2) deficiencies were identified. Census: 35	N 000		
N 165	83.12(4)(c) Reporting incidents with serious injury A CBRF shall send a written report to the department within 3 working days after any of the following occurs: Any incident or accident resulting in serious injury requiring hospital admission or emergency room treatment of a resident. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure a written report was sent to the department within three (3) working days after an incident or accident resulting in serious injury requiring hospital admission or emergency room (ER) treatment for 1 of 1 resident (Resident 1) reviewed for incidents. Resident 1 had one emergency room and one hospital visit with diagnosed fractures. Findings include: On 10/27/2025, a complaint was received indicating frequent resident falls. On 11/12/2025, Surveyor reviewed Department records for the facility, including documentation of	N 165		

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

TITLE

(X6) DATE

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N 165	Continued From page 1 any self-reported incidents. Surveyor did not locate evidence of facility reported incidents for Resident 1. Resident 1 moved into the facility on 09/17/2025. Resident 1's ER After Visit Summary (AVS), dated 09/28/2025, stated, in part: "Instructions ...Please follow-up regarding ...bilateral rib fractures." Resident 1's Hospital Discharge Summary, dated 10/7/2025, stated, in part: "Reason for admission: recurrent falls. Final Discharge Diagnoses: ...mildly displaced right superior scapular spine fracture ..." On 11/12/2025, at 1:45 PM, Surveyor interviewed Executive Director A who confirmed that self-reports had not been submitted to the department and should have been for both incidents.	N 165			
Y3244	50.09(1)(L) Care (1) RESIDENTS' RIGHTS. Every resident in a nursing home or community based residential facility shall, except as provided in sub. (5), have the right to (l) Receive adequate and appropriate care within the capacity of the facility.	Y3244			

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Y3244	Continued From page 2 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure adequate and appropriate care was provided within the capacity of the facility for 2 out of 2 residents reviewed (Resident 1 and Resident 2). This is a repeat deficiency. See Statement of Deficiency (SOD) TXMN11, dated 4/21/2025. Findings include: The provider is licensed as a class CNA (non-ambulatory) to provide care for up to 65 residents in the following client groups: advanced age, irreversible dementia/Alzheimer's, public funding, and physically disabled. Example 1 On 10/27/2025, the Department received a complaint alleging care concerns related to long wait times. On 11/12/2025 at 9:28 AM, Surveyor interviewed Resident 1 who stated it usually takes longer than 15-20 minutes to respond to their call pendant. Resident 1 stated he/she is unsteady on his/her feet and has had falls, but it takes quite a while for staff to respond, so he/she transfers solo. Resident 1's pendant was observed to be in working order at time of interview.	Y3244		

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Y3244	Continued From page 3 On 11/12/2025 at 9:50 AM, Surveyor interviewed Care Staff (CS) D and asked about pendant response times. CS D stated normal response time is 3-4 minutes; longest wait time would be 10-20 minutes. On 11/12/2025 at approximately 10:00 AM, Surveyor reviewed facility documentation for Resident 1. Resident 1 moved into the facility on 09/17/2025. Facility Incident Reports for Resident 1 include the following: *09/18/2025 12:00 PM Fall-unwitnessed ...Resident Room *09/19/2025 3:51 PM Fall-with injury ...Resident Room *09/19/2025 10:32 PM Fall-unwitnessed ...Resident Room *09/23/2025 4:30 PM Fall-with injury ...Resident Room *09/24/2025 1:13 PM Fall-with injury ...Resident Room *09/28/2025 11:04 PM Fall-ER(emergency room)/Hospitalization ...Community Bathroom *10/04/2025 3:33 AM Behavior-Danger to Self ...Resident Room ...walked in found resident on floor; resident stated s/he was trying to get in chair from bed *10/05/2025 3:44 AM Fall-unwitnessed ...Resident Room *10/07/2025 4:28 PM Fall-unwitnessed ...Resident Bathroom *10/11/2025 12:50 PM Fall-unwitnessed ...Resident Room *10/14/2025 1:38 PM Fall-without injury ...Cottage room *10/17/2025 5:40 AM Fall-unwitnessed ...Resident Room *10/17/2025 5:25 PM Fall-unwitnessed ...other ...Resident 1 went outside to smoke ...they found Resident 1 on the ground	Y3244			

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Y3244	Continued From page 4 *10/22/2025 2:45 PM Fall-with injury ...Resident Bathroom *10/23/2025 6:03 PM Fall-unwitnessed ...Hallway *10/29/2025 3:44 PM Fall-unwitnessed ...Resident Room *11/07/2025 12:30 PM Fall-with injury ...Resident Bathroom *11/10/2025 3:14 PM Fall-with injury ...Resident Room On 11/12/2025 at 1:18 PM, Surveyor interviewed Care Staff Lead (CSL) C and asked about pendant response times. CSL C stated 4 minutes; longest wait time would be 10 minutes. Surveyor asked about Resident 1. CSL C stated that Resident 1 is a high fall risk and needs repeated reminders to push his/her pendant for staff assist. On 11/12/2025 at 2:19 PM, Surveyor interviewed Executive Director (ED) A and asked about pendant response times. ED A stated that average response time has been 3 minutes and he/she would expect the longest wait time to be less than 15 minutes. Surveyor reviewed pendant response times for Resident 1 from 10/01/2025 through 11/12/2025 with ED A. Surveyor asked if residents should be waiting longer than 20 minutes for their pendant to be answered. ED A stated, no, absolutely not. Dates and times for responses over 20 minutes are as follows: *10/01/2025 at 12:39 PM; To Room Elapsed Time: 22:55 *10/03/2025 at 10:18 AM; To Room Elapsed Time: 24:27 *10/03/2025 at 11:06 AM; To Room Elapsed Time: 24:17 *10/04/2025 at 3:27 AM; To Room Elapsed Time: 28:46	Y3244		

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Y3244	Continued From page 5 *10/05/2025 at 7:20 AM; To Room Elapsed Time: 1:01:31 *10/08/2025 at 10:27 AM; To Room Elapsed Time: 38:45 *10/08/2025 at 11:09 AM; To Room Elapsed Time: 36:52 *10/08/2025 at 12:08 PM; To Room Elapsed Time: 36:37 *10/08/2025 at 2:43 PM; To Room Elapsed Time: 1:37:27 *10/08/2025 at 6:20 PM; To Room Elapsed Time: 24:39 *10/08/2025 at 7:46 PM; To Room Elapsed Time: 22:55 *10/08/2025 at 8:10 PM; To Room Elapsed Time: 31:03 *10/08/2025 at 9:13 PM; To Room Elapsed Time: 2:04:11 *10/09/2025 at 4:15 PM; To Room Elapsed Time: 43:21 *10/09/2025 at 5:52 PM; To Room Elapsed Time: 2:36:09 *10/09/2025 at 10:15 PM; To Room Elapsed Time: 1:10:12 *10/10/2025 at 3:48 PM; To Room Elapsed Time: 24:31 *10/10/2025 at 7:09 PM; To Room Elapsed Time: 29:58 *10/11/2025 at 12:44 AM; To Room Elapsed Time: 25:09 *10/11/2025 at 6:58 AM; To Room Elapsed Time: 21:53 *10/11/2025 at 10:37 AM; To Room Elapsed Time: 35:36 *10/11/2025 at 2:19 PM; To Room Elapsed Time: 1:39:01 *10/11/2025 at 6:09 PM; To Room Elapsed Time: 20:03 *10/11/2025 at 7:10 PM; To Room Elapsed Time: 2:45:26	Y3244			

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Y3244	Continued From page 6 *10/12/2025 at 6:55 AM; To Room Elapsed Time: 1:27:02 *10/12/2025 at 2:52 PM; To Room Elapsed Time: 56:28 *10/12/2025 at 5:50 PM; To Room Elapsed Time: 2:13:36 *10/13/2025 at 12:51 AM; To Room Elapsed Time: 41:19 *10/13/2025 at 6:13 AM; To Room Elapsed Time: 1:32:32 *10/14/2025 at 9:39 AM; To Room Elapsed Time: 52:39 *10/14/2025 at 4:00 PM; To Room Elapsed Time: 30:03 *10/15/2025 at 6:04 AM; To Room Elapsed Time: 1:15:19 *10/15/2025 at 6:00 PM; To Room Elapsed Time: 1:41:05 *10/16/2025 at 6:12 AM; To Room Elapsed Time: 57:55 *10/16/2025 at 2:35 PM; To Room Elapsed Time: 34:05 *10/16/2025 at 3:32 PM; To Room Elapsed Time: 32:38 *10/16/2025 at 6:22 PM; To Room Elapsed Time: 20:55 *10/17/2025 at 10:02 AM; To Room Elapsed Time: 28:51 *10/17/2025 at 6:39 PM; To Room Elapsed Time: 59:05 *10/19/2025 at 3:08 AM; To Room Elapsed Time: 47:26 *10/19/2025 at 12:42 PM; To Room Elapsed Time: 2:25:41 *10/21/2025 at 7:52 AM; To Room Elapsed Time: 59:14 *10/23/2025 at 6:29 AM; To Room Elapsed Time: 36:05 *10/23/2025 at 7:41 AM; To Room Elapsed Time: 32:04	Y3244		

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Y3244	Continued From page 7 *10/24/2025 at 10:02 AM; To Room Elapsed Time: 45:42 *10/28/2025 at 12:14 AM; To Room Elapsed Time: 32:56 *10/28/2025 at 12:22 PM; To Room Elapsed Time: 48:48 *10/29/2025 at 2:55 PM; To Room Elapsed Time: 30:21 *10/29/2025 at 6:38 PM; To Room Elapsed Time: 1:13:37 *10/30/2025 at 9:06 AM; To Room Elapsed Time: 1:20:25 *11/01/2025 at 7:59 AM; To Room Elapsed Time: 33:17 *11/01/2025 at 3:18 PM; To Room Elapsed Time: 25:23 *11/01/2025 at 3:51 PM; To Room Elapsed Time: 36:52 *11/01/2025 at 6:07 PM; To Room Elapsed Time: 36:42 *11/01/2025 at 8:13 PM; To Room Elapsed Time: 30:21 *11/01/2025 at 9:14 PM; To Room Elapsed Time: 23:17 *11/02/2025 at 10:13 AM; To Room Elapsed Time: 25:53 *11/02/2025 at 10:42 AM; To Room Elapsed Time: 1:04:41 *11/02/2025 at 2:47 PM; To Room Elapsed Time: 23:52 *11/03/2025 at 12:05 AM; To Room Elapsed Time: 20:44 *11/03/2025 at 6:17 AM; To Room Elapsed Time: 31:05 *11/04/2025 at 4:06 PM; To Room Elapsed Time: 48:22 *11/05/2025 at 5:54 AM; To Room Elapsed Time: 25:33 *11/05/2025 at 12:14 PM; To Room Elapsed Time: 22:18	Y3244		

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Y3244	Continued From page 8 *11/06/2025 at 11:27 PM; To Room Elapsed Time: 43:51 *11/07/2025 at 5:29 PM; To Room Elapsed Time: 24:38 *11/08/2025 at 12:55 AM; To Room Elapsed Time: 33:19 *11/08/2025 at 2:55 PM; To Room Elapsed Time: 22:36 *11/08/2025 at 3:20 PM; To Room Elapsed Time: 22:15 *11/08/2025 at 3:44 PM; To Room Elapsed Time: 1:28:32 *11/08/2025 at 6:25 PM; To Room Elapsed Time: 26:29 *11/08/2025 at 6:52 PM; To Room Elapsed Time: 47:54 *11/08/2025 at 8:40 PM; To Room Elapsed Time: 34:17 *11/08/2025 at 10:39 PM; To Room Elapsed Time: 37:23 *11/09/2025 at 8:19 AM; To Room Elapsed Time: 1:05:20 *11/09/2025 at 9:56 AM; To Room Elapsed Time: 51:04 *11/09/2025 at 11:48 AM; To Room Elapsed Time: 29:39 *11/09/2025 at 10:48 PM; To Room Elapsed Time: 34:12 *11/10/2025 at 4:31 AM; To Room Elapsed Time: 45:56 *11/10/2025 at 5:47 AM; To Room Elapsed Time: 1:36:57 *11/10/2025 at 5:08 PM; To Room Elapsed Time: 1:26:17 *11/11/2025 at 4:53 AM; To Room Elapsed Time: 33:24 *11/11/2025 at 3:45 PM; To Room Elapsed Time: 1:19:22 *11/11/2025 at 6:33 PM; To Room Elapsed Time: 56:33	Y3244			

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Y3244	Continued From page 9 *11/11/2025 at 8:25 PM; To Room Elapsed Time: 1:14:11 *11/11/2025 at 9:54 PM; To Room Elapsed Time: 2:07:34 *11/12/2025 at 7:16 AM; To Room Elapsed Time: 32:50 *11/12/2025 at 9:41 AM; To Room Elapsed Time: 44:53 Example 2 On 10/24/2025 the Department received a complaint alleging care concerns related to showers and wait times. Resident 2's Individual Service Plan (ISP) dated 11/12/2025, states, in part: Bathing-Physical Assist ...provide full assistance ...Wednesday and Saturday ... On 11/12/2025 at 1:18 PM, Surveyor interviewed Care Staff Lead (CSL) C and asked about resident showers. CSL C stated residents receive 2 showers per week. CSL C stated if staffing is short, a shower may be missed, but staff will ask the next shift to do the shower or do the shower the next day. On 11/13/2025 at 8:25 AM, Surveyor interviewed Executive Director (ED) A who stated that resident showers are documented on Shower Checklists. Surveyor requested the shower documentation for Resident 2. On 11/13/2025 at approximately 9:30 AM, surveyor reviewed Resident 2's Shower Checklists from 7/23/2025 through Resident 2's discharge from facility on 10/01/2025 with weekly documentation for Wednesday and Saturday showers as follows:	Y3244		

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Y3244	Continued From page 10 *07/23/2025 ...no documentation for 07/26/2025 *no documentation for 07/30/2025 or 08/02/2025 *no documentation for 08/06/2025 or 08/09/2025 *no documentation for 08/13/2025 or 08/16/2025 *08/20/2025 ...no documentation of 08/23/2025 *08/28/2025 ...no documentation for 08/30/2025 *09/03/2025 ...no documentation for 09/05/2025 *09/10/2025 ...no documentation for 09/13/2025 *no documentation for 09/17/2025 ...09/20/2025 *09/24/2025 and 09/27/2025 On 11/13/2025 at 11:10 AM, Surveyor interviewed Registered Nurse (RN) B and asked about documentation of showers. RN B stated that all showers are documented on Shower Checklists. If a shower is refused, it is moved to the next shift or the next day and the refusal is documented on a Shower Checklist. Surveyor asked if there is no Shower Checklist, was the shower done. RN B stated no. RN B stated staff documents when they complete the shower. Surveyor asked if showers are expected to be completed and documented twice weekly if the ISP indicates twice weekly showers. RN B stated yes. On 11/12/2025 at 2:19 PM, Surveyor interviewed Executive Director (ED) A and asked about pendant response times. ED A stated that average response time has been 3 minutes, and he/she would expect the longest wait time to be less than 15 minutes. Surveyor reviewed pendant response times for Resident 2 from 09/13/2025 through 10/12/2025 with ED A. Surveyor asked if residents should be waiting longer than 20 minutes for their pendant to be answered. ED A stated, no, absolutely not. Dates and times for responses over 20 minutes for Resident 2's room are as follows: *09/13/2025 4:25 PM; To Room Elapsed Time: 24:20	Y3244			

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