STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012705	A. BUILDING: _____ B. WING _____	R-C 03/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKS AT NORTHERN LIGHTS (THE)	702 BRATLEY DRIVE WASHBURN, WI 54891

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{N 000}	Initial Comments On 03/23/2026, Surveyors conducted a standard licensure survey, a verification visit, and a complaint investigation at The Oaks At Northern Lights. Two of 5 complaints were substantiated. The violations from Statement of Deficiencies (SOD) 8G0P14 were corrected. Four new violations were identified. One was a repeat deficiency. See SOD 8G0P11, dated 10/12/2023, and SOD 8G0P12, dated 10/22/2024. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 16	{N 000}		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes.	N 220		

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

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N 220	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 employees sampled had sufficient documentation of a communicable disease screen, including tuberculosis (TB), prior to starting employment. This is a repeat violation. See Statement of Deficiencies (SOD) 8G0P11, dated 10/12/2023, and SOD 8G0P12, dated 10/22/2024. Findings include: On 03/23/2026, Surveyor reviewed employee records for Caregiver C, Caregiver D, and Caregiver E. According to the employee roster provided to Surveyor by Administrator A, Caregiver C was hired on 04/28/2024, Caregiver D was hired on 04/28/2024, and Caregiver E was hired on 03/03/2026. Caregiver C's employee record included a two-step skin TB test, last dated 07/03/2019. Caregiver C's record included another document, titled "Baseline Communicable Disease Screening for Health Care Workers," dated 01/13/2025. This document included two-step skin TB test results, last dated 02/01/2025. Caregiver D's record included a document titled "Baseline Communicable Disease Screening for Health Care Workers," dated 01/23/2025. The document included two-step skin TB test results, last dated 02/15/2025. The document read, in part, "I have conducted a screening and have reviewed the information on this form. The employee appears to be clinically free from communicable diseases and TB...Signature-RN Screener...Name-RN Screener...Date Signed..." The document was not signed by an authorized	N 220		

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N 220	Continued From page 2	N 220		

medical professional.

Caregiver E's record included a document titled "Baseline Communicable Disease Screening for Health Care Workers," which was not dated. The document included only the first step of the two-step skin TB test results, last dated 03/05/2026. The document read, in part, "I have conducted a screening and have reviewed the information on this form. The employee appears to be clinically free from communicable diseases and TB...Signature-RN Screener...Name-RN Screener...Date Signed..." The document was not signed by an authorized medical professional.

At approximately 1:11 PM, Surveyor interviewed Director B. Director B stated s/he was not sure why Caregiver D's and Caregiver E's communicable disease screening forms were not signed.

At approximately 1:37 PM, Surveyor interviewed Administrator A and asked why Caregiver C's and Caregiver D's health screens were completed nearly a year after their hire dates. Administrator A indicated an audit was done in early 2025 to ensure records were in compliance, and health screens were completed then. Administrator A stated s/he did not know the communicable disease documentation was to be completed by an authorized medical professional and thought the employees themselves were responsible for attesting that they were free from communicable diseases.

The provider did not ensure documentation indicating all employees were free of communicable diseases, including TB, was completed within 90 days before the start of employment and was completed by an authorized

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N 220	Continued From page 3 medical professional.	N 220		
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 2 of 3 employees sampled received continuing education in first aid in 2025. Findings include: On 12/22/2025, the Department received a complaint regarding employee training. On 03/23/2026, Surveyor reviewed employee training records for Caregiver C, Caregiver D, and Caregiver E. According to a staff roster provided to Surveyor by Administrator A, Caregiver C was hired on 04/28/2024, and Caregiver D was hired on 04/28/2024.	N 277		

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N 277	Continued From page 4 Caregiver C's training transcript did not include first aid training in 2025. Caregiver D's training transcript did not include first aid training in 2025. At approximately 1:11 PM, Surveyor interviewed Director B. Director B stated all continuing education training would be documented in the training transcripts provided to Surveyor. The provider did not ensure all employees sampled received all the required continuing education training courses.	N 277		
N 284	83.26(2) Orientation, continuing education documented Employee orientation and hours of continuing education shall be documented in the employee ' s file. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 3 employees sampled had orientation training documented in their files. Findings include: On 12/22/2025, the Department received a complaint regarding employee training. On 03/23/2026, Surveyor reviewed training records for Caregiver C, Caregiver D, and Caregiver E. According to a staff roster provided to Surveyor	N 284		

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N 284	Continued From page 5 by Administrator A, Caregiver C was hired on 04/28/2024, Caregiver D was hired on 04/28/2024, and Caregiver E was hired on 03/03/2026. Caregiver D's record included a training checklist. The training checklist listed numerous training requirements. A section titled, "Orientation Training," read, in part, "DHS 83.19 Orientation - PRIOR to employee performing any job duties - CBRF [community-based residential facility] shall provide each employee with orientation training - shall include all of the following... - Job Responsibilities - Prevention and Reporting of Resident Abuse - Information for Assessed Resident Needs - Emergency Disaster Plan - CBRF Policies and Procedures - Recognizing and Responding to Resident Changes..." The only training that included a completion date under this section was Job Responsibilities, dated 01/31/2025. The rest of the orientation training components were not dated. Caregiver D's initials were signed for Job Responsibilities and Prevention and Reporting of Resident Abuse. No other orientation training components included his/her initials. Caregiver E's record included a blank orientation training checklist. At approximately 2:20 PM, Surveyor interviewed Administrator A and Director B. Director B stated Caregiver E had taken his/her training checklist home with him/her. Director B stated the training was in progress and was approximately 75% completed. Director B then stated that Caregiver E's orientation training was completed, but the	N 284		

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N 284	Continued From page 6 documentation was not on-site and was home with Caregiver E. Administrator A stated Caregiver D's orientation training had been completed late due to an internal audit having been completed in early 2025. The provider did not ensure employee orientation was documented in employee files.	N 284		
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 record review and interview, the provider did not ensure all residents had the right to refuse medications when Resident 1 was given an influenza vaccine contrary to signed orders which declined an influenza vaccine for Resident 1. Findings include: On 01/30/2026, the Department received a complaint regarding a vaccine refusal. On 03/23/2026, Surveyor reviewed records for Resident 1, admitted to the facility on 01/20/2023. Resident 1's records included: - A face sheet, which indicated Guardian F was	N 352		

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N 352	Continued From page 7 Resident 1's guardian and responsible party. - A form titled, "Consent/Declination Form," dated 10/01/2025, which read, in part, "DECLINATION FOR VACCINATION: I DO NOT give permission to give [Resident 1] the flu vaccine..." The form was signed by Guardian F. - A progress note, dated 10/28/2025, which read, in part, "Writer aware of vaccination having been given - will monitor x72 hours for reaction..." - A progress note, dated 10/28/2025, which read, in part, "Updated on influenza vaccine given. Made aware it was given in error and apologized for the mistake. Resident will be monitored for next 72 hours for reaction to vaccine. Care profile updated to show no vaccines to be given..." At approximately 1:11 PM, Surveyor interviewed Director B. Director B stated s/he was not sure what had occurred with Resident 1's influenza vaccine, as the situation had occurred prior to his/her start of employment. The provider did not ensure all residents had the right to refuse medication.	N 352		