STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010524	A. BUILDING: _____ B. WING _____	R-C 03/18/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRU GROUP HOME BAYSIDE MANOR II	9020 N PORT WASHINGTON RD BAYSIDE, WI 53217

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{N 000}	Initial Comments On 03/18/2026, Surveyor completed a standard survey, 1 complaint investigation, and a verification visit at CRU Group Home Bayside Manor II. As a result, 3 of the previous 3 deficiencies were corrected. Five new deficiencies were identified. One complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 8	{N 000}		
N 239	83.20(2)(a)-(d) Department-approved training courses. 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.	N 239		

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

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N 239	Continued From page 1	N 239		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 1 of 2 employees reviewed obtained all required department approved training. Caregiver H's record did not contain fire safety training and first aid and choking training.

Findings include:

On 03/18/2026, at approximately 12:00PM, Surveyor reviewed employee records to verify compliance with department approved training requirements. Surveyor requested training records from House Manager F, for Caregiver H. The following was identified:

Fire Safety
Caregiver H was hired on 08/23/2025. Caregiver H's record did not contain evidence of training or evidence of meeting an exemption for fire safety training. Caregiver H did not receive training in fire safety within 90 days after starting employment.

First Aid and Choking
Caregiver H was hired on 08/23/2025. Caregiver H's record did not contain evidence of training or evidence of meeting an exemption for first aid and choking training. Caregiver H did not receive training in first aid and choking within 90 days after starting employment.

On 03/18/2026, at approximately 1:30 PM, Surveyor interviewed House Manager F. House Manager F confirmed staff were required to have

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N 239	Continued From page 2 completed fire safety training and first aid and choking training within 90 days of hire. House Manger F reported s/he recently started in his/her current position and could not locate the requested trainings for Caregiver H.	N 239		
N 243	83.21(1)-(3) All employee training. The CBRF shall provide, obtain or otherwise ensure adequate training for all employees in all of the following: Resident rights. Training shall include general rights of residents including rights as specified under s. DHS 83.32(3). Training shall be provided as applicable under ss. 50.09 and 51.61 and chs. 54, 55, and 304, Stats., and ch. DHS 94, depending on the legal status of the resident or service the resident is receiving. Specific training topics shall include house rules, coercion, retaliation, confidentiality, restraints, self-determination, and the CBRF ' s complaint and grievance procedures. Residents ' rights training shall be completed within 90 days after starting employment. Client Group. Training shall be specific to the client group served and shall include the physical, social and mental health needs of the client group. Specific training topics shall include, as applicable: characteristics of the client group served, activities, safety risks, environmental considerations, disease processes, communication skills, nutritional needs, and vocational abilities. Client group specific training shall be completed within 90 days after starting employment. Client Group. In a CBRF serving more than one client group, employees shall receive training for each client group. Recognizing, preventing, managing, and	N 243		

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N 243	Continued From page 3 responding to challenging behaviors. Specific training topics shall include, as applicable: elopement, aggressive behaviors, destruction of property, suicide prevention, self-injurious behavior, resident supervision, and changes in condition. Challenging behaviors training shall be completed within 90 days after starting employment. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 employees reviewed, obtained all training as required within 90 days after starting employment. Caregiver H did not have training in client groups and challenging behaviors within 90 days after starting employment. Findings include: The provider is licensed as a class CNA (non-ambulatory) CBRF (community-based residential facility) able to serve up to 8 residents within advanced aged, physically disabled, irreversible dementia/Alzheimer's, and emotionally disturbed /mental illness. On 03/18/2026, at approximately 12:00 PM, Surveyor reviewed Caregiver H's employee record and identified the following: Client Group The record for Caregiver H, hired on 08/23/2025,	N 243		

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N 243	Continued From page 4 did not contain evidence of training related to client group or evidence of meeting an exemption for training related to client groups. Recognizing, Preventing, Managing and Responding to Challenging Behaviors The record for Caregiver H, hired on 08/23/2025, did not contain evidence of training related to client group or evidence of meeting an exemption for training related to challenging behaviors. On 03/18/2026, at approximately 1:30 PM, Surveyor interviewed House Manager F. House Manager F confirmed staff were required to have completed client group and challenging behavior training within 90 days. House Manger F reported s/he recently started in the current position and could not locate the requested trainings for Caregiver H.	N 243		
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.	N 277		

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N 277	Continued From page 5 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 employee received continuing education in all required topics. Caregiver G did not receive continuing education training for year 2024 and 2025. Findings include: On 03/18/2026, at approximately 12:00 PM, Surveyor reviewed Caregiver G's employee file. Caregiver G was hired 06/08/2019. Caregiver G's record did not contain evidence of 15 hours of continuing education training for year 2024 and 2025. On 03/18/2026, at approximately 1:30 PM, Surveyor interviewed House Manager F. House Manager F reported s/he did not know why Caregiver G's employee file did not contain continuing education training. House Manager F reported s/he could not locate Caregiver G's continuing education trainings.	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, 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.	N 302		

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N 302	Continued From page 6	N 302		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not obtain documentation of a screening 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 for 1 of 2 residents (Resident 7) reviewed.

Findings include:

On 03/18/2026, at approximately 12:30 PM, Surveyor reviewed resident records and identified the following:

Resident 7 was admitted on 04/02/2025. Resident 7's record did not contain any evidence Resident 7 had been screened for communicable diseases. Resident 7's record did not contain evidence of TB Screening.

On 03/18/2026, at approximately 1:30 PM, Surveyor interviewed Registered Nurse E (RN E). RN E reported all new admissions were to be screened for communicable diseases, including TB prior to admission. RN E reported s/he "dropped the ball" and did not ensure TB screening was completed for Resident 7. RN E reported the screening was missed due to Resident 7 being an emergency placement.

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N 526	Continued From page 7	N 526		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure tornado, flooding or other emergency or disaster drills were conducted semi-annually for 2 of 2 years. There were no other emergency or disaster drills conducted in years 2024 and 2025. Findings include: On 03/18/2026, at approximately 12:30 PM, Surveyor reviewed safety records and identified there was no evidence of tornado, flooding, or disaster drills in years 2024 and 2025. On 03/18/2026, at approximately 1:30 PM, Surveyor interviewed House Manager A regarding the emergency or disaster drills. House Manager A confirmed s/he was aware of the code requirement and did not know why 2024's and 2025's other evacuation drills were not completed as s/he just started working at the facility in 2025. House Manager A reported s/he would ensure the emergency or disaster drills are completed.	N 526		