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	410289	A. BUILDING: _____ B. WING _____	R-C 10/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINCOLN HOUSE	342 FOREST AVE FOND DU LAC, WI 54935

(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 10/07/2025, with additional information gathered through 10/09/2025, Surveyor conducted a verification visit and a standard survey at Lincoln House. One of 1 previous deficiency was corrected. As a result of the standard survey, 4 new deficiencies were identified. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 30	{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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure they obtained documentation from a physician, physician assistant, clinical nurse practitioner or licensed nurse indicating all employees have been screened for clinically apparent communicable	N 220		

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

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N 220	Continued From page 1 diseases including tuberculosis for 1 of 2 employees reviewed (Caregiver D). Findings Include: On 10/07/2025, Surveyor reviewed Caregiver D's employee record. The record noted Caregiver D started employment on 01/31/2024. Caregiver D's job description dated, 02/01/2024 indicated Caregiver D's responsibilities included assisting residents with personal cares and activities of daily living. Further review of the record revealed no documentation of a completed communicable disease screening including tuberculosis. On 10/07/2025, at approximately 12:20PM, Surveyor interviewed House Manager B. House Manager B confirmed Caregiver D did not have the communicable disease screen. On 10/09/2025, at approximately 9:45AM, House Manager B advised Caregiver D will be scheduling the screening.	N 220		
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.	N 230		

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N 230	Continued From page 2 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure orientation training was completed before an employee performs any job duties. Orientation training includes (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 (5) CBRF policies and procedures and (6) Recognizing and responding to resident changes of condition for 1 of 2 Caregivers reviewed (Caregiver D). Findings Include: On 10/07/2025, Surveyor reviewed Caregiver D's training record. The record noted Caregiver D started employment on 01/31/2024. Caregiver D's job description dated, 02/01/2024 indicated Caregiver D's responsibilities included assisting residents with personal cares and activities of daily living. Review of the training record revealed no evidence of the following orientation training: prevention and reporting of resident abuse, neglect and misappropriation of resident property and recognizing and responding to resident changes of condition. On 10/07/2025, at approximately 12:20PM, Surveyor interviewed House Manager B. House Manager B confirmed there was no training on record for prevention and reporting of resident abuse, neglect and misappropriation of resident property and recognizing and responding to	N 230		

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N 230	Continued From page 3 resident changes of condition for Caregiver D. On 10/09/2025, at approximately 9:45AM, House Manager B advised Caregiver D is being scheduled to receive the training.	N 230		
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 responding to challenging behaviors. Specific	N 243		

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N 243	Continued From page 4 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 3 of caregivers reviewed, obtained all training as required within 90 days after starting employment. Caregiver D did not have training in resident rights within 90 days after starting employment. Caregiver D did not have training in recognizing, preventing, managing and responding to challenging behaviors within 90 days after starting employment. Caregiver D did not have training in required client groups within 90 days after starting employment. Findings include: On 10/07/2025, Surveyor conducted a review of 2 caregiver records to verify compliance with all employee training requirements. Surveyor requested training records from House Manager B for Caregiver D and Caregiver E. Resident Rights	N 243		

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N 243	Continued From page 5 On 10/07/2025, Surveyor reviewed Caregiver D's job description dated, 02/01/2025. Caregiver D's job description indicated Caregiver D's responsibilities included, "Be aware of and comply with CBRF Rules, Resident Rights and regulations ..." On 10/07/2025, Surveyor reviewed the training record for Caregiver D, hired 01/31/2024. The record for Caregiver D did not contain evidence of training or evidence of meeting an exemption for resident rights. On 10/07/2025, at approximately 12:15PM, Surveyor interviewed House Manager B. House Manager B confirmed the provider did not have evidence Caregiver D completed or met an exemption for resident rights training. Recognizing, Preventing, Managing and Responding to Challenging Behaviors On 10/07/2025, Surveyor reviewed Caregiver D's job description dated, 02/01/2025. Caregiver D's job description indicated Caregiver D's responsibilities included providing guidance in physical and social behaviors in the home. On 10/07/2025, Surveyor reviewed Resident 1's Individual Support Plan dated 11/28/2024. The ISP noted Resident 1 experienced anxiety when there are changes and required reassurance of his/her surroundings. On 10/07/2025, Surveyor reviewed the training record for Caregiver D, hired 01/31/2024. The record did not contain evidence of training or evidence of meeting an exemption for challenging behaviors training. On 10/07/2025, at approximately 12:15PM, Surveyor interviewed House Manager B. House Manager B confirmed	N 243		

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N 243	Continued From page 6 the provider did not have evidence Caregiver D completed or met an exemption for challenging behaviors training. Client Group The facility was licensed to provide care and services to residents within the client groups of emotionally disturbed, developmentally disabled, advanced age and irreversible dementia/Alzheimer's. On 10/07/2025, Surveyor reviewed the training record for Caregiver D hired 01/31/2024. The record did not contain evidence of training or evidence of meeting an exemption for client group training. On 10/07/2025, at approximately 12:15PM, Surveyor interviewed House Manager B. House Manager B confirmed the provider did not have evidence Caregiver D completed or met an exemption for client group training specific to emotionally disturbed, developmentally disabled, advanced age and irreversible dementia/Alzheimer's. House Manager B was given the opportunity to submit any additional evidence of training by 10/09/2025. No additional evidence was submitted.	N 243		
N 639	83.59(2)(a) One-hand, one-motion door operation All doors shall have latching hardware to permit opening from the inside with a one-hand, one-motion operation without the use of a key or special tool. This Rule is not met as evidenced by: Based on observation and interview, the provider	N 639		

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N 639	Continued From page 7 did not ensure all doors had latching hardware to permit opening from the inside with a one-hand, one-motion operation without the use of a key or special tool. Findings Include: On 10/07/2025, at approximately 10:30AM, Surveyor toured the building with House Manager B. Surveyor observed 3 of 3 exit doors did not have the ability to be unlocked without the use of a key or tool. Surveyor observed there was no signage on the doors indicating how to operate the door. Additionally, Surveyor observed the doors would not release after attempting to open the door. Door 1 The first door was at the front entrance. It was in the front common area and exited to the parking lot. There was a magnetic mechanism to the left. Surveyor observed House Manager B scan a fob on the magnetic mechanism to unlock the door. Door 2 The second door was to the right of the kitchen and exited to a sitting area and the parking lot. There was a keypad to the right of the door. Surveyor observed House Manager B enter a code into the keypad to unlock the door. Door 3 The third door was located at the end of a hallway. There was a metal plate with a key port to the left of the door. House Manager B did not have the key to open the door but confirmed it could not be opened without the key. On 10/07/2025, at approximately 10:30AM, Surveyor interviewed House Manager B. House	N 639		

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N 639	Continued From page 8 Manager B reported the doors always remained locked. House Manager B confirmed all 3 exit doors cannot be opened without the key fob, entering a code or using a key. House Manager B advised the doors automatically unlock when the fire alarm system is activated. House Manager B acknowledged the findings. On 10/09/2025, Surveyor received email correspondence dated 10/09/2025, at 2:18PM from Administrator A. Administrator A confirmed s/he would obtain an approval and waiver from the department and begin obtaining estimates for installation of the delayed egress system.	N 639		