STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016044	A. BUILDING: _____ B. WING _____	R-C 10/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENHAVEN INC DBA GRAND OAKS CBRF	614 E OAK ST GLENWOOD CITY, WI 54013

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{N 000}	Initial Comments On 10/15/2025, Surveyor conducted a standard licensing survey and verification visit at Glenhaven Inc DBA Grand Oaks CBRF. Data was collected through 10/20/2025. Four violations were identified. One of 4 violations was a repeat deficiency. See Statement of Deficiencies (SOD) D4WT12, dated 04/04/2024. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 12	{N 000}		
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,	N 243		

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

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N 243	Continued From page 1 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 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 2 of 2 employees sampled (Caregiver A and Caregiver B) completed training in the provider's licensed client groups and training in challenging behaviors within 90 days of hire. Findings include: The provider is licensed to care for 16 residents in the client groups advanced aged, irreversible dementia/Alzheimer's disease, physically disabled, and terminally ill. On 10/15/2025, Surveyor reviewed employee records. Caregiver A was hired on 05/07/2025 and Caregiver B was hired on 10/02/2023.	N 243		

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N 243	Continued From page 2 Neither record included training exemptions. Neither record included evidence they completed challenging behavior training. Both records included an orientation checklist indicating they received a training on 1 of the provider's 4 client groups (dementia). On 10/20/2025 at 1:00 PM, Surveyor interviewed House Manager (HM) D, Administrator E, and Registered Nurse (RN) F. HM D stated the provider's initial training program did not ensure employees received training on challenging behaviors or the provider's licensed client groups (only dementia was covered in initial training). HM D stated HM D and RN F held regular in-service meetings which included staff education; however, there was no system to ensure challenging behavior or client group training occurred on a regular basis or that staff would receive these training topics within 90 days of hire. RN F stated s/he and HM D recently met to discuss ways to improve their training system. HM D confirmed Caregiver A and Caregiver B did not have credentials that would exempt them from all-employee training.	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	N 277		

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N 277	Continued From page 3 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 2 employees sampled completed continuing education requirements. Caregiver B did not complete continuing education in 2024. Caregiver G did not complete continuing education in 2023 or 2024. Findings include: The provider is licensed to care for 16 residents in the client groups advanced aged, irreversible dementia/Alzheimer's disease, physically disabled, and terminally ill. On 10/15/2025 and 10/20/2025, Surveyor reviewed employee records provided by Administrator E and House Manager (HM) D. Caregiver B was hired on 10/02/2023. Caregiver B's record did not include evidence s/he completed training on all required continuing education topics in 2024. Caregiver B did not receive training on medications or resident rights in 2024. Caregiver G was hired on 08/06/2022. Caregiver G's record did not include evidence s/he completed any continuing education in 2023. In 2024, Caregiver G completed 2 hours of continuing education; this included a 1-hour training on survey readiness and hand washing. Caregiver G did not complete the required training hours or topics in 2023 or 2024.	N 277		

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N 277	Continued From page 4 On 10/20/2025 at 1:00 PM, Surveyor interviewed HM D, Administrator E, and Registered Nurse (RN) F. HM D stated the provider's continuing education was provided through an online learning program and through regular staff meetings. Employees were assigned trainings at the beginning of the year on the online program, and they were expected to complete them before the end of the year. HM D stated the courses were the same every year.	N 277		
{N 397}	83.36(1)(b) Qualified staff in charge, on duty and awake. The CBRF shall ensure all of the following: 1. An administrator or other designated qualified resident care staff in charge is on the premises of the CBRF daily to ensure the CBRF is providing safe and adequate care, treatment and services. 2. At least one qualified resident care staff is present in the CBRF when one or more residents are present in the CBRF. 3. At least one qualified resident care staff is on duty and awake if at least one resident in the CBRF is in need of supervision, intervention or services on a 24-hour basis to prevent, control or improve the resident ' s constant or intermittent mental or physical condition that may occur or may become critical at any time including residents who are at risk of elopement, who have dementia, who are self-abusive, who become agitated or emotionally upset or who have changing or unstable health conditions that require close monitoring. 4. At least one qualified resident care staff is on duty and awake if the evacuation capability of at least one resident is 4 minutes or more. This Rule is not met as evidenced by:	{N 397}		

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{N 397}	Continued From page 5 Based on record review, the provider did not ensure a qualified resident care staff was in charge on the premises at all times residents were present. Caregiver A worked alone 23 times between 09/01/2025 and 10/15/2025. The is a repeat violation. See Statement of Deficiencies (SOD) D4WT12, dated 04/04/2024. Findings include: The provider is licensed to care for 16 residents in the client groups advanced aged, irreversible dementia/Alzheimer's disease, physically disabled, and terminally ill. On 10/15/2025, Surveyor reviewed the September and October 2025 staff schedule provided by Administrator E. The provider scheduled 1 staff to the following shifts daily: - 6:00 AM to 2:30 PM (AM shift) - 7:00 AM to 11:00 AM (AM short shift) - 2:00 PM to 10:30 PM (PM shift) - 5:15 PM to 9:15 PM (PM short shift) - 10:00 PM to 6:30 AM (noc shift) According to this schedule, 1 staff would be alone at the facility for portions of the AM shift (6:30 AM to 7:00 AM and 11:00 AM to 2:00 PM), for portions of the PM shift (2:30 PM to 5:15 PM and 9:15 PM to 10:00 PM) and for most of the noc shift (10:30 PM to 6:00 AM). DHS 83 defines a qualified resident care staff as an employee who has successfully completed all of the applicable training and orientation. On 10/15/2025 and 10/20/2025, Surveyor reviewed Caregiver A's record. Caregiver A (hired 05/07/2025) did not complete training in the	{N 397}		

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{N 397}	Continued From page 6 provider's licensed client groups or in challenging behaviors. According to the staff schedule provided on 10/15/2025, Caregiver A worked 20 PM shifts and 3 noc shifts between 09/01/2025 and 10/15/2025. Cross reference: N0243 DHS 83.21(1)-(3) All Employee Training	{N 397}		
N 499	83.45(3) Toxic substances. Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area. This Rule is not met as evidenced by: Based on observation and record review, the provider did not ensure toxic substances were securely stored. Findings include: The provider is licensed to care for 16 residents in the client groups advanced aged, irreversible dementia/Alzheimer's disease, physically disabled, and terminally ill. On 10/15/2025 at approximately 10:30 AM, Surveyor observed a key hanging on a doorframe in the hallway. The signage on the door indicated it was the housekeeping closet. Surveyor asked Caregiver C and Caregiver H to see inside the housekeeping closet. Caregiver C used the key hanging on the doorframe to unlock the closet then returned the key to the hook. Caregiver C stated the key stayed on the hook on the	N 499		

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N 499	Continued From page 7 doorframe. Surveyor observed the inside of the cleaning closet to be full of cleaning solutions. There was a shelf with various cleaning compounds and toxic substances and a cleaning cart with various cleaning materials on it.	N 499		