Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016401	A. BUILDING: _____ B. WING _____	C 04/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE SHORE ASSISTED LIVING LAKE TOMAHAWK	6416 FLICKER RD LAKE TOMAHAWK, WI 54539

(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 04/09/2025, Surveyor conducted a standard licensure survey and complaint (x2) investigation at Lake Shore Assisted Living Lake Tomahawk. Data collection continued through 04/14/2025. The complaints were unsubstantiated. Three deficiencies were identified. Census: 15	N 000		
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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not screen 1 of 2 residents reviewed for communicable disease, including tuberculosis (TB), and document the results of the screening within 90 days before or 7 days after admission.	N 302		

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

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N 302	Continued From page 1 Findings include: The provider is licensed to serve up to 16 residents in the following client groups: advanced aged, traumatic brain injury, terminally ill, physically disabled and irreversible dementia/Alzheimer's disease. On 04/09/2025, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 02/25/2025. Resident 1's record did not contain a screening for communicable disease (including TB). On 04/10/2025 at 8:24 AM, Surveyor requested Resident 1's health screen/TB test via e-mail from Administrator A. On 04/10/2025 at 3:41 PM, Administrator A informed Surveyor via e-mail that Administrator A could not locate Resident 1's health screen/TB test. On 04/14/2025 at 4:00 PM, Surveyor interviewed Administrator A via telephone. Surveyor asked Administrator A about the process for obtaining resident health screens/TB tests. Administrator A reported, "I have a TB test conducted prior to a resident's admission." Administrator A reported that Administrator A thought a TB test was requested and completed for Resident 1 prior to admission. Administrator A verified that Resident 1 did not have a TB test on file. The provider did not screen 1 of 2 residents reviewed for a communicable disease (including TB).	N 302		
N 404	83.37(1)(e) Medication regimen, administration review.	N 404		

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N 404	Continued From page 2 Medication Regimen Review. 1. If residents ' medications are administered by a CBRF employee, the CBRF shall arrange for a pharmacist or a physician to review each resident ' s medication regimen. This review shall occur within 30 days before or 30 days after the resident ' s admission, whenever there is a significant change in medication, and at least every 12 months. 2. At least annually, the CBRF shall have a physician, pharmacist, or registered nurse conduct an on-site review of the CBRF ' s medication administration and medication storage systems. 3. The CBRF shall obtain a written report of findings under subds. 1. and 2., and address any irregularities for appropriate action. When the review is done by someone other than the prescribing practitioner, the prescribing practitioner shall receive a copy of the report when there are irregularities identified with the resident's medication regimen, which may need physician involvement to address. This Rule is not met as evidenced by: Based on record review and interview, the provider did not have a physician, pharmacist, or registered nurse conduct an annual on-site review of the provider's medication administration and medication storage systems. Findings include: The provider is licensed to serve up to 16 residents in the following client groups: advanced aged, traumatic brain injury, terminally ill, physically disabled and irreversible dementia/Alzheimer's.	N 404		

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N 404	Continued From page 3 On 04/09/2025, Surveyor reviewed the provider's medication regimen review records. Surveyor was unable to locate a medication regimen review in 2024. On 04/10/2025 at 8:24 AM, Surveyor requested the provider's annual medication regimen review via e-mail. On 04/10/2025 at 3:41 PM, Administrator A informed Surveyor via e-mail, "I do not have the annual medication review, but will have R.N. (registered nurse) complete this task."	N 404		
N 530	83.47(3) Fire inspection. Fire inspection. The CBRF shall arrange for an annual inspection by the local fire authority or certified fire inspector and shall retain fire inspection reports for 2 years. This Rule is not met as evidenced by: Based on record review and interview, the provider did not conduct an annual fire inspection in 2024. Findings include: The provider is licensed to serve up to 16 residents in the following client groups: advanced aged, traumatic brain injury, terminally ill, physically disabled and irreversible dementia/Alzheimer's disease. On 04/09/2025, Surveyor reviewed the provider's inspection reports. Surveyor was unable to locate a fire inspection for 2024.	N 530		

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N 530	Continued From page 4 On 04/10/2025 at 8:24 AM, Surveyor requested the provider's annual fire inspection for 2024 via e-mail. On 04/10/2025 at 3:41 PM, Administrator A informed Surveyor via e-mail, "I do not have a recent one. I called (the) fire barn in Lake Tomahawk and they put us on their list to be inspected. Inspection is on Monday, April 14, 2025." On 04/14/2025 at 4:00 PM, Surveyor interviewed Administrator A via telephone. Administrator A stated that s/he thought the fire inspection was set up to occur each year. Administrator A verified contacting the fire department in Lake Tomahawk and was put on the list to have the annual fire inspection be completed and annually thereafter.	N 530		