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 _____	R-C 01/08/2026

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 01/06/2026, Surveyor conducted a verification visit and complaint investigation (x6) at Lake Shore Assisted Living Lake Tomahawk. Data collection continued through 01/08/2026. The deficiencies identified in statement of deficiency (SOD) D8Q412 were corrected. Two of 6 complaints were substantiated. 8 deficiencies were identified. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 10	{N 000}		
N 158	83.12(2)(a) Caregiver: Investigating abuse & neglect Investigating and reporting abuse, neglect, or misappropriation of property. Caregiver. 1. When a CBRF receives a report of an allegation of abuse or neglect of a resident, or misappropriation of property, the CBRF shall take immediate steps to ensure the safety of all residents. 2. The CBRF shall investigate and document any allegation of abuse or neglect of a resident, or misappropriation of property by a caregiver. If the CBRF ' s investigation concludes that the alleged abuse, or neglect of a resident or misappropriation of property meets the definition of abuse or neglect of a resident, or of misappropriation of property, the CBRF shall report the incident to the department on a form provided by the department, within 7 calendar days from the date the CBRF knew or should have known about the abuse, neglect, or misappropriation of property. The CBRF shall	N 158		

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

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N 158	Continued From page 1 maintain documentation of any investigation. This Rule is not met as evidenced by: Based on record review and interview, the provider did not report an incident of abuse to the Department on a form provided by the Department within 7 calendar days from the date the Provider knew or should have known about the abuse. 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. Between 10/01/2025 and 12/09/2025, the Department received six complaints alleging concerns with abuse, staffing, infection control, lack of training, resident hygiene and medication administration. On 01/06/2026 at approximately 10:40 AM, Surveyor interviewed Assistant Director (AD) A. Surveyor asked about investigations, grievances and complaints involving cares and abuse since September 2025. AD A confirmed being promoted to his/her position as Assistant Director on 11/03/2025. AD A reported that AD A was not aware of any complaints in the past few months involving caregivers. On 01/06/2025, Surveyor reviewed Resident 3's record. Resident 3 was admitted on 09/16/2025. Surveyor reviewed an "Assisted Living Facility Self-Report," written by Former Acting Administrator (FAA) F, dated: 10/01/2025. The	N 158		

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N 158	Continued From page 2	N 158		

following parties were involved: Resident 3, Caregiver D and Family Member (FM) E. The self-report, read in part, "Staff member reported to House Manager [sic] that resident [Resident 3] had called the police due to a verbal altercation between [himself/herself] and staff (Caregiver D). Resident had been on the phone during the incident and [his/her] family member, [FM E], contacted the police due to concern for safety. Law Enforcement did place a visit to the [CBRF] community on the night of 09/30/2025. While on site [sic] law enforcement spoke with both the resident and the staff member. Law enforcement left after taking statements from both parties. Incident report from Oneida Co. [sic] has been requested. No charges were filed. Resident involved later reported to House Manager that [s/he] felt staff was verbally abusive and did not feel safe with the staff member in question." The self-report noted further, "Caregiver in question was placed on suspension while management conducted an investigation. Following the investigation [sic] the staff member in question [sic] was terminated from [his/her] employment with [Provider]...Investigation completed. After speaking to all parties involved, it was concluded that the caregiver in question did violate the code of conduct policy."

On 01/07/2026 at approximately 12:45 PM, Surveyor asked AD A via e-mail for any grievances/investigations involving staff and/or residents from September 2025 to present.

On 01/07/2026 at approximately 1:56 PM, AD A responded via e-mail and noted, "As for grievances and investigations [sic] I cannot find any and have not received any since I have been here starting on November 3rd, 2025."

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N 158	Continued From page 3 On 01/08/2026 at approximately 7:52 AM, Surveyor asked AD A via e-mail the following two questions: "Is there record of an investigation conducted by [FAA F] involving [Caregiver D] and [Resident 3] involving verbal abuse on or about 09/30/2025;" and "Did the facility report [Caregiver D] to the Office of Caregiver Quality (OCQ) for abuse (verbal)?" On 01/08/2026 at approximately 3:35 PM, Surveyor interviewed AD A via telephone. AD A verified that AD A could not locate records involving an investigation involving Caregiver D and Resident 3 on or about 09/30/2025. AD A also verified that there was no record of the Provider referring Caregiver D to OCQ. The provider did not report an incident of abuse to the Department on a form provided by the Department within 7 calendar days from the date the Provider knew or should have known about the abuse.	N 158		
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 4 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 4 of 4 caregivers reviewed completed orientation training in the following areas before performing job duties: job responsibilities, prevention and reporting of resident abuse, neglect and misappropriation of resident property, information regarding assessed needs and individual services for each resident for whom the employee is responsible, emergency and disaster plan and evacuation procedures under s. DHS 83.47 (2), Community Based Residential Facility (CBRF) policies and procedures, and recognizing and responding to resident changes of condition. 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. Between 10/01/2025 and 12/09/2025, the Department received six complaints alleging concerns with abuse, staffing, infection control, lack of training, resident hygiene and medication administration. On 01/07/2026, Surveyor reviewed Caregiver B's file. Caregiver B was hired on 08/26/2025. Caregiver B's file did not contain documentation to indicate s/he completed orientation training. On 01/07/2026, Surveyor reviewed Caregiver C's file. Caregiver C was hired on 09/11/2025.	N 230		

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N 230	Continued From page 5 Caregiver C's file did not contain documentation to indicate s/he completed orientation training. On 01/07/2026, Surveyor reviewed Caregiver D's file. Caregiver D was hired on 08/01/2025 and was terminated on 10/03/2025. Caregiver D's file did not contain documentation to indicate s/he completed orientation training. On 01/07/2026, Surveyor reviewed Caregiver G's file. Caregiver G was hired on 05/07/2025. Caregiver G's file did not contain documentation to indicate s/he completed orientation training. On 01/08/2026 at approximately 3:35 PM, Surveyor interviewed Assistant Director (AD) A via telephone. AD A verified providing Surveyor with all training records for Caregiver B, Caregiver C, Caregiver D and Caregiver G. AD A verified that Caregiver B, Caregiver C, Caregiver D and Caregiver G did not complete orientation training which included training in the following areas: Job responsibilities, prevention and reporting of resident abuse, neglect and misappropriation of resident property, information regarding assessed needs and individual services for each resident for whom the employee is responsible, emergency and disaster plan and evacuation procedures under s. DHS 83.47 (2), CBRF policies and procedures, and recognizing and responding to resident changes of condition. On 01/08/2026, Surveyor reviewed staff schedules (September 2025 through January 2026). According to the schedules, Caregiver B, Caregiver C, Caregiver D and Caregiver G had worked multiple shifts. Caregiver B, Caregiver C, Caregiver D and Caregiver G were not qualified resident care staff as they had not completed all of their required training.	N 230		

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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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 4 employees reviewed obtained all department approved training as required. Caregiver B and Caregiver G did not have training in Standard Precautions and there were no training exemptions documented in their records.	N 239		

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N 239	Continued From page 7 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. Between 10/01/2025 and 12/09/2025, the Department received six complaints alleging concerns with abuse, staffing, infection control, lack of training, resident hygiene and medication administration. On 01/07/2026, Surveyor reviewed Caregiver B's file. Caregiver B was hired on 08/26/2025. Caregiver B's file did not contain evidence to indicate s/he completed Standard Precautions training. There were no documented training exemptions. On 01/07/2026, Surveyor reviewed Caregiver G's file. Caregiver G was hired on 05/07/2025. Caregiver G's file did not contain evidence to indicate s/he completed Standard Precautions training. There were no documented training exemptions. On 01/07/2026, Surveyor verified Caregiver B and Caregiver G were not on the Community-Based Care and Treatment training registry for Standard Precautions. On 01/08/2026 at approximately 3:35 PM, Surveyor interviewed Assistant Director (AD) A via telephone. AD A verified providing Surveyor with all training records for Caregiver B and Caregiver G. AD A verified that Caregiver B and Caregiver G did not complete Standard	N 239		

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N 239	Continued From page 8 Precautions training.	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 responding to challenging behaviors. Specific training topics shall include, as applicable: elopement, aggressive behaviors, destruction of property, suicide prevention, self-injurious	N 243		

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N 243	Continued From page 9 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 4 caregivers reviewed obtained training in Resident Rights, Client Group and Challenging Behavior. 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. Between 10/01/2025 and 12/09/2025, the Department received six complaints alleging concerns with abuse, staffing, infection control, lack of training, resident hygiene and medication administration. On 01/07/2026, Surveyor reviewed Caregiver B's file. Caregiver B was hired on 08/26/2025. Caregiver B's file did not contain evidence to indicate s/he completed the following trainings: Client Group, Challenging Behavior. Caregiver B's file did not contain a training exemption for these trainings. On 01/07/2026, Surveyor reviewed Caregiver G's file. Caregiver G was hired on 05/07/2025.	N 243		

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N 243	Continued From page 10 Caregiver G's file did not contain evidence to indicate s/he completed the following trainings: Resident Rights, Client Group, Challenging Behavior. Caregiver G's file did not contain a training exemption for these trainings. On 01/08/2026 at approximately 3:35 PM, Surveyor interviewed Assistant Director (AD) A via telephone. AD A verified providing Surveyor with all training records for Caregiver B and Caregiver G. AD A verified that Caregiver B did not complete Client Group or Challenging Behavior training and Caregiver G did not complete Resident Rights, Client Group or Challenging Behavior training.	N 243		
N 247	83.22(1)-(4) Task specific training. The CBRF shall provide, obtain or otherwise ensure adequate training for employees performing job duties in all of the following: Assessment of residents. All employees responsible for resident assessment shall successfully complete training in the assessment of residents prior to assuming these job duties. Specific training topics shall include: assessment methodology, assessment of changes in condition, sources of assessment information, and documentation of the assessment. Individual service plan development. All employees responsible for service plan development shall successfully complete training in individual service plan development prior to assuming these job duties. Specific training topics shall include: identification of the resident ' s needs and desired outcomes, development of goals and interventions, service plan evaluation and review of progress. Provision of personal care. All employees	N 247		

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N 247	Continued From page 11 responsible for providing assistance with activities of daily living shall successfully complete training prior to assuming these job duties. Specific training topics shall include, as appropriate: bathing, eating, dressing, oral hygiene, nail and foot care, toileting and incontinence care, positioning and body alignment, and mobility and transferring. Dietary training. All employees performing dietary duties shall complete dietary training within 90 days after assuming these job duties. Specific training topics shall include: determining nutritional needs, menu planning, food preparation and food sanitation. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 4 caregivers reviewed completed dietary training within 90 days after assuming these job duties. Specific training topics shall include: determining nutritional needs, menu planning, food preparation and food sanitation. 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. Between 10/01/2025 and 12/09/2025, the Department received six complaints alleging concerns with abuse, staffing, infection control, lack of training, resident hygiene and medication	N 247		

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N 247	Continued From page 12	N 247		

administration.

On 01/06/2026 at approximately 1:10 PM, Surveyor interviewed Resident 2. Surveyor asked about meals. Resident 2 reported, "I am not happy with the food and I was told this place might close." Resident 2 stated that the food "used to be better" and there were not a lot of food options and meal substitutions being offered.

On 01/07/2026, Surveyor reviewed Caregiver B's file. Caregiver B was hired on 08/26/2025. Caregiver B's file did not contain documentation to indicate s/he completed dietary training.

On 01/07/2026, Surveyor reviewed Caregiver C's file. Caregiver C was hired on 09/11/2025. Caregiver C's file did not contain documentation to indicate s/he completed dietary training.

On 01/07/2026, Surveyor reviewed Caregiver G's file. Caregiver G was hired on 05/07/2025. Caregiver G's file did not contain documentation to indicate s/he completed dietary training.

On 01/08/2026 at approximately 3:35 PM, Surveyor interviewed Assistant Director (AD) A via telephone. AD A verified providing Surveyor with all training records for Caregiver B, Caregiver C, and Caregiver G. AD A verified that Caregiver B, Caregiver C and Caregiver G did not complete dietary training. AD A indicated that all caregivers prepare and serve meals during their work shifts.

On 01/08/2026, Surveyor reviewed staff schedules (September 2025 through January 2026). According to the schedules, Caregiver B, Caregiver C and Caregiver G had worked multiple shifts that would require meal preparation

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N 247	Continued From page 13 and serving meals to residents.	N 247		
N 310	83.29(2) Admission agreement include services, charges The admission agreement shall be given in writing and explained orally in the language of the prospective resident or legal representative. Admission is contingent on a person or that person ' s legal representative signing and dating an admission agreement. The admission agreement shall include all of the following: (a) An accurate description of the basic services provided, the rate charged for those services and the method of payment; (b) Information about all additional services offered, but not included in the basic services. The CBRF shall provide a written statement of the fees charged for each of these services; (c) The method for notifying residents of a change in charges for services; (d) Terms for resident notification to the CBRF of voluntary discharge. This paragraph does not apply to a resident in the custody of a government correctional agency; (e) Terms for refunding charges for services paid in advance, entrance fees, or security deposits in the case of transfer, death or voluntary or involuntary discharge; (f) A statement that the amount of the security deposit may not exceed one month ' s fees for services, if security deposit is collected; (g) Terms for holding and charging for a resident ' s room during a resident ' s temporary absence. This paragraph does not apply to a resident in the custody of a government correctional agency; (h) Reasons and notice requirements for involuntary discharge or transfer, including transfers within the CBRF. This paragraph does not apply to a resident in the custody of a government correctional agency.	N 310		

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	0016401	A. BUILDING: _____ B. WING _____	R-C 01/08/2026

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

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N 310	Continued From page 14 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 3's admission/service agreement was signed and dated at the time of admission. 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. Between 10/01/2025 and 12/09/2025, the Department received six complaints alleging concerns with abuse, staffing, infection control, lack of training, resident hygiene, medication administration and resident records (receiving timely signatures). On 01/06/2026 at approximately 10:02 AM, Surveyor interviewed Resident 3. Resident 3 reported that s/he had been at the facility for four months. Resident 3 commented, "It took three weeks to fill out the admission paperwork." On 1/06/2026, Surveyor reviewed Resident 3's record. Resident 3 was admitted on 09/16/2025. Resident 3's record did not contain an Admission/Service Agreement. On 01/08/2026, AD A provided Surveyor with a copy of Resident 3's Admission/Service Agreement via e-mail. Resident 3's Admission/Service Agreement was signed on 10/06/2025.	N 310		

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N 310	Continued From page 15 On 01/08/2026 at approximately 3:35 PM, Surveyor interviewed AD A via telephone. AD A verified Resident 3's admission date (09/16/2025) and the date Resident 3's Admission/Service Agreement was signed (10/06/2025). Surveyor asked about resident admission paperwork and signing and dating records timely. AD A commented, "Unfortunately, resident paperwork was not being signed and dated timely prior to AD A starting in November 2025." AD A stated that s/he would ensure resident paperwork would be reviewed and signed timely moving forward. The provider did not ensure Resident 3's admission/service agreement was signed and dated at the time of admission.	N 310		
N 396	83.36(1)(a) Adequate staff to meet resident needs. The CBRF shall provide employees in sufficient numbers on a 24-hour basis to meet the needs of the residents. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensures employees in sufficient numbers on a 24-hour basis to meet the needs of Resident 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.	N 396		

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N 396	Continued From page 16	N 396		

Between 10/01/2025 and 12/09/2025, the Department received six complaints alleging concerns with abuse, staffing, infection control, lack of training, resident hygiene and medication administration.

On 01/06/2026 at approximately 10:40 AM, Surveyor interviewed Assistant Director (AD) A. Surveyor asked AD A about staffing and resident cares. AD A reported that two staff worked from 7:00 AM to 7:00 PM and sometimes two staff worked from 7:00 PM to 7:00 AM and sometimes one staff worked 7:00 PM to 7:00 AM. AD A indicated that Resident 1 required the assistance of two caregivers and transferred via a mechanical lift. AD A commented, "We try to ensure [Resident 1] is taken care of before NOC shift (7:00 PM to 7:00 AM) starts."

On 01/06/2025 at approximately 11:43 AM, Surveyor interviewed Caregiver B. Surveyor asked about staffing and resident cares. Caregiver B indicated that s/he was hired on 08/26/2025. Caregiver B reported that s/he worked the 7:00 AM to 7:00 PM shift. Caregiver B stated that Resident 1 was a two-person transfer with a mechanical lift. Caregiver B indicated that two caregivers worked the 7:00 AM to 7:00 PM and sometimes two caregivers and sometimes one caregiver worked the 7:00 PM to 7:00 AM shift.

On 01/06/2026, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 07/21/2023. Resident 1's individual service plan (ISP), dated 12/05/2025, noted Resident transferred via "Assist of 2" and "Easy Stand Hoyer." Resident 1's ISP noted that Resident 1 required total assistance with grooming, dressing, oral cares and bathing. The ISP indicated that Resident 1

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N 396	Continued From page 17	N 396		

was incontinent and required to be checked "Q 2 hours" (every 2 hours).

On 01/06/2026, Surveyor reviewed the Provider's schedule (October 2025 to January 2026). The schedule noted that two caregivers consistently worked 7:00 AM to 7:00 PM for the majority of each month. The schedule noted that one caregiver worked 7:00 PM to 7:00 AM for the majority of each month and occasionally two caregivers were scheduled to work from 7:00 PM to 7:00 AM.

On 01/06/2026 at approximately 1:10 PM, Surveyor interviewed Resident 2. Surveyor asked about cares, meals and activities. Resident 2 reported, "There were no activities at all anymore." Resident 2 stated, "I am not happy with the food and I was told this place might close." Surveyor asked Resident 2 if Resident 2 felt safe at the facility. Resident 2 commented, "I do feel safe, but not as much as I used to." Resident 2 stated, "[Assistant Director (AD) A] is trying to make it work." Resident 2 commented, "I waited for an hour last night for help; We need more than one person at night."

On 01/08/2026 at approximately 3:35 PM, Surveyor interviewed AD A via telephone. AD A confirmed becoming the AD in November 2025. AD A verified the provider's schedules and staffing. AD A confirmed that one caregiver worked alone from 7:00 PM to 7:00 AM sometimes. AD A verified that Resident 1 required a mechanical lift and two caregivers to assist with all cares and transfers.

The Provider did not ensure employees in sufficient numbers on a 24-hour basis to meet the needs of Resident 1.

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N 427	83.38(1)(c) Leisure time activities. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Leisure time activities. The CBRF shall provide a daily activity program to meet the interests and capabilities of the residents. Employees shall encourage and promote resident participation in the activity program. The CBRF shall develop and post the activity schedule in an area available to residents. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not provide a daily activity program to meet the interests and capabilities of the residents. 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. Between 10/01/2025 and 12/09/2025, the Department received six complaints alleging concerns with abuse and staffing. On 01/06/2026 at approximately 9:10 AM, Surveyor toured the facility. Surveyor observed residents sleeping, residents watching television	N 427		

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N 427	Continued From page 19 in their rooms and two residents sitting quietly at a dining room table. Surveyor observed a January 2026 Activity Calendar on the wall in the dining room. The scheduled noted that the following activities were scheduled for 01/06/2026: "AM: Morning coffee and conversation; PM: Karaoke and Snack." Surveyor did not observe residents or staff engaged in activities during the AM hours. On 01/06/2026 at approximately 1:10 PM, Surveyor interviewed Resident 2. Surveyor asked about activities. Resident 2 reported, "There were no activities at all anymore." On 01/06/2026 at approximately 2:10 PM, Surveyor interviewed AD A. Surveyor asked about activities. AD A reported that staff try to do activities with the residents, but there had not been any formal activities for the past four to five months. On 01/06/2026 at approximately 3:00 PM, Surveyor interviewed Caregiver C. Surveyor asked Caregiver C about activities. Caregiver C stated, "Unfortunately, we are not doing daily activities with the residents." On 01/06/2026, Surveyor left the facility at approximately 3:30 PM. Surveyor did not observe residents or staff engaged in activities during the AM hours or PM hours while Surveyor was onsite. The provider did not arrange services adequate to meet the needs of the residents in all of the following areas: Leisure time activities.	N 427		