STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014288	A. BUILDING: _____ B. WING _____	R-C 05/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BLACK HAWK SENIOR RESIDENCE	1 MILWAUKEE AVE W FORT ATKINSON, WI 53538

(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 05/12/2025 through 05/14/2025, Surveyor conducted a complaint investigation and a verification visit at Black Hawk Senior Residence. Five (5) deficiencies were identified. Five (5) of 5 deficiencies were repeat violations (see statement of deficiency (SOD) G5KO11, dated 11/05/2025, SOD XD1Z11, dated 03/03/2022, SOD 80WC11, dated 10/10/2019, and SOD UB0H11, dated 06/29/2019). The complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 19	{N 000}		
{N 196}	83.14(2)(a) Licensee ensures facility complies with laws The licensee shall ensure the CBRF and its operation comply with all laws governing the CBRF. This Rule is not met as evidenced by: Based on record review, observations, and interviews, the provider did not ensure the community based residential facility (CBRF) and its operation complied with all laws governing the CBRF. This had the potential to affect 19 of 19 residents who resided at the facility. Repeat violation from statement of deficiency (SOD) G5KO11, dated 11/05/2024, SOD XD1Z11, dated 03/03/2022; SOD UB0H12, dated 06/19/2020; and SOD 6VEN11, dated 12/19/2019.	{N 196}		

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

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{N 196}	Continued From page 1 Findings include: On 05/12/2025, Surveyor conducted a complaint investigation and verification visit at Black Hawk Senior Residence. As a result of the survey, the provider was issued 5 violations; Five (5) of 5 violations were repeat violations from the previous SOD G5KO11, dated 11/05/2025. The following violations were issued: 83.14(2)(a) Licensee Ensures Facility Complies with Laws (repeat X4) 83.21(1)-(3) All Employee Training (repeat X2) 83.27(2)(c) Admissions Compatible with Program Statement (repeat X2) 83.28(4)(a) Resident Health Screening and Documentation (repeat X2) 83.35(5)(a) Initial Evaluation of Evacuation Limitations (repeat) On 05/12/2025, at approximately 4:00 p.m., Surveyor reviewed the above concerns with Assistant Admin B. Assistant Admin B stated that s/he is hoping to complete the administrator course moving forward. Assistant Admin B stated that the provider is short staffed and that s/he has been having to work double shifts as a caregiver, so s/he has not been able to complete paperwork. Surveyor asked about Licensee F, who is the acting administrator. Assistant Admin B stated that Licensee F has been out of the country for about a month and believes s/he'll be returning sometime soon but does not have an exact date.	{N 196}		
{N 243}	83.21(1)-(3) All employee training. The CBRF shall provide, obtain or otherwise	{N 243}		

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{N 243}	Continued From page 2 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 behavior, resident supervision, and changes in condition. Challenging behaviors training shall be completed within 90 days after starting employment.	{N 243}		

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{N 243}	Continued From page 3 This Rule is not met as evidenced by: Based on staff interview and record review the provider did not ensure 1 of 2 eligible employees reviewed, obtained all training as required within 90 days after starting employment. Caregiver G did not have training in recognizing, preventing, managing and responding to challenging behaviors within 90 days after starting employment. Caregiver G did not have training in required client groups within 90 days after starting employment. Repeat violation from statement of deficiency (SOD) XD1Z11, dated 03/03/2022 and G5KO11, dated 11/05/2024. Findings include: On 05/12/2025, Surveyor conducted a review of 3 employees to verify compliance with all employee training requirements. Surveyor requested training records from Assistant Admin B for Caregiver G. Recognizing, Preventing, Managing and Responding to Challenging Behaviors The record for Caregiver G, hired 11/26/2024, did not contain evidence of training or evidence of meeting an exemption for challenging behaviors training. On 05/13/2025, at approximately 3:45 p.m., Surveyor interviewed Assistant Admin B.	{N 243}		

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{N 243}	Continued From page 4 Assistant Admin B stated s/he did not have access to training records and would have to contact Licensee F for them. Client Group The facility was licensed to provide care and services to residents within the client groups of advanced age and irreversible dementia/Alzheimer's. The record for Caregiver G, hired 11/26/2024, did not contain evidence of training or evidence of meeting an exemption for training in client groups. On 05/13/2025, at approximately 3:45 p.m., Surveyor interviewed Assistant Admin B. Assistant Admin B stated s/he did not have access to training records and would have to contact Licensee F for them. On 05/12/2025, at 3:51 p.m., Surveyor requested that Assistant Admin B send Surveyor training records in the next 24 hours. On 05/14/2025 at 3:05 p.m., Assistant Admin B emailed Surveyor training records for Caregiver G. Trainings did not include evidence of training in client group or challenging behaviors. Cross Reference N0289 DHS 83.27(2)(b) Admissions Compatible with Program Statement	{N 243}		
{N 289}	83.27(2)(c) Admissions compatible with program statement A CBRF may not admit or retain any of the following persons: A person who has physical, mental, psychiatric or social needs that are not compatible with the client group as described in the CBRF ' s program statement.	{N 289}		

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{N 289}	Continued From page 5 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that 4 of 19 residents met criteria of the client groups as described by the facility's license, including advanced age and irreversible dementia/Alzheimer's. Resident 1, Resident 3, Resident 4, and Resident 5 were less than 55 years old and did not have a dementia/Alzheimer's diagnoses. Repeat violation from statement of deficiency (SOD) XD1Z11, dated 03/03/2022 and SOD G5KO11, dated 11/05/2024. Findings include: On 05/12/2025, Surveyor conducted a complaint investigation and verification visit. The facility is licensed as a class CNA (non-ambulatory) CBRF (community based residential facility) able to serve up to 38 residents within the client groups of advanced age and irreversible dementia/Alzheimer's. At approximately 3:30 p.m., Surveyor interviewed Assistant Admin B and asked if s/he was aware if an updated program statement was submitted and approved by the department. Assistant Admin B stated no. Surveyor asked if Residents 1, 3, 4, 5, and 6 still lived in the facility. Assistant Admin B stated yes, all expect Resident 6, who has passed. Assistant Admin B stated that Licensee F was working on making the fourth floor of the facility into an adult family home (AFH) for people with mental illness. Example 1 - Resident 1 Surveyor reviewed the record of Resident 1.	{N 289}		

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{N 289}	Continued From page 6 Resident 1 was admitted to the facility on 12/19/2023 with diagnoses including diabetes, major depressive disorder, hydrocephalus, hemiplegia and anxiety. A review of Resident 1's birth date indicates s/he is less than 55 years old. Resident 1's individualized service plan (ISP), no date indicated, documents: -History of CVA-dysphasia so some swallowing/choking difficulties. -Resident used a wheelchair for all ambulation needs. -Staff to transfer resident at all times using the EZ stand. Resident does not stand on his/her own. Staff to use EZ stand with transfers. -Resident is on minimal supervision due to depressive behaviors of self-isolating. The ISP did not address level of orientation, cognition, or dementia or Alzheimer's. Resident 1 was not of advanced age and did not have a diagnosis of irreversible dementia or Alzheimer's disease. Resident 1's date of birth indicated he/she was less than 55 years old. Resident 1's ISP indicated behavioral interventions for Resident 1's mental health diagnosis and interventions for his/her physical limitations. The ISP did not address any age related concerns, dementia or Alzheimer's. Example 2 - Resident 3 Surveyor reviewed the record of Resident 3. Resident 3 was admitted to the facility on 11/30/2023 with diagnoses including diabetes, alcohol dependence, alcoholic myopathy and quadriplegia, unspecified. A review of Resident 3's birth date indicates s/he is less than 55 years old and does not have dementia or Alzheimer's. Example 3 - Resident 4	{N 289}		

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{N 289}	Continued From page 7 Surveyor reviewed the birth date of Resident 4 which documented s/he is less than 55 years old. Resident 4 did not have documentation of a dementia or Alzheimer's diagnoses. Example 4 - Resident 5 Surveyor reviewed the birth date of Resident 5 which documented s/he is less than 55 years old. Resident 5 did not have documentation of a dementia or Alzheimer's diagnoses. Surveyors reviewed 3 of 3 employee records. Caregiver G, Caregiver D, and Caregiver H did not have training in client groups upon hire which included Resident 1 and Resident 3's client group(s) of emotionally disturbed/mental illness; physically disabled; alcohol/drug dependent. On 05/12/2025, at approximately 3:35 p.m., Surveyor reviewed the provider's program statement which stated client groups served: "advanced age and irreversible dementia/Alzheimer's." There was no evidence in the facility electronic file that the program statement had been updated. Licensee F did not ensure Resident 1, 3, 4 or 5 met criteria of the client groups as described in the facility's program statement. Licensee F did not update the program statement from the previous SOD G5KO11, dated 11/05/2024. Cross Reference N0243 DHS 83.21(1)-(3) All Employee Training	{N 289}		
{N 302}	83.28(4)(a) Resident health screening and documentation Resident health screening. 1. Within 90 days	{N 302}		

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{N 302}	Continued From page 8 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 ensure 2 of 3 residents reviewed were screened for clinically apparent communicable disease, including tuberculosis, within 90 days before or 7 days after admission. Resident 8 and Resident 9 did not have a communicable disease screen or tuberculosis test within 90 days prior to admission or 7 days after admission. Repeat violation from statement of deficiency (SOD) XD1Z11, dated 03/03/2022 and SOD G5KO11, dated 11/05/2024. Findings include: On 05/12/2025, Surveyor conducted a verification visit. Example 1 - Resident 8 Surveyor reviewed the record of Resident 8. Resident 8 was admitted to the facility on	{N 302}		

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{N 302}	Continued From page 9 04/14/2025. The record did not have evidence that Resident 8 was screened for clinically apparent communicable disease, including tuberculosis, within 90 days before or 7 days after admission. Example 2 - Resident 9 Surveyor reviewed Resident 9's record. Resident 9 was admitted to the facility on 02/10/2025. The record did not have evidence that Resident 9 was screened for clinically apparent communicable disease, including tuberculosis, within 90 days before or 7 days after admission. On 05/12/2025, at approximately 4:00 p.m., Surveyor interviewed Assistant Admin B and asked if s/he was able to find Resident 8 or 9's communicable disease screen and tuberculosis results. Assistant Admin B stated no that Licensee F has been out of the country and Assistant Admin B has been having to work double shifts as a caregiver, so s/he has not been able to organize all the paperwork. Surveyor requested that if Assistant Admin B was able to find the documentation of the results, so send them to the Surveyor within 24 hours. At 05/14/2025, at 3:05 p.m., Assistant Admin B emailed Surveyor stating, "I have looked everywhere for [Resident 9] and [Resident 8's] chest x-rays I also have calls out to [Resident 8's] hospice and [Resident 9's] care team nurse asking to see if they have copies." As of 05/20/2025, no further information has been received.	{N 302}		
{N 393}	83.35(5)(a) Initial evaluation of evacuation limitations.	{N 393}		

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{N 393}	Continued From page 10 Initial evaluation. The CBRF shall evaluate each resident within 3 days of the resident ' s admission to determine whether the resident is able to evacuate the CBRF within 2 minutes in an unsprinklered CBRF and 4 minutes in a sprinklered CBRF without any help or verbal or physical prompting, and what type of limitations that resident may have that prevent the resident from evacuating the CBRF within the applicable period of time. A form provided by the department shall be used for the evaluation. The resident ' s evaluation shall be retained in the resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 residents reviewed were evaluated within 3 days of admission to determine whether the resident is able to evacuate the CBRF within 4 minutes in a sprinklered CBRF without any help or verbal or physical prompting. Residents 8, 9, and 10 evacuation limitations were not evaluated within 3 days of admission. Repeat violation from statement of deficiency (SOD) G5KO11, dated 11/05/2024. Findings include: The facility is licensed as a class CNA (non-ambulatory) CBRF able to serve up to 38 residents within the client groups of advanced age and irreversible dementia/Alzheimer's. On 05/12/2025, at approximately 4:00 p.m., Surveyor toured the facility with Assistant Admin B. The facility is 4 floors; the ground floor consists	{N 393}		

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{N 393}	Continued From page 11 of the dining room, common area and kitchen, the second floor and third floor are resident bedroom and the fourth floor is office space. Example 1 - Resident 8 Surveyor reviewed the record of Resident 8. Resident 8 was admitted to the facility on 04/14/2025 with diagnoses including atrial fibrillation and anxiety disorder. Resident 8's record did not include an initial evaluation of evacuation. Example 2 - Resident 9 Surveyor reviewed Resident 9's record. Resident 9 was admitted to the facility on 02/10/2025 with diagnoses including caniotomy, seizures, obesity, schizoaffective disorder, and bipolar disorder. Resident 9's record did not include an initial evaluation of evacuation. Example 3 - Resident 10 Surveyor reviewed Resident 10's record. Resident 10 was admitted to the facility on 02/06/2025 with diagnoses including obesity, major depressive disorder, anxiety disorder and obstructive pulmonary disease. Resident 10's record did not include an initial evaluation of evacuation. On 05/12/2025, at approximately 4:00 p.m., Surveyor interviewed Assistant Admin B and asked if s/he was able to find Resident 8, 9 or 10's initial evacuation assessments. Assistant Admin B stated no that Licensee F has been out of the country and Assistant Admin B has been having to work double shifts as a caregiver, so s/he has not been able to complete paperwork.	{N 393}		