STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018352	A. BUILDING: _____ B. WING _____	C 04/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY SIDE MANOR EAST	4221 KADLEC DRIVE SHEBOYGAN, WI 53083

(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 04/22/2025, Surveyor conducted an abbreviated survey and one (1) complaint investigation at Country Side Manor East. As a result of the survey 2 deficiencies were identified, 1 complaint was unsubstantiated. Census: 14	N 000		
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:	N 239		

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

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N 239	Continued From page 1 Based on record review and interview, the provider did not ensure 1 of 2 of employees (Caregiver F) obtained Department-approved training as required. Caregiver F did not have training in first aid and choking within 90 days after starting employment. Findings include: On 04/22/2025 at approximately 10:15 AM, Surveyor reviewed Caregiver F's record. Caregiver F was hired on 11/30/2024. The record for Caregiver F, did not contain evidence of training in first aid and choking. Surveyor reviewed the Community Based Residential Facility (CBRF) training registry and Caregiver F's registry did not show evidence s/he had first aid and choking. On 04/22/2025 at approximately 10:30 AM, Surveyor interviewed Caregiver F. Caregiver F stated s/he thought s/he had started beginning of December 2024. Caregiver F acknowledge s/he works in this facility and has been scheduled since December 2024. Caregiver F confirmed s/he had not completed CBRF training for first aid and choking. Caregiver F stated s/he was scheduled on 04/04/2025 but was unable to attend. Caregiver F stated s/he was signed up to take the next class in May 2025. On 04/22/2025 at 1:30 PM, Surveyor interviewed Associate Administrator (AA) B, Wellness Director (WD) C and RN D. AA B confirmed Caregiver F has had multiple chances to completed first aid and choking, and the April class was a last chance. AA B stated Caregiver F had an emergency and was unable to attend. AA B confirmed Caregiver F was scheduled for first aid and choking on 05/21/2025. Surveyor shared	N 239		

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N 239	Continued From page 2 first aid and choking needs to be completed within 90 days of employment. AA B stated s/he will take Caregiver F off the schedule till Caregiver F completes first aid and choking training. The provider did not ensure employees obtained Department-approved training within 90 days after starting employment and/or assuming job duties.	N 239		
N 419	83.37(3)(c) Medication storage: locked cabinet. Administered by facility. The CBRF shall keep medicine cabinets locked and the key available only to personnel identified by the CBRF. This Rule is not met as evidenced by: Based on observation and staff interview, the provider did not ensure 14 of 14 residents' medications were securely stored. Findings include: The facility is licensed to provide services for up to 16 residents who may be advanced aged, physically disabled, terminally ill and/or irreversible dementia/Alzheimer's. The census at time of survey was 14. On 04/22/2025, Surveyor entered the facility at approximately 8:30 AM. Surveyor observed medication cart sitting near the kitchen serving window in the dining room. Surveyor observed Med Passer (MP) E at the medication cart. MP E approached Surveyor and stated s/he would call Administrator (ADM) A. MP E stated ADM A did not answer so s/he was going to run across the road to the sister facility to find ADM A. The	N 419		

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N 419	Continued From page 3 medication cart was unlocked from approximately 8:45 AM when MP E walked away from cart and left the facility, until ADM A arrived at 8:58 AM at the facility to talk with Surveyor. There were 6 residents sitting in the dining room while the medication cart was unlocked, and Caregiver F had gone to a resident's room to assist with cares. ADM A observed the cart with keys in the cart and walked over to cart and pulled the keys, locked the cart and handed the keys to MP E. On 04/22/2025 at 10:45 AM, Surveyor interviewed MP E. Surveyor asked MP E about leaving the medication cart unlocked. MP E stated s/he is getting better at remembering to lock the medication cart and keeping keys on his/her person. MP E acknowledged ADM A did lock the cart and handed him/her the medication keys. On 04/22/2025 at 1:00 PM, Surveyor interviewed Associate Administrator (AA) B, Wellness Director (WD) C and RN D. AA B looked to WD C and RN D and stated they can schedule MP E for retraining. RN D acknowledged staff are to always lock cart before walking away. The provider did not ensure residents' medications were locked/securely stored.	N 419		