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	0018786	A. BUILDING: _____ B. WING _____	C 06/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SILVER LAKE HAVEN	**N2641 17TH LANE WAUTOMA, WI 54982**

(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 06/18/2025, Surveyor conducted an onsite visit at Silver Lake Haven to conduct a standard survey and investigate 1 complaint. Additional information was received through 06/19/2025. The complaint was substantiated and 4 deficiencies were identified. Census: 7	N 000		
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. This Rule is not met as evidenced by: Based on record review and interview, Caregiver D and Caregiver E did not receive training in all 6 orientation topics prior to performing job duties. Findings include: On 06/18/2025 at approximately 2:00 PM, Surveyor reviewed Caregiver D and Caregiver E's records to verify compliance with orientation training requirements.	N 230		

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

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N 230	Continued From page 1 The record for Caregiver D, hired on 08/17/2023, did not include evidence s/he received orientation training in emergency and disaster plan and evacuation procedures. The record for Caregiver E, hired on 01/14/2025, did not include evidence s/he received orientation training in emergency and disaster plan and evacuation procedures or prevention and reporting of resident abuse, neglect and misappropriation of resident property. On 06/18/2025 at approximately 2:30 PM, Surveyor interviewed Licensee B. S/he confirmed the records did not contain evidence the caregivers received training in all required topics and s/he could not otherwise confirm the training was provided. Licensee B said they have a new hire checklist that identifies all required orientation topics, however those checklists were not completed for either caregiver. Cross Reference: N0239 DHS 83.20(2)(a)-(d) Department-Approved Training Courses N0243 DHS 83.21(1)-(3) All Employee Training	N 230		
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	N 239		

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N 239	Continued From page 2	N 239		

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 Caregiver E received training approved by the department in fire safety or first aid and choking within 90 days of after starting employment.

Findings include:

On 06/18/2025 at approximately 2:00 PM, Surveyor reviewed and Caregiver E's records to verify compliance with department approved training requirements.

Fire Safety

The record for Caregiver E, hired on 01/14/2025, did not include evidence of training or evidence of meeting an exemption for fire safety training.

First Aid and Choking

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N 239	Continued From page 3 The record for Caregiver E also did not include evidence of training or evidence of meeting an exemption for first aid and choking training. On 06/18/2025 at approximately 2:20 PM, Surveyor verified Caregiver E was not on the Community-Based Care & Treatment Training Registry for either training topic. On 06/18/2025 at approximately 2:30 PM, Surveyor interviewed Licensee B. S/he confirmed the records did not contain evidence Caregiver E received all required department approved training or evidence s/he qualified for an exemption. Licensee B stated s/he would take immediate steps to scheduled Caregiver E for the training. Cross Reference: N0230 DHS 83.19 Orientation N0243 DHS 83.21(1)-(3) All Employee 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	N 243		

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N 243	Continued From page 4 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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Caregiver D and Caregiver E obtained all training within 90 days after starting employment. Findings include: On 06/18/2025 at approximately 2:00 PM,	N 243		

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N 243	Continued From page 5 Surveyor reviewed Caregiver D and Caregiver E's records to verify compliance with all employee training requirements. Challenging Behaviors: The record for Caregiver D, hired on 08/17/2023, did not contain evidence of training in challenging behaviors within 90 days of hire, or evidence of meeting an exemption for the training. The record for Caregiver E, hired on 01/14/2025, did not contain evidence of training in challenging behaviors within 90 days of hire, or evidence of meeting an exemption for the training. Client Group The facility is licensed to serve residents from the following client groups; advanced aged and irreversible dementia/Alzheimers. The record for Caregiver D, hired on 08/17/2023, did not contain evidence of training in the client groups within 90 days of hire, or evidence of meeting an exemption for the training. The record for Caregiver E, hired on 01/14/2025, did not contain evidence of training in the client groups within 90 days of hire, or evidence of meeting an exemption for the training. On 06/18/2025 at approximately 2:30 PM, Surveyor interviewed Licensee. S/he confirmed the records did not contain evidence the caregivers received challenging behaviors or client group training within 90 days of hire, or that they qualified for an exemption for the training. Cross Reference:	N 243		

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N 243	Continued From page 6 N0230 DHS 83.19 Orientation N0239 DHS 83.20(2)(a)-(d) Department-Approved Training Courses	N 243		
N 431	83.38(1)(g) Health monitoring. 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: Health monitoring. 1. The CBRF shall monitor the health of residents and make arrangements for physical health, oral health or mental health services unless otherwise arranged for by the resident. Each resident shall have an annual physical health examination completed by a physician or an advanced practice nurse as defined in s. N 8.02(1), unless seen by a physician or an advanced practice nurse as defined in s. N 8.02(1) more frequently. 2. When indicated, a CBRF shall observe residents ' food and fluid intake and acceptance of diet. The CBRF shall report significant deviations from normal food and fluid intake patterns to the resident ' s physician or dietician. 3. The CBRF shall document communication with the resident ' s physician and other health care providers, and shall record any changes in the resident ' s health or mental health status in the resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not promptly arrange for Resident 1 to be medically assessed by hospice after s/he	N 431		

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N 431	Continued From page 7 experienced a change in condition on 05/15/2025 and 05/16/2025. Findings include: The Department received a complaint about the provider's response to a fall. On 06/18/2025 at 11:45 AM, Surveyor reviewed Resident 1's closed facility file. Resident 1 was admitted on 05/08/2025 with diagnoses to include heart failure, stage 3 chronic kidney disease and generalized anxiety disorder. At the time of admission, Resident 1 was described as alert but confused, was receiving hospice services and had a history of falls. Resident 1's power of attorney for health care was not activated. Resident 1 passed away at the facility on 05/26/2025. The hospice plans of care (POCs) dated 05/07/2025 and 05/21/2025 noted a decline in early May with increased anxiety and decreased mentation. On 05/12/2025, Resident 1's prescribed alprazolam (for anxiety and restlessness) was increased to 4 times daily as needed (PRN). Resident 1 was also prescribed morphine PRN (for pain or shortness of breath.) The orders for both PRN medications included instructions to "notify hospice prior to administering." Based on review of observations notes, medication administration records and incident reports, Surveyor noted the following timeline between 05/08/2025 - 05/16/2025: --05/08 - "moved to facility...due to confusion and multiple falls as well as increased needs...Overall pleasant but not happy with the move...call	N 431		

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N 431	Continued From page 8	N 431		

hospice (with) concerns" Author: Manager A
--05/13 - "10:22 AM - Staff reporting behaviors including yelling, swearing...will discuss with hospice...Resident's PRN Alprazolam (increased) to every 4 hours as needed per hospice"
--05/15 at 7:30 AM - administered alprazolam for anxiety and documented as "not effective"
--05/15 at 3:00 PM and 11:00 PM - administered alprazolam for agitation and documented as "not effective"
--05/16 at 3:00 AM - administered alprazolam for agitation and anxiousness and documented as not effective
--05/15 into 05/16 3rd shift note - "Resident yelling, cussing all night long from 8:50 PM until 5AM...would slide [him/herself] down from chair, bed and lay on floor then yell to be picked up...Hoyered [sic] [him/her] 8X [sic] last night and then finally made [him/her] a pillow and blanket on the floor for [him/her] to stay calm on the ground until my shift was over..." [sic - all, including bold and underlined text] Author: Caregiver E
--SURVEYOR NOTE: the record did not document that hospice was notified on 05/15 during 2nd or 3rd shift of the change in condition, prior to administering alprazolam or to consider administration of morphine.
--05/16 - "6:30 AM...found on the floor next to [his/her] bed...Staff x2 hoyered [sic] [him/her] back to bed.." Hospice and Administrator notified at 6:44 AM. Author: Caregiver C
--05/16 - "9:15 AM...found resident on the floor next to [his/her] bed. Staff x2 hoyered [sic] [him/her] back into bed." Bruises noted on [his/her] upper back." Administrator and hospice notified again. Author: Caregiver C
--05/16 - "11:28 am - Called hospice again. talked to nurse who stated to give PRN morphine and they will send a nurse out." Author: Manager A

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N 431	Continued From page 9 Surveyor interviewed Caregiver D on 06/18/2025 at 10:40 AM. Caregiver D said upon arrival for 1st shift on 05/16/2026, s/he was informed Resident 1 had a bad night, "[S/he] was on the floor 9 times" and was "screaming out...all night." (Caregiver D explained Resident 1's bed was already lowered to be close to the floor with a safety mat next to it.) Caregiver D stated after transferring Resident 1 back to bed at approximately 7:00 AM, s/he notified hospice, but hospice was delayed in their response to the facility due to internal miscommunication and shift change. Throughout the morning, Resident 1 continued to place him/herself on the ground, was "nonstop screaming" and was aggressive towards staff. Caregiver D said they performed frequent checks and tried to calm him/her but the "behaviors" did not stop. Caregiver D said s/he considered this a change from Resident 1's baseline due to the intensity and frequency of the behaviors. Surveyor interviewed Manager A and Licensee B on 06/18/2025 at 1:26 PM. Both confirmed when a resident is receiving hospice services and experiences a change in condition, their process is to contact hospice so hospice can send a nurse onsite to assess and determine next steps. Manager A said hospice was not contacted prior to administering alprazolam on 05/15 and early 05/16 because at that time, they thought hospice was okay with caregivers making that decision. Surveyor reviewed the aforementioned timeline based on record review. Surveyor also explained the concern hospice was not contacted until 05/16/2025 at approximately 7:00 AM, in spite of agitation and anxiety the day before and throughout the overnight hours. Manager A and Licensee B acknowledged the timeline and	N 431		

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N 431	Continued From page 10 concern. Manager A said s/he had already re-educated the third shift caregiver (Caregiver E) about the expectation to contact hospice when a resident experiences a change in condition. Surveyor interviewed Hospice Registered Nurse (RN) F on 06/19/2025 at 8:19 AM. RN F said during the overnight hours 05/15 into 05/16, facility staff "most definitely...should have contacted us sooner." RN F said, "I think [Resident 1] was in pain and declining." RN F said if hospice had been notified sooner, they could have authorized administration of morphine or alprazolam (s/he confirmed the order at the time was to contact hospice before administering) and sent a nurse out sooner to medically assess Resident 1. RN F said after the incident, Resident 1 was found to have a scrape on his/her upper back and bump on his/her head.	N 431		