STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015906	A. BUILDING: _____ B. WING _____	R-C 01/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBORCHASE OF SHOREWOOD	1111 E CAPITOL DR SHOREWOOD, WI 53211

(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 01/30/2025, Surveyor conducted a verification visit and 2 complaint investigations at Harborchase of Shorewood. Three deficiencies were identified. One of 3 was a repeat violation (see Statement of Deficiency HYC911, dated 09/29/2021). One complaint was substantiated. One complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 15	{N 000}		
N 219	83.17(1) Licensee conduct caregiver background check Caregiver background check. At the time of hire, employment or contract and every 4 years after, the licensee shall conduct and document a caregiver background check following the procedures in s. 50.065, Stats., and ch. DHS 12. A licensee shall not employ, contract with or permit a person to reside at the CBRF if the person has been convicted of the crimes or offenses, or has a governmental finding of misconduct, found in s. 50.065, Stats., and ch. DHS 12, Appendix A, unless the person has been approved under the department ' s rehabilitation process as defined in ch. DHS 12. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a caregiver background check (CBC) was completed for 1 of 2 employees reviewed. Caregiver V did not have a CBC on	N 219		

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

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N 219	Continued From page 1 file. Findings include: According to The Wisconsin Caregiver Program Manual (P-00038), Wis. Stat. Ch. 50, and Wis. Admin. Code Ch. 12, a complete CBC, at minimum, consists of: 1) A completed DHS form F-82064, Background Information Disclosure (BID). 2) A response from the Department of Justice (DOJ). 3) A "Response to Caregiver Background Check" letter from the Department of Health Service, also referred to as the Integrated Background Information System (IBIS). On 01/30/2025, Surveyor reviewed employee records and identified the following: Caregiver V was hired on 08/31/2023. Their record did not include a BID, DOJ, or IBIS. On 01/30/2025 at approximately 2:10 PM, Surveyor interviewed Executive Director X who stated they would look for the missing documentation and send it if found. On 01/30/2025 Surveyor received an e-mail from Executive Director X which stated, "Related to [Caregiver V], I am unable to locate [his/her] background check from [his/her] date of hire. I had [him/her] fill out a new form today and I will re-run [his/her] background check."	N 219		
N 239	83.20(2)(a)-(d) Department-approved training courses. Standard Precautions. All employees who may	N 239		

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N 239	Continued From page 2 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 1 of 2 employees reviewed obtained all required department approved training. Caregiver W did not have training in fire safety or first aid and choking within 90 days after starting employment. Caregiver W, who had responsibilities that would create exposure to blood, body fluids or other moist body substances, did not have training in standard precautions prior to assuming these	N 239		

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N 239	Continued From page 3 duties. Findings include: On 01/30/2025, Surveyor reviewed employee records to verify compliance with department approved training requirements. Surveyor requested training records from Executive Director X for Caregiver W. Caregiver W was hired on 04/08/2024. The following was identified: Fire Safety Caregiver W's record did not contain evidence of training or evidence of meeting an exemption for fire safety. First Aid and Choking Caregiver W's record did not contain evidence of training or evidence of meeting an exemption for first aid and choking training. Standard Precautions Caregiver W's record did not contain evidence of training or evidence of meeting an exemption for standard precautions. On 01/30/2025, Surveyor verified Caregiver W was not on the Community-Based Care and Treatment training registry for the required trainings. On 01/30/2025, at approximately 2:00 PM, Surveyor interviewed Executive Director X who confirmed the provider did not have evidence Caregiver W completed or met an exemption for fire safety training, first aid and choking or standard precautions. Executive Director X reported the previous director had hired Caregiver W and had neglected to ensure all required training was	N 239		

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N 239	Continued From page 4 completed. On 01/30/2025, Surveyor received an e-mail from Executive Director X which stated, "I have started auditing our employee files and pulling training records."	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.	N 243		

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N 243	Continued From page 5 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 1 of 2 employees reviewed, obtained all training as required within 90 days after starting employment. Caregiver W did not have training in resident rights, client group training, and recognizing, preventing, managing, and responding to challenging behaviors within 90 days after starting employment. This is a repeat deficiency. See Statement of Deficiency HYC911, dated 09/29/2021. Findings include: On 01/30/2025, Surveyor conducted a review of 2 employee records to verify compliance with all employee training requirements. Surveyor requested training records from Executive Director X for Caregiver V and Caregiver W. Surveyor reviewed employee records and identified the following: The record for Caregiver W, hired 04/04/2024,	N 243		

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N 243	Continued From page 6 did not contain evidence of training or evidence of meeting an exemption for resident rights, client group training, recognizing, preventing, managing and responding to challenging behaviors training. On 01/30/2025 at approximately 2:10 PM, Surveyor interviewed Executive Director X who reviewed Caregiver W's records and confirmed the provider did not have evidence Caregiver W completed or met an exemption for resident rights training.	N 243		