STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019675	A. BUILDING: _____ B. WING _____	C 07/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINDENCOURT WAUKESHA	2330 W MICHIGAN AVE WAUKESHA, WI 53188

(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 07/11/2025, Surveyor conducted a standard survey and 1 complaint investigation at LindenCourt Waukesha. Two deficiencies were identified. The complaint was unsubstantiated. Census: 34	N 000		
N 277	83.25 Continuing education The administrator and resident care staff shall receive at least 15 hours per calendar year of continuing education beginning with the first full calendar year of employment. Continuing education shall be relevant to the job responsibilities and shall include, at a minimum, all of the following: (1) Standard precautions; (2) Client group related training; (3) Medications; (4) Resident rights; (5) Prevention and reporting of abuse, neglect and misappropriation; (6) Fire safety and emergency procedures, including first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure all resident care staff received continuing education beginning with the first full calendar year of employment relevant to job responsibilities including, at a minimum (1) standard precautions; (2) client group related training; (3) medications; (4) resident rights; (5) prevention and reporting of abuse, neglect and misappropriation; (6) fire safety and emergency procedures, including first aid, for 2 of 2 resident	N 277		

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

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N 277	Continued From page 1	N 277		

care staff reviewed.

CNA D had not completed continuing education in client groups, medications, resident rights, fire safety or emergency procedures in 2024.

CNA E had not completed any required continuing education in 2024.

Findings include:
On 12/01/2023 following a change of ownership, the facility was licensed as a Class CNA (nonambulatory) CBRF able to serve up to 48 residents in the client groups of advanced age, physically disabled, irreversible dementia/Alzheimer's and terminally ill.

On 07/11/2025, Surveyor reviewed CNA D's and CNA E's employee records.

Example 1- CNA D
The employee roster identified CNA D was originally hired on 11/19/2012 and continued employment under new licensee effective 12/1/2023. His/her employee record contained no required 2024 training.

Example 2- CNA E
The employee roster identified CNA E was originally hired 01/24/2023 and continued employment under new licensee effective 12/1/2023. His/her record employee contained no required training for 2024.

On 07/11/2025 at 1:37 PM, Surveyor interviewed Assistant Administrator A who provided Surveyor with a 2023 and 2024 annual online training transcript for another CBRF CNA D was also employed at. The transcript did not include required 2024 annual training in client groups,

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N 277	Continued From page 2 medications, resident rights, fire safety or emergency procedures. Assistant Administrator A stated CNA E completed no annual training in 2024. On 07/11/2025 at 3:49 PM, Surveyor discussed concern of annual training with Assistant Administrator A, Nurse Manager B and Nurse Consultant C. Assistant Administrator A stated they used an online training program and would start auditing the training.	N 277		
N 344	83.32(2)(b) Post resident rights, grievance procedure Explanation of resident rights, grievance procedure, and house rules. The CBRF shall post copies of resident rights, grievance procedure and house rules in a prominent public place available to residents, employees and guests. This Rule is not met as evidenced by: Based on observation and interview the provider did not ensure the grievance procedure and house rules were posted in a prominent public place available to residents, employees and guests. Findings include: On 07/11/2025 at 3:21 PM, Surveyor and Assistant Administrator A were unable to locate the grievance procedure and house rules postings. On 07/11/2025 at 3:21 PM, Surveyor interviewed Assistant Administrator A who stated the grievance procedure and house rules are	N 344		

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N 344	Continued From page 3 included in the admission packet and s/he thought they were also posted. On 07/11/2025 at 3:49 PM, Surveyor discussed concern of grievance procedure and house rules not posted with Assistant Administrator A, Nurse Manager B and Nurse Consultant C. Assistant Administrator A stated they would post them that day.	N 344		