STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010689	A. BUILDING: _____ B. WING _____	R 10/19/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE AIRE MANOR	N4589 NORRIE ROAD BIRNAMWOOD, WI 54414

(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
{M 000}	INITIAL COMMENTS On 10/19/2023, Surveyor conducted a verification visit at Lake Aire Manor. Two deficiencies were identified. One deficiency is being cited for the third time. See Statement of Deficiency (SOD) I40I11, dated 01/13/2022 and SOD SOD K0ZR12, dated 06/05/2023. One deficiency is being cited for the third time. See Statement of Deficiency (SOD) I40I11, dated 01/13/2022 and SOD K0ZR12, dated 06/05/2023. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 2	{M 000}		
M 216	88.04(2)(a) RESPONSIBILITIES The licensee shall ensure that the home and its operation comply with this chapter and with all other laws governing the home and its operation. This Rule is not met as evidenced by: Based on record review and interview, the license did not comply with this chapter when it failed to follow a Notice and Order letter ordering the consulting services of a qualified professional within 45 days of the receipt of Statement of Deficiency (SOD) K0ZR12. This deficiency is being cited for the third time is a repeat deficiency. See SOD I4I011, dated 01/13/2022 and SOD K0ZR12, dated 06/05/2023.	M 216		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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M 216	Continued From page 1 Findings include: Surveyor reviewed the prior Notice and Order letter associated with SOD K0ZR12 . The orders stated, "Pursuant to Wis. Admin. Code §§ DHS 88.03(6)(g)2.b. and 2.e., effective immediately, the licensee shall comply with the requirements specified by Wis. Admin. Code § DHS 88.04(2)(a) and ensure that the home and its operation comply with this chapter and with all other laws governing the home and its operation. WITHIN 45 DAYS of receipt of this notice, the licensee shall develop and implement corrective measures in consultation with a qualified professional (e.g., registered nurse, health care administrator, social worker), not currently affiliated with the licensee. The consultant will have knowledge of assisted living regulations (e.g., Wis. Admin. Code chs. 88 and 12, Wis. Stat. ch. 50) and knowledge of the client groups served by Lake Aire Manor. The licensee will provide the consultant with a copy of the Statement of Deficiency K0ZR12, along with this Notice and Order letter prior to providing consultation services. Consultation activities, including dates of consultation, will be documented, signed, and dated by the consultant. Documentation will be made available to department representatives upon request. On 10/19/2023 at 8:25 AM, Surveyor interviewed Licensee A and requested Licensee A's training records to verify compliance of the previously cited deficiency for 8 hours of continuing education. Licensee A indicated s/he did not have the training yet but had made plans for the future. Licensee A indicated s/he had not obtained a	M 216		

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M 216	Continued From page 2 consultant within the 45 days after the Notice and Order letter and felt the evidence presented for proof of compliance was sufficient. Licensee A stated s/he had been in a caregiving role since childhood and had years of experience in running a home and had done the training in the past and knew what to do. Cross Reference N0246 DHS 88.04(4)(b). Training - 8 hours annually.	M 216		
{M 246}	88.04(5)(b) TRAINING-8 HOURS ANNUALLY Except as provided in pars. (c) and (d), the licensee and each service provider shall complete 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training is received. This Rule is not met as evidenced by: Based on record review and interview, the provider did not complete eight hours of training related to the health, safety, welfare, rights, and treatment of the residents every calendar year. Licensee A is the sole caregiver at the home. Licensee A had no training for the calendar year of 2022 and did not make arrangements to receive training in 2023. This requirement is being cited for the third time. See Statements of Deficiency (SOD) K0ZR11, dated 07/26/2022 and SOD K0ZR12, dated	{M 246}		

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{M 246}	Continued From page 3 06/05/23. Findings include: On 10/19/2023 at 8:25 AM, Surveyor interviewed Licensee A. Licensee A stated s/he had tried to contact an educator s/he had used in the past but the organization was not doing training anymore. Licensee A was able to locate Person B but Person B was on vacation. Licensee A stated s/he did not ask when Person B would be back to make arrangements for the required training. Licensee A stated on-line classes were not an option as Licensee A did not own a computer. Licensee A stated his/her preferred method of learning was to be face-to-face with the presenter in order to ask questions. Licensee A stated his/her plan was to call Person B next week to find out about the class. Cross Reference N0216 DHS 88.04(2) Responsibilities.	{M 246}		