STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019527	A. BUILDING: _____ B. WING _____	12/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERS OF PEWAUKEE (THE)	W239N2540 DAHLIA BLVD PEWAUKEE, 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 12/11/2025, the Bureau of Assisted Living, Southern Regional Office conducted a standard licensing survey at The Waters of Pewaukee located at W239N2540 Dahlia Boulevard in Waukesha, WI. Four citations of noncompliance were issued. Census: 16	N 000		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes. This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not ensure 2 caregivers, Caregiver F and Caregiver G, were screened by a physician, physician assistant, clinical nurse practitioner, or a licensed registered nurse [RN] for clinically apparent communicable disease including tuberculosis (TB) within 90 days before the start of their employment.	N 220		

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

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N 220	Continued From page 1 The findings include: On 12/11/2025 at 9:48 A.M., Surveyor observed and spoke with Caregiver F. Caregiver F said s/he was on duty for the day shift on 12/11/2025 and had also worked other shifts at this facility for approximately 2 years. On 12/11/2025, Senior Director of Health and Wellness B and Surveyor reviewed Caregiver F's and Caregiver G's employee records including documentation of their communicable disease screens. Caregiver F's date of hire was 05/11/2023 and Caregiver F's employee file included documentation of a TB test completed on 04/17/2023. Caregiver G's date of hire was 04/18/2024 and Caregiver G's employee file included documentation of a TB test completed on 04/16/2024. Caregiver F's and Caregiver G's employee files did not include documentation of any screening of other communicable diseases, other than tuberculosis, having been completed by a physician, physician assistant, clinical nurse practitioner, or a licensed RN. On 12/11/2025 at 1:42 P.M., Senior Director of Health and Wellness B told Surveyor s/he was aware required documentation of communicable disease screening was not available in Caregiver F's and Caregiver G's employee files. Senior Director of Health And Wellness B told Surveyor all employee files would be reviewed and this noncompliance would be corrected moving forward.	N 220		

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N 230	Continued From page 2	N 230		
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 interview and record review, the provider did not ensure one sample caregiver (Caregiver G) had completed orientation training, as required, including recognizing and responding to resident changes of condition, before performing any job duties. The findings are: On 12/11/2025, Administrator A and Senior Director of Health and Wellness B identified Caregiver G as working primarily during the night shift, or during resident's normal sleeping hours. Senior Director of Health and Wellness B and Surveyor reviewed Caregiver G's employee files including documentation of his/her completed orientation training documentation to have been	N 230		

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N 230	Continued From page 3 completed before Caregiver G performed any job duties. Caregiver G's date of hire was 04/18/2024. Caregiver G's employee file did not include documentation of completed orientation training regarding recognizing and responding to resident changes of condition. On 12/11/2025 at 1:42 P.M., Senior Director of Health and Wellness B told Surveyor s/he was aware required documentation of completed orientation training was not available in Caregiver G's employee file. Senior Director of Health And Wellness B told Surveyor all employee training records, including orientation training, would be reviewed and this noncompliance would be corrected moving forward.	N 230		
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:	N 277		

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N 277	Continued From page 4 Based on observation, interview, and record review, the provider did not ensure one sample caregiver having worked at the facility for over 1 year (Caregiver F) had completed at least 15 hours of continuing education per calendar year, as required, including medications, resident rights, and fire safety and emergency procedures, including first aid. The findings are: On 12/11/2025 at 9:48 A.M., Surveyor observed and spoke with Caregiver F. Caregiver F said s/he was on duty for the day shift on 12/11/2025 and had also worked other shifts at this facility for approximately 2 years. Caregiver F said s/he administered prescribed medications to residents as part of his/her caregiver duties. On 12/11/2025, Senior Director of Health and Wellness B and Surveyor reviewed Caregiver F's employee files including documentation of his/her completed continuing education during 2024. The documentation included Caregiver F had completed 10.25 hours out of at least 15 hours of required continued education. Caregiver F's date of hire was 05/11/2023. Caregiver F's employee file did not include documentation of completed continuing education regarding medications, resident rights, and fire safety and emergency procedures, including first aid, during 2024. On 12/11/2025 at 1:42 P.M., Senior Director of Health and Wellness B told Surveyor s/he was aware required documentation of completed continuing education was not available in Caregiver F's employee file. Senior Director of Health And	N 277		

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N 277	Continued From page 5 Wellness B told Surveyor all employee training records would be reviewed and this noncompliance would be corrected moving forward.	N 277		
N 525	83.47(2)(d) Fire drills. Fire drills. 1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of the drill and the CBRF ' s total evacuation time. The CBRF shall record residents having an evacuation time greater than the time allowed under s. HFS 83.35(5) and the type of assistance needed for evacuation. Fire evacuation drills may be announced in advance. 2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleeping hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the employees scheduled to work during the residents ' normal sleeping hours. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure fire evacuation drills were conducted at least quarterly during all of 2024 and during the first, second, and third quarters of 2025 with both employees and residents, including at least one fire drill held annually that simulated the conditions during usual sleeping hours during 2024, as required.	N 525		

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N 525	Continued From page 6 The findings include: On 12/11/2025 at 12:25 P.M., Environmental Services Manager C and Surveyor reviewed the provider's documented "Fire Drill Report[s]" during all of 2024 and the first, second, and third quarters of 2025 completed by Former Environmental Services Manager D and/or Former Environmental Services Manager E. Environmental Services Manager C told Surveyor s/he documented each "Fire Drill Report" completed with "CBRF" at the top of the page to differentiate those "Fire Drill Report[s]" completed within the attached registered RCAC (residential care apartment complex). Environmental Services Manager C said there was no documentation of a fire drill completed within the CBRF during the first quarter of 2024. A CBRF fire drill report completed on 04/02/2024 at 3:27 P.M. during the "2nd shift" included no "occupants [residents]" were evacuated during this fire drill. A CBRF fire drill report completed on 06/26/2024 at 22:05 P.M. during the "3rd shift" included no "occupants" were evacuated during this fire drill. The documentation included, "Verbal. Alarms silenced." Environmental Services Manager C said there was no documentation of a fire drill completed within the CBRF during the third quarter of 2024. A CBRF fire drill report completed on 11/01/2024 at 3:25 P.M. during the "2nd shift" included no "occupants" were evacuated during this fire drill. The documentation included, "False alarm - smoke detector in M/C [memory care, CBRF]." A CBRF fire drill report completed on 12/26/2024 at 5:40 A.M., during the "3rd shift" included no "occupants" were evacuated during this fire drill.	N 525		

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N 525	Continued From page 7 The documentation included, "Verbal announcement to staff." The documentation included, "Verbally walked staff through where to check panels for fire/smoke location - shelter in place. Fire alarm system tested: separate day." A CBRF fire drill report completed on 03/29/2025 at 6:00 A.M. during the "3rd shift" included no "occupants" were evacuated during this fire drill. The documentation included, "Verbal - No audible alarms used." The documentation included, "Used as training for night/weekend staff, verbally discussed protocol to shelter in place." Nine names of staff on duty and participating during this "drill" were listed within the documentation including Former Environmental Services Manager D. Environmental Services Manager C told Surveyor 3 caregivers at the most would have been on duty within the CBRF during the resident's usual sleeping hours in March of 2025. A CBRF fire drill report completed on 06/25/2025 at 9:49 A.M. during the "1st" shift included no occupants, or residents, were evacuated during this fire drill. Environmental Services Manager C said there was no documentation of a fire drill completed within the CBRF during the third quarter of 2025. Environmental Services Manager C told Surveyor Former Environmental Services Manager D terminated employment at the end of October 2025 follwed by Former Environmental Services Manager E working for approximately a month before terminating employment in late November 2025 or early December 2025. Environment Services Manager C told Surveyor s/he discussed this noncompliance with Administrator A, s/he was aware of the requirements regarding CBRF fire drills, and would ensure this noncompliance would be corrected immediately.	N 525		

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