STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012418	A. BUILDING: _____ B. WING _____	03/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENVIEW SPECIAL CARE WING	201 GLENVIEW LANE SHELL LAKE, WI 54871

(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 03/25/2026, Surveyor conducted an abbreviated licensure survey at Glenview Special Care Wing. Three violations were identified. Census: 12	N 000		
N 396	83.36(1)(a) Adequate staff to meet resident needs. The CBRF shall provide employees in sufficient numbers on a 24-hour basis to meet the needs of the residents. This Rule is not met as evidenced by: Based on interview, observation, and record review, the provider did not ensure there were employees in sufficient numbers on a 24-hour basis to meet the needs of Resident 1, who required 2 staff for transferring. Findings include: On 03/25/2026, at approximately 11:20 AM, Surveyor interviewed Administrator A. Administrator A stated Resident 1 had a rapid decline in the past month and now required 2 staff for transferring. Administrator A initially stated that Resident 1 was a 1-person transfer with a sit-to-stand lift, and that s/he was not quite a 2-person transfer yet. Administrator A then stated that 2 staff would be used to operate the sit-to-stand lift. Administrator A stated there was 1 staff working at the community-based residential facility (CBRF) during the night. Administrator A stated CBRF staff working alone would call staff from the nearby residential care apartment complex (RCAC), which is also licensed by the	N 396		

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

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N 396	Continued From page 1	N 396		

provider, when they needed help with Resident 1. Administrator A stated CBRF staff were calling on RCAC staff for help only within the previous month due to Resident 1's decline.

At approximately 12:17 PM, Surveyor interviewed Tenant Service Coordinator (TSC) B. TSC B stated there was 1 staff on duty at the CBRF at night. TSC B stated the sit-to-stand lift required 2 staff to use. TSC B stated Resident 1 required 2 staff to help with transfers, and that staff would call the RCAC at night if they needed another staff member. TSC B stated it had been that way for about a month.

At approximately 2:26 PM, Surveyor interviewed Resident Care Assistant (RCA) C, who stated Resident 1 required 2 staff for transfers. RCA C stated 2 staff members were always required to use the sit-to-stand lift in his/her experience.

Surveyor reviewed facility records and Resident 1's records, which included the following:

- A bi-weekly schedule for February and March 2026, which indicated there was only 1 staff working at the CBRF from 8:00 PM to 8:00 AM every day, on average.

- Resident 1's intake form listing his/her diagnoses, which included post-polio limb muscle weakness.

- A form which Administrator A identified as Resident 1's care plan, which read, in part, "Transfer/Evacuation...Requires assist of one...1 assist into wheelchair...Mobility...Requires assist of one...[sit-to-stand] assist..."

- A form which Administrator A identified as

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N 396	Continued From page 2 Resident 1's individual service plan [ISP], which read, in part, "Bed Mobility...Assist of 1 use [sit-to-stand] (assist of 2)...Transfer...Assist of 1 use [sit-to-stand] (Assist of 2 PRN [as needed])...Ambulation...Wheelchair Other: use [sit-to-stand] to assist into/out of w/c Assist of 2 PRN...Toilet Use...Assist of 2 PRN..." At approximately 2:31 PM, Surveyor observed a sign on the wall near the staff desk in the CBRF that read, "[Facility name] Caregivers: PULL CORD FOR HELP RCAC staff will assist you." Above the sign, Surveyor observed a paging device with the following written on it in marker, "Call For Help from RCAC." The provider did not ensure there was a sufficient number of CBRF staff on duty at all times to meet resident needs.	N 396		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not conduct an "other" (other than fire) evacuation drill, at least semi-annually. Findings include: The facility is licensed to provide care to 12 adults from client groups advanced aged and irreversible dementia/Alzheimer's disease. On 03/25/2026, Surveyor reviewed facility records	N 526		

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N 526	Continued From page 3 for 2025. Surveyor found a training document, dated April 2025, that listed all employees who had taken part in a tornado drill exercise. There was no documentation that an evacuation with residents had taken place. There was no record that a second "other" evacuation drill had been conducted in 2025. At approximately 1:54 PM, Surveyor interviewed Administrator A, who stated the provider conducted "other" evacuation drills 2 times a year. Administrator A stated there was no second "other" evacuation drill documented for 2025. Administrator A stated s/he only recorded staff names for training purposes and did not think to ensure resident participation was documented. The provider did not ensure safety evacuation drills (other than fire) were conducted at least semi-annually.	N 526		
Z 023	50.065(4m) (b) intro CAREGIVER HIRING AND CONTRACTING PROCESS Notwithstanding s.111.335, and except as provided in sub. (5), an entity may not hire or contract with a caregiver or permit to reside at the entity a nonclient resident if the entity knows or should have known any of the following: 1. That the person was convicted of a serious crime. 3. That a unit of government or a state agency, as defined in s. 16.61 (2) (d), has made a finding that the person has abused or neglected any client or misappropriated the property of any client.	Z 023		

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Z 023	Continued From page 4 4. That a determination has been made under s. 48.981 (3) (c) 4. that the person has abused or neglected a child. 5. That, in the case of a position for which the person must be credentialed by the Department of Safety and Professional Services, the person's credential is not current, or is limited so as to restrict the person from providing adequate care to the client. This Rule is not met as evidenced by: Based on record review and interview, the provider allowed a caregiver with a finding of client misappropriation to work at the facility. Findings include: On 03/25/2026, Surveyor reviewed employee records for Tenant Service Coordinator (TSC) B, hired 12/21/2018. TSC B's records included the following: - A State of Wisconsin Department of Justice criminal background check report, dated 12/18/2018, which listed an arrest date of 06/27/2016. The report read, in part, "CHARGE...STATUTE NUMBER: 943.20(1)(A) - THEFT-MOVABLE PROPERTY...CHARGE SEVERITY: MISDEMEANOR..." - A State of Wisconsin Department of Health Services (DHS) caregiver background check report, dated 12/18/2018, which indicated findings that TSC B had committed misappropriation of a	Z 023		

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Z 023	Continued From page 5	Z 023		

client's property. The finding was dated 10/09/2017.

- A State of Wisconsin Department of Justice criminal background check report, dated 10/18/2022, which listed an arrest date of 06/27/2016. The report read, in part, "CHARGE...STATUTE NUMBER: 943.20(1)(A) - THEFT-MOVABLE PROPERTY...CHARGE SEVERITY: MISDEMEANOR..."

- A State of Wisconsin DHS caregiver background check report, dated 10/18/2022, which indicated findings that TSC B had committed misappropriation of a client's property. The finding was dated 10/09/2017.

- Background Information Disclosure (BID) forms, from both 2018 and 2022, which were filled out and signed by TSC B. Both forms attested that s/he had not been convicted of a crime anywhere.

Surveyor reviewed the Wisconsin Caregiver Misconduct Registry and found that TSC B was listed as having a prior misconduct history, which was verified by the Department on 10/09/2017. The registry finding read, in part, "A substantiated finding of misappropriation of client's property was placed on the Wisconsin Caregiver Misconduct Registry for this individual. Because a substantiated finding is on file, this individual cannot work as a caregiver, obtain a license to provide care or reside as a non-client in DHS regulated entities in Wisconsin..."

At approximately 12:17 PM, Surveyor interviewed TSC B. TSC B stated s/he had started working as a caregiver at the facility in 2018 and had been a TSC for 3 years. TSC B stated his/her position as

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Z 023	Continued From page 6 TSC meant s/he supervised staff in the CBRF. At approximately 12:35 PM, Surveyor interviewed Administrator A. Administrator A stated s/he usually would read the DHS caregiver background check reports. When Surveyor asked about TSC B's misappropriation finding, Administrator A stated TSC B had been fired from another assisted living facility for taking a resident's medication. Administrator A stated s/he did not think TSC B had been convicted of a criminal offense for the misappropriation. Administrator A stated when TSC B had been initially hired in 2018, a nurse who had previously worked at the facility had done his/her initial background check. Administrator A stated s/he would have been responsible for reviewing TSC B's background check reports in 2022. Administrator A stated s/he probably missed the misappropriation finding. The provider hired a caregiver when they should have known that a governmental finding of misappropriation of a client's property was substantiated on the employee's caregiver record.	Z 023		