STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018281	A. BUILDING: _____ B. WING _____	C 11/10/2024

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HARBOR LIVING LLC	10179 RANGER STATION ROAD HAYWARD, WI 54843

(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 11/05/2024, the Department conducted a complaint investigation and abbreviated licensure survey at Harbor Living LLC. Data was collected through 11/10/2024. The complaint was substantiated. Eleven violations were identified. 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 complete a caregiver background check (CBC) for 1 of 3 staff sampled (Caregiver B). Findings include:	N 219		

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

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N 219	Continued From page 1 On 11/05/2024, Surveyor reviewed Caregiver B's record. Caregiver B was hired on 09/18/2022. Caregiver B's record did not include evidence of a CBC. On 11/05/2024 at approximately 1:30 PM, Administrator A stated s/he would look for additional documentation and send it to Surveyor by noon on 11/06/2024. On 11/06/2024, Surveyor received a CBC for Caregiver B, dated 11/06/2024.	N 219		
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 record review and interview, the provider did not ensure 1 of 3 caregivers sampled (Caregiver C) was screened for communicable disease, including tuberculosis (TB), prior to working with residents.	N 220		

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N 220	Continued From page 2 Findings include: The provider is licensed to care for 16 residents in the client groups physically disabled, developmentally disabled, emotionally disturbed/mental illness, advanced aged, traumatic brain injury, irreversible dementia/Alzheimer's disease, and terminally ill. On 11/05/2024, Surveyor reviewed Caregiver C's record. Caregiver C was hired on 03/11/2024. His/her file did not contain evidence s/he was screened for communicable illness or tested for TB. On 11/05/2024 at approximately 12:45 PM, Surveyor interviewed Administrator A. Administrator A confirmed Caregiver C was not screened for communicable illness or TB prior to working with residents. Administrator A stated, "It fell to the wayside when I became desperate for staff... I need them on the floor now."	N 220		
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	N 230		

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N 230	Continued From page 3 resident changes of condition. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 staff (Caregiver B, Caregiver C, and Caregiver D) completed orientation training prior to assuming job responsibilities. Findings include: On 11/05/2024, Surveyor reviewed employee records. Caregiver B was hired on 03/11/2024. Caregiver B's record did not include evidence of orientation training. Caregiver C was hired on 09/18/2022 and Caregiver D was hired on 01/08/2022. Both records included an orientation checklist but both employee checklists indicated they had not completed 2 of the 6 required orientation topics. Caregiver C and Caregiver D did not complete training on abuse/neglect or recognizing/responding to changes in condition prior to working with residents. On 11/05/2024 at approximately 12:40 PM, Surveyor interviewed Administrator A. Administrator A stated s/he was unsure if Caregiver C had a record of his/her orientation training (i.e. a checklist). Administrator A stated s/he would send it to Surveyor by noon on 11/06/2024. Administrator A stated s/he assigned staff	N 230		

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N 230	Continued From page 4 abuse/neglect training and recognizing/responding to changes in condition training through an online training program. Administrator A checked Caregiver B's training transcript and found Caregiver C started the abuse/neglect course in March 2024 but s/he never completed it. On 11/06/2024, Surveyor received additional training documentation from Administrator A via email. The documentation did not include evidence the sampled caregivers successfully completed orientation training prior to working with residents.	N 230		
N 239	83.20(2)(a)-(d) Department-approved training courses. Standard Precautions. All employees who may 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	N 239		

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N 239	Continued From page 5 to assuming these job duties. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 caregivers sampled (Caregiver B, Caregiver C, and Caregiver D), completed Department-approved training. Caregiver B and Caregiver C did not complete standard precautions prior to assuming job responsibilities, or fire safety and first aid and choking trainings within 90 days of hire. Caregiver D did not complete fire safety training within 90 days of hire. Findings include: On 11/05/2024, Surveyor reviewed 3 staff records and the Wisconsin Training Registry. Caregiver B was hired on 09/18/2022. Caregiver B's employee record and Registry record did not include evidence s/he completed standard precautions, fire safety, or first aid and choking training. Caregiver C was hired on 03/11/2024. Caregiver C's employee record and Registry record did not include evidence s/he completed standard precautions, fire safety, or first aid and choking training. Caregiver D was hired on 01/03/2022. Caregiver	N 239		

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N 239	Continued From page 6 D's employee record and Registry record did not include evidence s/he completed fire safety training. On 11/05/2024 at 12:45 PM, Surveyor interviewed Administrator A. Administrator A stated s/he was an approved trainer for all 4 Department courses. Administrator A stated s/he believed Caregiver B completed all courses and Caregiver C completed either standard precautions or first aid. Administrator A said s/he had difficulty getting information on the Registry. Administrator A stated none of the staff sampled had training exemptions. Between 11/06/2024 and 11/10/2024, Administrator A sent Surveyor various training documents. The documentation did not provide evidence that Caregiver B, Caregiver C, or Caregiver D successfully completed the missing Department-approved classes within the required timeframe.	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	N 243		

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N 243	Continued From page 7 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. 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 2 of 3 employees sampled (Caregiver B and Caregiver D) completed training on resident rights, the provider's licensed client groups, or challenging behaviors within 90 days of hire.	N 243		

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N 243	Continued From page 8 Findings include: The provider is licensed to care for 16 residents in the client groups physically disabled, developmentally disabled, emotionally disturbed/mental illness, advanced aged, traumatic brain injury, irreversible dementia/Alzheimer's disease, and terminally ill. On 11/05/2024, Surveyor reviewed employee records. Caregiver B was hired on 09/18/2022 and Caregiver D was hired on 01/03/2022. Neither employee record included evidence they completed training in resident rights, the provider's licensed client groups, or challenging behaviors within 90 days of hire. On 11/05/2024 at 12:45 PM, Surveyor interviewed Administrator A. Administrator A stated neither caregiver had training exemptions. Administrator A agreed to send Surveyor additional training documentation by noon on 11/06/2024. Between 11/06/2024 and 11/10/2024, Administrator A sent Surveyor various training documents. The documents did not provide evidence that Caregiver B or Caregiver D successfully completed the above listed trainings within 90 days of hire.	N 243		
N 247	83.22(1)-(4) Task specific training. The CBRF shall provide, obtain or otherwise ensure adequate training for employees performing job duties in all of the following: Assessment of residents. All employees responsible for resident assessment shall successfully complete training in the assessment	N 247		

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of residents prior to assuming these job duties. Specific training topics shall include: assessment methodology, assessment of changes in condition, sources of assessment information, and documentation of the assessment.
Individual service plan development. All employees responsible for service plan development shall successfully complete training in individual service plan development prior to assuming these job duties. Specific training topics shall include: identification of the resident ' s needs and desired outcomes, development of goals and interventions, service plan evaluation and review of progress.
Provision of personal care. All employees responsible for providing assistance with activities of daily living shall successfully complete training prior to assuming these job duties. Specific training topics shall include, as appropriate: bathing, eating, dressing, oral hygiene, nail and foot care, toileting and incontinence care, positioning and body alignment, and mobility and transferring.
Dietary training. All employees performing dietary duties shall complete dietary training within 90 days after assuming these job duties. Specific training topics shall include: determining nutritional needs, menu planning, food preparation and food sanitation.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 2 of 3 employees sampled (Caregiver B and Caregiver D) completed training on provisions of care or food

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safety.

Findings include:

The provider is licensed to care for 16 residents in the client groups physically disabled, developmentally disabled, emotionally disturbed/mental illness, advanced aged, traumatic brain injury, irreversible dementia/Alzheimer's disease, and terminally ill.

On 11/05/2024, Surveyor reviewed employee records.

Caregiver B was hired on 09/18/2022. Caregiver B's record did not include evidence of training in provisions of care or food safety prior to assuming job responsibilities. Caregiver B's training record indicated s/he completed a training on 01/15/2023 titled Assisting with ADLs (activities of daily living), approximately 4 months after hire.

Caregiver D was hired on 01/03/2022. Caregiver D's record did not include evidence s/he completed training in provisions of personal care or food safety. His/her record included a training log, and neither of these trainings were marked as complete.

On 11/05/2024 at 12:45 PM, Surveyor interviewed Administrator A. Administrator A stated neither caregiver had training exemptions. Administrator A agreed to send Surveyor additional training documentation by noon on 11/06/2024.

Between 11/06/2024 and 11/10/2024, Administrator A sent Surveyor various training

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N 247	Continued From page 11 documents. The documents did not provide evidence that Caregiver B or Caregiver D successfully completed the above listed trainings prior to assuming job responsibilities.	N 247		
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 2 of 2 staff sampled (Caregiver B and Caregiver D) completed continuing education requirements in 2023. Findings include: On 11/05/2024 at 12:40 PM. Surveyor interviewed Administrator A. Administrator A stated continuing education was provided through an online training program called Relias. Administrator A said s/he assigned staff trainings with due dates in Relias, but staff did not complete the training as assigned.	N 277		

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N 277	Continued From page 12 On 11/05/2024 and 11/06/2024, Surveyor reviewed staff files. Caregiver B was hired on 09/18/2022. Caregiver B's training record indicated s/he completed 12.25 hours of training in 2023. The training did not include a medication refresher or training on abuse/neglect. Caregiver D was hired on 01/03/2022. Caregiver D's training record indicated s/he completed 12.5 hours of training in 2023. The training did not include a refresher on resident rights.	N 277		
N 427	83.38(1)(c) Leisure time activities. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Leisure time activities. The CBRF shall provide a daily activity program to meet the interests and capabilities of the residents. Employees shall encourage and promote resident participation in the activity program. The CBRF shall develop and post the activity schedule in an area available to residents. This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not provide a daily activity program to meet the interests and capabilities of the residents, did not ensure employees encouraged and promoted resident	N 427		

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participation in the activity program, and did not post the activity schedule in an area available to residents.

Findings include:

The provider is licensed to care for 16 residents in the client groups physically disabled, developmentally disabled, emotionally disturbed/mental illness, advanced aged, traumatic brain injury, irreversible dementia/Alzheimer's disease, and terminally ill.

The Department received a complaint related to the provider's lack of activities.

On 11/05/2024, Surveyor toured the facility and did not see an activity schedule posted.

At 8:40 AM, Surveyor interviewed Resident 1 and Resident 2 in the dining room. Resident 1 stated, "We have nothing to do. Nothing to keep us occupied. We have BINGO 2 times a week... It's very boring to sit and watch TV... there's no connection with other people." Resident 2 stated s/he agreed with everything Resident 1 said.

At approximately 9:00 AM, Surveyor interviewed Caregiver B about activities. Caregiver B stated they provided BINGO on Tuesdays and Thursdays. Caregiver B said, "Other days, we let residents decide." Caregiver B said there was no pre-planned schedule for activities outside of BINGO, and there was no posted activity schedule.

At 1:20 PM, Surveyor interviewed Administrator A. Administrator A stated s/he expected staff to go to each room and invite and encourage

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N 427	Continued From page 14 residents to participate in activities. S/he stated s/he expected staff to make activities fun and offer something daily. Administrator A stated, "I know staff don't always ask or do them (activities)." Administrator A provided Surveyor activity binders that included activity schedules for October and November. Surveyor asked if staff were aware of the binders and Administrator A stated they should be. Administrator A confirmed the schedule was not posted in the common area but staff would sometimes write it on the white board.	N 427		
N 488	83.44(1)(c) Clothes dryers enclosed and vented Clothes dryers. The CBRF shall enclose any clothes dryer having a rated capacity of more than 37,000 Btu/hour in a one-hour fire resistive rated enclosure. If the clothes dryer requires a vent, the CBRF shall use dryer vent tubing that is of rigid material with a fire rating that exceeds the temperature rating of the dryer. The dryer vent tubing shall be clean and maintained. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the clothes dryer vent was rigid metal. Findings include: On 11/05/2024 at approximately 8:30 AM, Surveyor observed the provider's laundry facilities. The dryer venting was not rigid metal. At 2:05 PM, Surveyor interviewed Administrator A. Administrator A stated s/he replaced the rigid metal vents with accordion-style vents in September 2024 because the rigid vents kept	N 488		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018281	A. BUILDING: _____ B. WING _____	C 11/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBOR LIVING LLC	10179 RANGER STATION ROAD HAYWARD, WI 54843

(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 488	Continued From page 15 detaching from the dryers.	N 488		
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 record review and interview, the provider did not ensure fire drills were conducted at least quarterly with both employees and residents in 2023 and 2024. Findings include: On 11/05/2024, Surveyor reviewed the provider's inspection and safety records. Based on these records, the provider's last fire drill was conducted in 2022. At 10:00 AM, Administrator A stated s/he	N 525		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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N 525	Continued From page 16 conducted fire drills during staff meetings but s/he did not record these drills. Administrator A stated, "We don't take everyone outside... we follow routes in the building... residents don't participate."	N 525		
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 ensure other emergency drills were conducted semi-annually in 2023 and 2024. Findings include: On 11/05/2024, Surveyor reviewed the provider's inspection and safety records. The records did not include evidence of an emergency evacuation drill in 2023 or 2024. At 10:00 AM, Surveyor asked Administrator A if the provider practiced emergency drills, other than fire, regularly. Administrator A stated, "We talk about tornado drills but we don't practice them."	N 526		