STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016400	A. BUILDING: _____ B. WING _____	C 12/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE SHORE ASSISTED LIVING CEDAR COTTAGE	12440 WARPATH LN MINOCQUA, WI 54548

(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 11/21/2023, Surveyor conducted a complaint investigation (x3) at Lake Shore Assisted Living Cedar Cottage. Data collection continued through 12/21/2023. Four deficiencies were identified. The complaints were unsubstantiated. Census: 9	N 000		
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 record review and interview, the provider did not ensure 2 of 2 caregivers reviewed completed orientation training in the following areas before performing job duties: Job responsibilities, Prevention and reporting of resident abuse, neglect and misappropriation of resident property, Information regarding assessed needs and individual services for each resident for whom the employee is responsible,	N 230		

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

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N 230	Continued From page 1 Emergency and disaster plan and evacuation procedures under s. DHS 83.47 (2), Community Based Residential Facility (CBRF) policies and procedures, Recognizing and responding to resident changes of condition. Findings include: The provider is licensed to care for 15 residents in the following client groups: advanced aged, physically disabled, terminally ill, and irreversible dementia/Alzheimer's disease. On 09/28/2023,10/26/2023, and 12/04/2023, the Department received complaints with multiple allegations including administration did not provide oversight of the facility. On 12/05/2023, Surveyor reviewed Caregiver B's file. Caregiver B was hired on 06/06/2023. Caregiver B's file did not contain documentation to indicate s/he completed orientation training. On 12/05/2023, Surveyor reviewed Caregiver C's file. Caregiver C was hired on 11/01/2023. Caregiver C's file did not contain documentation to indicate s/he completed orientation training. According to staff schedules (June 2023 - November 2023), Caregiver B worked multiple shifts unsupervised since being hired. Caregiver B and Caregiver C worked several shifts together in November 2023 as the only caregivers on duty. Caregiver B and Caregiver C were not qualified resident care staff as neither had completed all of their required training. On 12/13/2023 at 3:00 PM, Former Assistant Administrator (FAA) A verified via email that Caregiver B did not complete all training,	N 230		

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N 230	Continued From page 2 including orientation training. FAA A reported, "[Caregiver C] just completed medication management training [sic] it is not in the system yet but I do have [his/her] test that [s/he] has completed." Caregiver C attended Medication Management training in December 2023. On 12/20/2023 at 2:55 PM, Surveyor interviewed Administrator D. Administrator D confirmed Caregiver B and Caregiver C did not complete orientation training, which included training in the following areas: Job responsibilities, Prevention and reporting of resident abuse, neglect and misappropriation of resident property, Information regarding assessed needs and individual services for each resident for whom the employee is responsible, Emergency and disaster plan and evacuation procedures under s. DHS 83.47 (2), CBRF policies and procedures, Recognizing and responding to resident changes of condition.	N 230		
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 training shall be completed within 90 days after starting employment.	N 243		

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N 243	Continued From page 3 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 Caregiver B obtained all training as required within 90 days after starting employment. Caregiver B did not have training in resident rights within 90 days after starting employment. Caregiver B did not have training in recognizing, preventing, managing, and responding to challenging behaviors within 90 days after starting	N 243		

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N 243	Continued From page 4	N 243		

employment.

Caregiver B did not have training in required client groups within 90 days after starting employment.

Findings include:

On 12/05/2023, Surveyor conducted a review of Caregiver B's record to verify compliance with all employee training requirements. Surveyor requested training records from Former Assistant Administrator (FAA) A for Caregiver B.

Resident Rights

The record for Caregiver B, hired 06/06/2023, did not contain evidence of training or evidence of meeting an exemption for resident rights. On 12/13/2023, at approximately 3:00 PM, Surveyor interviewed Former Assistant Administrator (FAA) A. FAA A confirmed the provider did not have evidence Caregiver B completed or met an exemption for resident rights training.

Recognizing, Preventing, Managing and Responding to Challenging Behaviors

The record for Caregiver B, hired 06/06/2023, did not contain evidence of training or evidence of meeting an exemption for challenging behaviors training. On 12/13/2023, at approximately 3:00 PM, Surveyor interviewed FAA A. FAA A confirmed the provider did not have evidence Caregiver B completed or met an exemption for challenging behaviors training.

Client Group

The facility was licensed to provide care and

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N 243	Continued From page 5 services to 15 residents within the client groups of advanced aged, physically disabled, terminally ill, and irreversible dementia/Alzheimer's disease. The record for Caregiver B, hired 06/06/2023, did not contain evidence of training or evidence of meeting an exemption for client group training. On 12/13/2023, at approximately 3:00 PM, Surveyor interviewed FAA A. FAA A confirmed the provider did not have evidence Caregiver B completed or met an exemption for client group training specific to advanced aged, physically disabled, terminally ill and irreversible dementia/Alzheimer's disease. FAA A was given the opportunity to submit any additional evidence of training by 12/21/2023.	N 243		
N 397	83.36(1)(b) Qualified staff in charge, on duty and awake. The CBRF shall ensure all of the following: 1. An administrator or other designated qualified resident care staff in charge is on the premises of the CBRF daily to ensure the CBRF is providing safe and adequate care, treatment and services. 2. At least one qualified resident care staff is present in the CBRF when one or more residents are present in the CBRF. 3. At least one qualified resident care staff is on duty and awake if at least one resident in the CBRF is in need of supervision, intervention or services on a 24-hour basis to prevent, control or improve the resident ' s constant or intermittent mental or physical condition that may occur or may become critical at any time including residents who are at risk of elopement, who have dementia, who are self-abusive, who become agitated or emotionally upset or who have changing or unstable health conditions that require close monitoring. 4. At	N 397		

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N 397	Continued From page 6	N 397		

least one qualified resident care staff is on duty and awake if the evacuation capability of at least one resident is 4 minutes or more.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure a qualified resident care staff was designated as in charge on the premises daily to ensure the Community Based Residential Facility (CBRF) was providing safe and adequate cae, treatment and services.

Per Department of Health Services (DHS) Chapter 83 (83.02 (42)), "Qualified resident care staff" means an employee who has successfully completed all of the applicable training and orientation under subch. IV.

Findings include:

The provider is licensed to care for 15 residents in the following client groups: advanced aged, physically disabled, terminally ill, and irreversible dementia/Alzheimer's disease.

On 09/28/2023,10/26/2023, and 12/04/2023, the Department received complaints with multiple allegations including administration did not provide oversight of the facility.

On 12/05/2023, Surveyor reviewed Caregiver B's file. Caregiver B was hired on 06/06/2023. Caregiver B's file did not contain documentation to indicate s/he completed or was exempt from the following required training: first aid and choking, medication management, and orientation.

On 12/05/2023, Surveyor reviewed Caregiver C's

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N 397	Continued From page 7 file. Caregiver C was hired on 11/01/2023. Caregiver C's file did not contain documentation to indicate s/he completed or was exempt from the following required training: medication management and orientation. According to staff schedules (June 2023 - November 2023), Caregiver B worked multiple shifts unsupervised since being hired. Caregiver B and Caregiver C worked several shifts together in November 2023 as the only caregivers on duty. Caregiver B and Caregiver C were not qualified resident care staff as neither had completed all of their required training. On 12/13/2023 at 3:00 PM, Former Assistant Administrator (FAA) A verified via email that Caregiver B did not complete all training, including orientation training. FAA A stated, "[Caregiver C] just completed medication management training [sic] it is not in the system yet but I do have [his/her] test that [s/he] has completed." Caregiver C attended Medication Management training in December 2023. On 12/20/2023 at 2:55 PM, Surveyor interviewed Administrator D. Administrator D confirmed Caregiver B and Caregiver C did not complete orientation training. Administrator D confirmed Caregiver C completed Medication Management training in December 2023.	N 397		
Z 010	50.065(2)(bb) DETERMINE FINAL DISPOSITION OF CHARGE If information obtained under par. (am) or (b) indicates a charge of a serious crime, but does not completely and clearly indicate the disposition	Z 010		

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Z 010	Continued From page 8 of the charge or the conviction, the department or entity shall make every reasonable effort to contact the clerk of courts to determine the final disposition of the charge. If a background information form under sub. (6) (a) or (am) indicates a charge or a conviction of a serious crime, but information obtained under 011 par. (am) or (b) does not indicate such a charge, the department or entity shall make every reasonable effort to contact the clerk of courts to obtain a copy of the criminal complaint and the final disposition of the complaint. If information obtained under par. (am) or (b), a background information form under sub, (6) (a) or (am) or any other information indicates a conviction of a violation of s. 940.19 (1), 940.195, 940.20, 941.30, 942.08, 947.01, or 947.013 obtained not more than 5 years before the date on which that information was obtained, the department or the entity shall make every reasonable effort to contact the clerk of courts to obtain a copy of the criminal complaint and judgement of conviction relating to that violation. This Rule is not met as evidenced by: Based on record review and interview, the provider did not contact the clerk of courts to obtain a copy of the criminal complaint and judgement of conviction related to a conviction under Wis. Stat. 947.01 obtained not more than 5 years before the date on which that information was obtained for 2 of 4 caregivers reviewed. Findings include:	Z 010		

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Z 010	Continued From page 9	Z 010		

The provider is licensed to care for 15 residents in the following client groups: advanced aged, physically disabled, terminally ill, and irreversible dementia/Alzheimer's disease.

On 09/28/2023, 10/26/2023, and 12/04/2023, the Department received complaints with multiple allegations including administration was not completing caregiver background checks.

On 12/05/2023, Surveyor reviewed Caregiver B's file. Caregiver B was hired on 06/06/2023. A caregiver background check was conducted on 06/05/2023. The Department of Justice (DOJ) response indicated that within the past 5 years, Caregiver B was convicted of Disorderly Conduct, Wis. Stat. 947.01. Caregiver B's file did not contain the judgment of conviction and criminal complaint from the county where s/he was convicted of disorderly conduct.

On 12/05/2023, Surveyor reviewed Caregiver C's file. Caregiver C was hired on 11/01/2023. A caregiver background check was conducted on 10/31/2023. The DOJ response indicated that within the past 5 years, Caregiver C was convicted of Disorderly Conduct, Wis. Stat. 947.01. Caregiver C's file did not contain the judgment of conviction and criminal complaint from the county where s/he was convicted of disorderly conduct.

On 12/07/2023 at 10:14 AM, Surveyor provided Former Administrator Assistant (FAA) A publication P-00274, Wisconsin Caregiver Program: Offenses Affecting Caregiver Eligibility for Chapter 50 Programs. Surveyor asked FAA A if any of the employees had convictions listed that required them to undergo rehabilitation review or required the provider to obtain the judgement of

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Z 010	Continued From page 10 conviction and criminal complaint. On 12/13/2023 at 9:33 AM, FAA A responded: "Staff that require rehabilitation review [sic] they have been contacted and are getting us the documentation required."	Z 010		