STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018677	A. BUILDING: _____ B. WING _____	06/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENIOR LIVING MEQUON II	6729 W MEQUON RD MEQUON, WI 53092

(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 06/04/2025, Surveyor conducted a review of one (1) self-report at Senior Living Mequon II. Additional information was gathered through 06/06/2025. As a result of the survey 1 deficiency was identified. Census: 32	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 1 of 1 employee obtained orientation training which shall include 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;	N 230		

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

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N 230	Continued From page 1 (6) Recognizing and responding to resident changes of condition. This requirement is being cited for a third time. See Statement of Deficiency (SOD) QZQU11, dated 05/21/2024, and SOD QZQU12, dated 10/03/2024. Findings include: On 11/14/2024, the Bureau received a self-report involving Caregiver B. On 06/04/2025, Surveyor requested Caregiver B's orientation from Wellness Director (WD) A. Caregiver B was hired on 09/16/2024. WD A acknowledged Caregiver B was working and the last day Caregiver B worked was date of incident, 11/07/2024. WD A stated s/he was unable to access Caregiver B's record as s/he was no longer employed at the facility. WD A stated s/he would send the orientation record to Surveyor. On 06/05/2025 at 10:26 AM, Surveyor received an email from WD A. The email stated: "please see attached training's for [Caregiver B]. After receiving the training information, we recognized that there were some completion dates that were after [Caregiver B] was suspended. [S/he] completed them from home. (I am uncertain as to why [s/he] would have done that.)" On 06/05/2025 at 4:30 PM, Surveyor reviewed the documentation and observed the only training Caregiver B was: eCourse: eMar on 10/27/2024 Respiratory Viruses on 10/27/2024 eCourse: PointClickCare*The Basics on 10/28/2024 eCourse: PointClickCare Companion Mobile App	N 230		

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N 230	Continued From page 2 on 10/31/2025 Assisting with Bathing on 11/06/2024 On 06/05/2025 at 4:54 PM, Surveyor emailed WD A asking if there would be any other training or orientation documents for Caregiver B. On 06/06/2025 at 4:24 AM, Surveyor received an email from WD A stating: "The only additional information that I have would be our standard operating procedure employee training which includes the following below. This is part of our orientation and then we have a competency check off that is completed while they are on the floor. I checked [his/her] file, and [s/he] has one however [s/he] did not sign it so that is clearly a concern and why I did not include it. Obviously a huge learning lesson to ensure that they are all signed by every employee." There was no documentation Caregiver B had orientation training in job responsibilities, abuse/neglect/misappropriation, CBRF policies and procedures, assessed needs of individuals, emergency/disaster/evacuation and change in condition prior to working with residents. The provider did not ensure employees obtained orientation training before performing any job duties.	N 230		