STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0009511	A. BUILDING: _____ B. WING _____	R-C 07/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRU GROUP HOME BAYSIDE MANOR	9010 N PORT WASHINGTON RD BAYSIDE, WI 53217

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N 000	Initial Comments On 07/24/2025, Surveyors completed a standard survey, verification visit and complaint investigation at CRU Group Home Bayside Manor. As a result, 5 of the previous cited deficiencies were corrected, 3 deficiencies were recited and 1 new deficiency was identified, for a total of 4 deficiencies cited. The complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 8	N 000		
N 452	83.41(3)(b) Food safety. Food safety. Whether food is prepared at the CBRF or off-site, the CBRF shall store, prepare, distribute and serve food under sanitary conditions for the prevention of food borne illnesses, including food prepared off-site, according to all of the following: 1. The CBRF shall refrigerate all foods requiring refrigeration at or below 40°F. Food shall be covered and stored in a sanitary manner. 2. The CBRF shall maintain freezing units at 0°F or below. Frozen foods shall be packaged, labeled and dated. 3. The CBRF shall hold hot foods at 140°F or above and shall hold cold foods at 40°F or below until serving. This Rule is not met as evidenced by:	N 452		

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

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N 452	Continued From page 1 Based on observation and interview, the provider did not ensure all foods were properly stored. Food stored in the freezer was not labeled or sealed. Food stored in the refrigerator were kept beyond the expiration date. Open containers of condiments which required refrigeration after opening were stored in cabinets. This is a repeat deficiency. See Statement of Deficiency (SOD) V0I212, dated 11/11/2022. Findings include: On 07/23/2025, at 9:35 AM, Surveyors toured the facility kitchen and observed the following: -The freezer contained an open package of French toast sticks, an open bag of crispy tater tots, and an open package of Brown'N Serve sausage links. The packages were unsealed and unlabeled with the date the food items were opened. -The refrigerator contained a bag Fresh Express Caesar salad mix. The bag was labeled with a use by date of 07/11/2025. -On the counter was an open bottle of Wish-Bone Italian dressing and an open bottle of Kraft barbecue sauce. Both bottles were labeled with instructions to refrigerate after opening. "Refrigeration slows bacterial growth. Bacteria exist everywhere in nature. They are in the soil, air, water, and the foods we eat. When they have nutrients (food), moisture, and favorable temperatures, they grow rapidly, increasing in numbers to the point where some types of bacteria can cause illness. Bacteria grow most rapidly in the range of temperatures between 40	N 452		

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N 452	Continued From page 2 and 140 °F, the 'Danger Zone,' some doubling in number in as little as 20 minutes. A refrigerator set at 40 °F or below will protect most foods." (Source: USDA.gov, Refrigeration & Food Safety, March 23, 2015, https://www.fsis.usda.gov/food-safety/safe-food-handling-and-preparation/food-safety-basics/refrigeration (retrieval date: 07/24/2025).) On 07/23/2025, at 1:26 PM, Surveyors interviewed Manager A. Manager A reported staff were responsible to ensure food was sealed and labeled in the refrigerator and freezer, and for checking dates of food stored in cabinets. Manager A reported condiments should have been stored in the refrigerator after opening. Manager A reported staff were in the process of being trained in new roles.	N 452		
N 499	83.45(3) Toxic substances. Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area. This Rule is not met as evidenced by: Based on observation and interview the provider did not ensure cleaning compounds and toxic substances were securely stored in 2 of 2 areas. Cleaning compounds and toxic substances were in an unlocked cabinet located in the attached garage and in the laundry room cabinets located above the washer and dryer. This is a repeat deficiency. See Statement of Deficiency (SOD) V0I212, dated 11/11/2022.	N 499		

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N 499	Continued From page 3 Findings include: The provider is a class CNA Community Based Residential Facility (CBRF) licensed to serve 8 non-ambulatory residents in the client groups of developmentally disabled, advanced age, emotionally disturbed/mental illness, and irreversible dementia/Alzheimer's. On 07/23/2025, at 9:35 AM, Surveyors toured the facility and identified the following: Garage -The garage was attached to the facility. There was a locking mechanism on the garage door located on the inside of the door. The locking mechanism was not engaged. At 10:00 AM, Surveyors observed an unsecured cabinet which contained the following chemicals: Comet bleach, Tandil bleach, Gren Envy house wash, Henry self-stick tile primer, a spray bottle of Grout & Tile sealer, and mold armor. Laundry room - The laundry room door contained a locking mechanism which would cause the door to automatically lock. The door was propped open by a bucket of laundry detergent. Surveyors were able to walk into the laundry room and observe the following chemicals in a cupboard above the washer and dryer: toilet bowel cleaner, lemon disinfecting wipes, Clorox multi-surface cleaner + bleach, Lysol disinfectant spray, Windex, oven and grill cleaner, Hot Shot flying insect killer, Weiman cook top daily cleaner, LCR brilliant bath, Fabuloso, a bottle of bleach, 2 spray cans of Easy-Off oven cleaner, and a spray bottle containing a blue liquid with in illegible hand	N 499		

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N 499	Continued From page 4 written label. On 07/23/2025, at 1:26 PM, Surveyors interviewed Manager A. Manager A reported s/he was aware of the code to secure cleaning supplies. Manager A reported the cleaning supplies were left in the garage by the prior maintenance employee. Manager A reported the chemicals would be locked and a new locking mechanism would be installed on the garage door.	N 499		
N 631	83.59(1)(a) Class AS, ANA, CS, CNA 2 grade level exits All habitable floors shall have at least 2 exits providing unobstructed travel to the outside. Small class AA CBRFs licensed on or before the effective date of this section with no more than 2 habitable floors may have one exit from the second floor. Class AS, class ANA, class CS and class CNA CBRFs shall have at least 2 grade level or ramped exits to grade. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure 1 of 2 exits were ramped to grade. Findings include: The facility was licensed as a Class CNA nonambulatory facility to serve 8 residents in the client groups of developmentally disabled, advanced aged, irreversible dementia/Alzheimer's, emotionally	N 631		

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N 631	Continued From page 5 disturbed/mental illness and physically disabled. On 07/23/2025, at 9:35 AM, Surveyors toured the facility and observed the following: In the dining room, there was a door, which led outside. From the door threshold to the concrete landing, there was a drop of approximately 1.5 inches. From the concrete landing to the sidewalk there was a drop ranging from approximately 1.5 inches to 2.5 inches. On 07/23/2025, at 10:08 AM, Surveyors reviewed the facility's emergency evacuation routes from the emergency plans. The floor plan identified the emergency routes with black bold lines. The door from the dining room to outside was identified as an emergency route. On 07/23/2025, at 1:26 PM, Surveyors interviewed Manager A and Registered Nurse (RN) K. Manager A reported s/he was unaware of the code requirement. Manager A reported s/he would discuss the concerns with the owner and maintenance staff to ensure exit was ramped to grade.	N 631		
{Y3235}	50.09(1)(f) Privacy (1) RESIDENTS' RIGHTS. Every resident in a nursing home or community based residential facility shall, except as provided in sub. (5), have the right to: (f) Physical and emotional privacy in treatment, living arrangements and in caring for personal needs, including, but not limited to:	{Y3235}		

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{Y3235}	Continued From page 6	{Y3235}		

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure physical and emotional privacy for 8 of 8 residents.

Seven surveillance cameras were observed outside and inside of the facility.

This is a repeat deficiency. See Statement of Deficiency V0I212, dated 11/11/2022.

Findings include:

On 07/23/2025 at approximately 9:30 AM, Surveyors conducted a standard survey, verification visit, and complaint investigation. There are 2 separate facilities next door to each other owned and operated by the same licensee. Capacity at each home is 8 residents. When Surveyors arrived at the facility, Surveyors observed a resident smoking on the front porch.

At approximately 9:50 AM, Surveyors toured the basement and observed a flat screen monitor mounted on the north wall. The monitor was turned on and captured live images.
There was a total of 7 images on the monitor.

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{Y3235}	Continued From page 7 Each image was identified as camera 1, 2, 3, 4, 5, 6 and 7. Camera 1: The image showed the entire length of the front porch where residents sit. Camera 2: The image showed the side (north) exit and the entire patio area which contained a table and chairs. This patio area is located between 2 facilities. Camera 3: View of a yard. Camera 4: The image showed the inside of the garage and driveway. Camera 5: The camera was located on the east wall of the basement. The image was pointing toward the stairs. Camera 6: The camera was located at the sister facility next door. The image showed the front patio area. Cameras 7: The camera was located at the sister facility. The image showed the shared patio area between the 2 facilities. The patio area contained a table and chairs. CAMERAS: On 07/23/2025, at approximately 10:00 AM, Surveyors observed a camera in the northeast corner of the garage pointing at the garage door. At approximately 10:08 AM, Surveyors exited the facility from the side (north) exit and observed a camera on the northeast corner of the facility. This camera was pointing to a patio area with a table and chairs. At approximately 10:08 AM, Surveyors observed a camera above the front porch area pointing at the front door. Surveyors observed a sign which read "Notice This area is under 24-hour video surveillance".	{Y3235}		

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{Y3235}	Continued From page 8 On 07/23/2025, at 1:26 PM, Surveyors interviewed Manager A about the cameras. Manager A reported the owners would not take the cameras down because they protected them more than it would hurt them. Manager A reported owners kept cameras for safety and to identify if staff left the facilities. Manager A reported s/he thought maintenance was going to try to zoom in the cameras to just show the doors and not the common areas used by the residents. Summary: Cameras 1, 2, and 7 showed common areas used by residents.	{Y3235}		