STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020631	A. BUILDING: _____ B. WING _____	06/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DIMENSIONS LIVING CUDAHY	6180 S CREEKSIDE DR CUDAHY, WI 53110

(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 06/02/2026, Surveyor conducted a standard survey, at Dimensions Living Cudahy, a Community-Based Residential Facility (CBRF) in Cudahy, WI. Four deficiencies were identified. Census: 20	N 000		
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 records review and interview, the provider did not ensure documentation was obtained from a physician, physician assistant, clinical nurse practitioner, or licensed registered nurse indicating 2 of 2 employees (Caregiver B and Caregiver C) reviewed were screened for clinically apparent communicable disease, including tuberculosis (TB), within 90 days before the start of employment.	N 220		

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

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N 220	Continued From page 1 Findings include: On 06/02/2026, Surveyor reviewed Caregiver B's and Caregiver C's records and identified the following: Caregiver B -Caregiver B was hired on 02/12/2026. -Caregiver B's record included the Department Communicable Disease/Tuberculosis Screening Questionnaire. The questionnaire was incomplete due to screener not checking yes or not to the following question: "I have conducted a screening and have reviewed the information on this form. The employee appears to be clinically free from communicable disease and TB." The screener also did not date the screening questionnaire. Caregiver C -Caregiver C was hired on 05/19/2026. -Caregiver C's record included the Department Communicable Disease/Tuberculosis Screening Questionnaire. The questionnaire was incomplete due to screener not checking yes or not to the following question: "I have conducted a screening and have reviewed the information on this form. The employee appears to be clinically free from communicable disease and TB." The screener also did not date the screening questionnaire. Caregiver C did not sign or date the screening questionnaire. On 06/02/2026, at approximately 5:00 PM, Surveyor interviewed Administrator A. Administrator confirmed Caregiver B's and Caregiver C's screening questionnaire was incomplete due to the above-mentioned reasons. Administrator A stated moving forward s/he would	N 220		

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N 220	Continued From page 2 ensure employees screening questionnaires were entirely completed.	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 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 employees (Caregiver B and Caregiver C) reviewed obtained all orientation training. Caregiver B did not have the following orientation training: information regarding assessed needs and individual services for each resident for whom the employee is responsible, emergency and disaster plan and evacuation procedures and recognizing and responding to resident changes of condition. Caregiver C did not have the following orientation training: information regarding assessed needs and individual services for each resident for whom the employee is responsible. Findings include:	N 230		

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N 230	Continued From page 3 On 06/02/2026, Surveyor reviewed Caregiver B's and Caregiver C's records and identified the following: Caregiver B -Caregiver B was hired on 02/12/2026. -Caregiver B's record did not contain evidence of orientation training in information regarding assessed needs and individual services for each resident for whom the employee is responsible, emergency and disaster plan and evacuation procedures and recognizing and responding to resident changes of condition. Caregiver C -Caregiver C was hired on 05/19/2026. -Caregiver C's record did not contain evidence of orientation training in information regarding assessed needs and individual services for each resident for whom the employee is responsible. On 06/02/2026, at approximately 5:00 PM, Surveyor interviewed Administrator A. Administrator A confirmed Caregiver B and Caregiver C did not receive the above-mentioned orientation training. Administrator A reported s/he did not realize Caregiver B and Caregiver C did not have the above-mentioned orientation training until Surveyor requested this documentation.	N 230		
N 481	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas	N 481		

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N 481	Continued From page 4 shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the facility was maintained in a safe clean, comfortable, and homelike environment. The facility needed some repairs. This had potential to affect 20 of 20 residents. Findings include: The facility is licensed as a class CNA (non-ambulatory) for up to 20 residents with programs in terminally ill, advanced aged and irreversible dementia/Alzheimer's. On 06/02/2026, at approximately 11:22 AM, Surveyor conducted a tour of the facility with Administrator A and observed the following: -Mechanical room 2 flooring contained water and brown residue near furnace. On 06/02/2026, at approximately 11:22 AM, Surveyor interviewed Administrator A. Administrator A confirmed the above-mentioned issues. Administrator A reported s/he was not aware of the above-mentioned issues, and s/he will inform the maintenance department.	N 481		
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	N 488		

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N 488	Continued From page 5 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 1 of 2 dryer vents was made of rigid material. The dryer located in laundry room 1 was vented with semi-rigid material. Findings include: On 06/02/2026, at approximately 11:18 AM, Surveyor toured the facility laundry room 1 with Administrator A and observed the dryer was vented with semi-rigid material. On 06/02/2026, at approximately 11:18 AM, Surveyor interviewed Administrator A. Administrator A reported s/he was not aware the dryer was vented with semi-rigid material. Administrator A reported s/he would follow up with the maintenance department to have the dryer vent replaced with rigid material.	N 488		