STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	410329	A. BUILDING: _____ B. WING _____	C 06/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBORVIEW MANOR	1520 ARBORETUM DR OSHKOSH, WI 54901

(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 06/10/2025, Surveyor conducted a complaint investigation and abbreviated survey at Arborview Manor. The complaint was unsubstantiated. Two deficiencies were identified. Census: 29	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 Caregiver A and Caregiver B received orientation training in all required topics prior to performing job duties. Findings include: On 06/10/2025 at 11:00 AM, Surveyor reviewed Caregiver A's records to confirm compliance with orientation training requirements. Caregiver A was hired on 10/14/2024. Caregiver	N 230		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	410329	A. BUILDING: _____ B. WING _____	C 06/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBORVIEW MANOR	1520 ARBORETUM DR OSHKOSH, WI 54901

(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 230	Continued From page 1 A's record did not contain evidence orientation training was provided in 5 of 6 required topics: (1) job responsibilities, (2) assessed needs and individual services for each resident for whom the employee is responsible for, (3) emergency and disaster plan and (4) recognizing and responding to resident changes of condition (5) prevention and reporting of abuse, neglect and misappropriation. At 11:45 AM, Surveyor interviewed Manager C who confirmed Surveyor's review of Caregiver A's training record. Manager C said Caregiver A was hired and on-boarded before Manager C was in his/her role (Manager C's hire date 01/22/2025.) At 11:50 AM, Surveyor requested Caregiver B's record for review, noting s/he was hired on 03/10/2025. Caregiver B was initially hired as a dietary aid on 03/10/2025 and then transitioned to the role of caregiver on 04/03/2025 (first independent shift 05/06/2025.) Caregiver B's record did not contain in evidence orientation training was provided in 4 of 5 required topics: (1) job responsibilities, (2) assessed needs and individual services for each resident for whom the employee is responsible for, (3) emergency and disaster plan and (4) recognizing and responding to resident changes of condition. At 1:13 PM, Surveyor interviewed Manager C who confirmed Surveyor's review of Caregiver B's training record. Manager C said during initial training, caregivers review resident care plans while shadowing an experienced caregiver, but s/he did not have documentation to confirm that occurred for Caregiver A or Caregiver B.	N 230		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	410329	A. BUILDING: _____ B. WING _____	C 06/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBORVIEW MANOR	1520 ARBORETUM DR OSHKOSH, WI 54901

(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 230	Continued From page 2 During an interview at 1:50 PM, Surveyor reviewed the deficiency with Manager C and Program Manager D. Program Manager D stated they would work to implement a companywide system to ensure orientation training requirements are met. Cross Reference: N0247 DHS 83.22(1)-(4) Task Specific Training	N 230		
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 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,	N 247		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	410329	A. BUILDING: _____ B. WING _____	C 06/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBORVIEW MANOR	1520 ARBORETUM DR OSHKOSH, WI 54901

(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 247	Continued From page 3 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 Caregiver A and Caregiver B received task specific training in the provision of personal cares. Findings include: On 06/10/2025 at 11:00 AM, Surveyor reviewed Caregiver A's records to confirm compliance with task specific training requirements. Caregiver A was hired on 10/14/2024. Caregiver A's record did not contain evidence s/he received training in the provision of personal care (bathing, eating, dressing, oral hygiene, nail and foot care, toileting and incontinence care, positioning and body alignment, and mobility and transferring.) At 11:45 AM, Surveyor interviewed Manager C who confirmed Surveyor's review of Caregiver A's training record. At 11:50 AM, Surveyor reviewed Caregiver B's record to confirm compliance with task specific training requirements.	N 247		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	410329	A. BUILDING: _____ B. WING _____	C 06/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBORVIEW MANOR	1520 ARBORETUM DR OSHKOSH, WI 54901

(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 247	Continued From page 4 Caregiver B was initially hired as a dietary aid on 03/10/2025 and then transitioned to the role of caregiver on 04/03/2025 (first independent shift 05/06/2025.) Caregiver B's record did not contain in evidence s/he received training in the provision of personal care (bathing, eating, dressing, oral hygiene, nail and foot care, toileting and incontinence care, positioning and body alignment, and mobility and transferring.) At 1:13 PM, Surveyor interviewed Manager C who confirmed Surveyor's review of Caregiver B's training record. During a follow up interview at 4:12 PM, Manager C confirmed both caregivers are responsible to provide personal care tasks and s/he did not offer evidence either staff member met the criteria for exemption of the training requirement. During an interview at 1:50 PM, Surveyor reviewed the deficiency with Manager C and Program Manager D. Program Manager D stated they would work to implement a companywide system to ensure all task specific training requirements are met. Cross Reference: N0230 DHS 83.19 Orientation	N 247		