STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016399	A. BUILDING: _____ B. WING _____	C 08/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE SHORE ASSISTED LIVING BOLTON COTTAGE	2201 W BOLTON LAKE LN LAC DU FLAMBEAU, WI 54538

(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 08/13/2025, Surveyor conducted a complaint investigation and standard licensure survey at Lake Shore Assisted Living Bolton Cottage. Data collection continued through 08/14/2025. The complaint was unsubstantiated. Two deficiencies were identified. Census: 2	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 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	N 230		

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

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N 230	Continued From page 1 -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) -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 8 residents in the following client groups: advanced aged, physically disabled, terminally ill, traumatic brain injury, and irreversible dementia/Alzheimer's disease. On 06/25/2025, the Department received a complaint alleging medication administration errors. On 08/13/2025, Surveyor reviewed Caregiver A's file. Caregiver A was hired on 04/04/2025. Caregiver A's file did not contain documentation to indicate s/he completed orientation training. According to staff schedules (May 2025 to July 2025), Caregiver A worked multiple shifts unsupervised since being hired. On 08/13/2025 at approximately 2:00 PM, Surveyor interviewed Assistant Director (AD) A. AD A confirmed Caregiver A did not complete orientation training. AD A verified the May 2025 to July 2025 schedule and reported that Caregiver A worked 7:00 AM to 7:00 PM. and one caregiver worked each shift (7:00 AM to 7:00 PM & 7:00 PM to 7:00 AM).	N 230		

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N 230	Continued From page 2 The provider did not ensure 1 of 2 caregivers reviewed completed orientation training before performing job duties.	N 230		
N 393	83.35(5)(a) Initial evaluation of evacuation limitations. Initial evaluation. The CBRF shall evaluate each resident within 3 days of the resident ' s admission to determine whether the resident is able to evacuate the CBRF within 2 minutes in an unsprinklered CBRF and 4 minutes in a sprinklered CBRF without any help or verbal or physical prompting, and what type of limitations that resident may have that prevent the resident from evacuating the CBRF within the applicable period of time. A form provided by the department shall be used for the evaluation. The resident ' s evaluation shall be retained in the resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not evaluate 2 of 2 residents reviewed for evacuation within 3 days of admission. Findings include: The provider is licensed to care for 8 residents in the following client groups: advanced aged, physically disabled, terminally ill, traumatic brain injury and irreversible dementia/Alzheimer's disease. On 08/13/2025, Surveyor reviewed Resident 1 and Resident 2's file for evacuation assessments.	N 393		

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N 393	Continued From page 3 Resident 1 was admitted on 07/31/2025. Resident 1's file did not contain an evacuation assessment within 3 days of admission to the facility. Resident 2 was admitted on 02/26/2025. Resident 2's file did not contain an evacuation assessment within 3 days of admission to the facility. On 08/13/2025 at approximately 2:00 PM, Surveyor interviewed Assistant Director (AD) A. AD A reported that Resident 1 did not have an evacuation assessment yet and Resident 2 did not have an evacuation assessment within 3 days of admission to the facility. The provider did not evaluate 2 of 2 residents within 3 days of admission to determine if the residents were able to evacuate the facility within 4 minutes (sprinklered facility).	N 393		