STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	410396	A. BUILDING: _____ B. WING _____	C 06/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENVIEW INC	1712 MIDWAY RD MENASHA, WI 54952

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N 000	Initial Comments On 06/16/2026, Surveyor conducted a complaint investigation and standard survey at Gardenview Inc. As a result of the survey, 4 deficiencies were identified. One (1) of 1 complaints was unsubstantiated. Census: 13	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 record 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 (Resident Assistant A and Resident Assistant B) had been screened for illness detrimental to residents, 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 06/16/2026 at 10:35 AM, Surveyor reviewed Resident Assistant (RA) A and RA B's staff records to verify they were screened for communicable disease including TB. The following was identified: -- RA A was hired on 10/13/2025. His/her record contained a TB test dated10/30/2025 and 11/20/2025. RA A's record did not contain evidence s/he was screened for communicable diseases. -- RA B was hired on 07/14/2025. His/her record contained a tuberculosis (TB) test administered by Licensed Practical Nurse (LPN) C on 07/14/2025 and 08/01/2025. The "Tuberculosis Skin Test Form" included LPN C's signature under administration of RA B's TB test with a "date read" of 07/16/2026 [sic] and 08/03/2025. The "Signature (read by)" was blank. The form did not contain any other signatures from a physician, physician assistant, clinical nurse practitioner or licensed registered nurse indicating the document was reviewed and RA B was free from communicable disease including TB. On 06/16/2026 at 10:55 AM, Surveyor interviewed Licensed Practical Nurse (LPN) C who confirmed s/he did not have any additional documentation to provide showing RA A and RA B were screened for communicable diseases. LPN C also acknowledged there were no signatures from a physician, physician assistant, clinical nurse practitioner or licensed registered nurse indicating the form was reviewed and RA B was free from TB. The provider did not obtain documentation from a	N 220		

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N 220	Continued From page 2 physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating employees were screened for clinically apparent communicable disease within 90 days before the start of employment.	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 Resident Assistant B received orientation training in all required topics prior to performing job duties. Resident Assistant (RA) B did not have training in prevention and reporting of resident abuse, neglect and misappropriation; assessed needs of residents; emergency and disaster plan and evacuation; recognizing and responding to resident changes of condition; and CBRF policies and procedures prior to performing work duties.	N 230		

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N 230	Continued From page 3 Findings include: On 06/16/2026 at 10:50 AM, Surveyor reviewed RA B's staff record to verify compliance with orientation training requirements. The following was identified: RA B was hired on 07/14/2025 and his/her record did not contain evidence of orientation topics which included documentation of orientation in prevention and reporting of resident abuse, neglect and misappropriation; assessed needs of residents; emergency and disaster plan and evacuation; recognizing and responding to resident changes of condition; and CBRF policies and procedures. During an interview with RA B on 06/16/2026 at 3:10 PM, s/he confirmed s/he did not have orientation training specifically in prevention and reporting of resident abuse, neglect and misappropriation; assessed needs of residents; emergency and disaster plan and evacuation; recognizing and responding to resident changes of condition; and CBRF policies and procedures upon hire. S/he stated s/he did not receive much training from the previous house manager when s/he was hired. On 06/16/2026 at 11:00 AM, Surveyor interviewed Licensed Practical Nurse (LPN) C who confirmed s/he was unable to locate any additional orientation training in RA B's staff record. LPN C stated s/he was not in his/her role when RA B was hired, but will ensure this is completed. Cross Reference: N0243 DHS 83.21(1)-(3) All Employee Training	N 230		

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N 243	Continued From page 4	N 243		
N 243	83.21(1)-(3) All employee training. The CBRF shall provide, obtain or otherwise ensure adequate training for all employees in all of the following: Resident rights. Training shall include general rights of residents including rights as specified under s. DHS 83.32(3). Training shall be provided as applicable under ss. 50.09 and 51.61 and chs. 54, 55, and 304, Stats., and ch. DHS 94, depending on the legal status of the resident or service the resident is receiving. Specific training topics shall include house rules, coercion, retaliation, confidentiality, restraints, self-determination, and the CBRF ' s complaint and grievance procedures. Residents ' rights training shall be completed within 90 days after starting employment. Client Group. Training shall be specific to the client group served and shall include the physical, social and mental health needs of the client group. Specific training topics shall include, as applicable: characteristics of the client group served, activities, safety risks, environmental considerations, disease processes, communication skills, nutritional needs, and vocational abilities. Client group specific training shall be completed within 90 days after starting employment. Client Group. In a CBRF serving more than one client group, employees shall receive training for each client group. Recognizing, preventing, managing, and responding to challenging behaviors. Specific training topics shall include, as applicable: elopement, aggressive behaviors, destruction of property, suicide prevention, self-injurious behavior, resident supervision, and changes in condition. Challenging behaviors training shall be	N 243		

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N 243	Continued From page 5 completed within 90 days after starting employment. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident Assistant B obtained all training within 90 days after starting employment. Findings include: The provider is licensed to provide care for 15 residents with irreversible dementia/Alzheimer's and advanced age. On 06/16/2026 at 10:50 AM, Surveyor reviewed RA B's staff record to verify compliance with all employee training requirements. The following was identified: RA B was hired on 07/14/2025 and his/her record did not contain evidence of training in resident rights, client groups and challenging behaviors within 90 days of hire, or evidence of meeting an exemption for the training. During an interview with RA B on 06/16/2026 at 3:10 PM, s/he confirmed s/he did not have training in resident rights, client groups and challenging behaviors within 90 days of hire, or that s/he qualified for an exemption for the training. On 06/16/2026 at 11:00 AM, Surveyor interviewed Licensed Practical Nurse (LPN) C who confirmed	N 243		

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N 243	Continued From page 6 s/he was unable to locate any additional documentation to show RA B completed training in resident rights, client groups and challenging behaviors. LPN C stated s/he was not in his/her role when RA B was hired, but will ensure this is completed. Cross Reference: N0230 DHS 83.19 Orientation	N 243		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure other emergency drills were conducted semi-annually for 2 of 2 years reviewed (2024 and 2025). Findings include: On 06/16/2026 at10:00 AM, Surveyor requested to review the facility's other emergency drills for 2024 and 2025 from Licensed Practical Nurse (LPN) C. LPN C provided Surveyor with a facility inspection binder to review. Surveyor reviewed the binder and was unable to locate any other evacuation or disaster drill documentation for 2024 or 2025. On 06/16/2026 at 10:45 AM, Surveyor interviewed LPN C regarding the facility's other emergency drills for 2024 and 2025. LPN C reviewed their facility inspection binder and verified s/he was unable to locate any other	N 526		

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N 526	Continued From page 7 emergency evacuation drill documentation for 2024 or 2025. The provider did not ensure other emergency drills were conducted semi-annually in 2024 or 2025.	N 526		