STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010952	A. BUILDING: _____ B. WING _____	R-C 08/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELIZABETH RESIDENCE OF BAYSIDE	9289 N PORT WASHINGTON BAYSIDE, WI 53217

(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 08/20/2024 with information gathered through 08/26/2024, Surveyors conducted a standard survey, complaint investigation and verification visit at Elizabeth Residence of Bayside, a Community-Based Residential Facility (CBRF) in Bayside, WI. Eight deficiencies identified. Two of 8 deficiencies are repeat deficiencies. Complaint unsubstantiated. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 39	{N 000}		
N 219	83.17(1) Licensee conduct caregiver background check Caregiver background check. At the time of hire, employment or contract and every 4 years after, the licensee shall conduct and document a caregiver background check following the procedures in s. 50.065, Stats., and ch. DHS 12. A licensee shall not employ, contract with or permit a person to reside at the CBRF if the person has been convicted of the crimes or offenses, or has a governmental finding of misconduct, found in s. 50.065, Stats., and ch. DHS 12, Appendix A, unless the person has been approved under the department ' s rehabilitation process as defined in ch. DHS 12. This Rule is not met as evidenced by: Based on record review and interview, the	N 219		

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

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N 219	Continued From page 1 provider did not ensure a caregiver background check (CBC) was completed for 1 of 4 employees reviewed. Caregiver F did not have a CBC on file. Findings include: According to The Wisconsin Caregiver Program Manual (P-00038), Wis. Stat. ch. 50, and Wis. Admin. Code ch. 12, a complete CBC, at minimum, consists of: 1) A completed DHS form F-82064, Background Information Disclosure (BID). 2) A response from the Department of Justice (DOJ). 3) A "Response to Caregiver Background Check" letter from the Department of Health Service, also referred to as the Integrated Background Information System (IBIS). On 08/20/2024, Surveyors reviewed employee records and identified the following: Caregiver F was hired on 02/01/2024. His/her record did not include a BID, DOJ and IBIS. On 08/20/2024, at approximately 1:00 PM, Surveyors interviewed Owner J and Administrator E. Owner J stated the receptionist usually runs the background checks and if s/he did, it would be in the record. Owner J acknowledged Caregiver F did not have one in his/her record. Owner J stated s/he would have the receptionist run a background check immediately for Caregiver F.	N 219		
N 220	83.17(2)(a) Employees screened for communicable disease.	N 220		

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N 220	Continued From page 2 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 4 of 4 employees reviewed were screened for clinically apparent communicable disease, including tuberculosis (TB), within 90 days before the start of employment. Caregiver F, Caregiver G, Caregiver H and Caregiver I were not screened for communicable disease including TB within 90 days before the start of employment. Findings include: On 08/20/2024 at approximately 11:00 AM, Surveyors reviewed Caregiver F's, Caregiver G's, Caregiver H's and Caregiver I's employee files and identified the following: Caregiver F was hired on 02/01/2024. Caregiver F's file did not contain documentation indicating	N 220		

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N 220	Continued From page 3 Caregiver F was screened for communicable disease, including TB. Caregiver G was hired on 10/19/2023. Caregiver G's file did not contain documentation indicating Caregiver G was screened for communicable disease, including TB. Caregiver H was hired on 05/28/2019. Caregiver H's file did not contain documentation indicating Caregiver H was screened for communicable disease, including TB. Caregiver I was hired on 05/14/2024. Caregiver I's file did not contain documentation indicating Caregiver I was screened for communicable disease, including TB. On 08/20/2024 at approximately 11:30 AM, Surveyors interviewed Owner J and Administrator E. Owner J stated staff will decline receiving a TB skin test. Owner J and Administrator E acknowledged staff needed to be screened for communicable disease including TB to meet the code requirements. Owner J stated moving forward if staff decline a TB skin test, they will get a chest x-ray.	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	N 230		

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N 230	Continued From page 4 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 provide 4 of 4 (Caregiver F, Caregiver G, Caregiver H and Caregiver I) caregivers reviewed with orientation training including job responsibilities, prevention and reporting of resident abuse, neglect and misappropriation of resident property, emergency and disaster plan and evacuation procedures, Community Based Residential Facility policies and procedures and recognizing and responding to resident changes of condition. Findings include: On 08/20/2024, Surveyor reviewed Caregiver F's, Caregiver G's, Caregiver H's and Caregiver I's record and identified the following: -Caregiver F was hired on 02/01/2024. Surveyor could not locate orientation training including job responsibilities, prevention and reporting of resident abuse, neglect and misappropriation of resident property, emergency and disaster plan and evacuation procedures, Community Based Residential Facility policies and procedures and recognizing and responding to resident changes of condition for Caregiver F. -Caregiver G was hired on 10/19/2023. Surveyor could not locate orientation training including job responsibilities, prevention and reporting of	N 230		

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N 230	Continued From page 5	N 230		

resident abuse, neglect and misappropriation of resident property, emergency and disaster plan and evacuation procedures, Community Based Residential Facility policies and procedures and recognizing and responding to resident changes of condition for Caregiver G.

-Caregiver H was hired on 05/28/2019. Surveyor could not locate orientation training including job responsibilities, prevention and reporting of resident abuse, neglect and misappropriation of resident property, emergency and disaster plan and evacuation procedures, Community Based Residential Facility policies and procedures and recognizing and responding to resident changes of condition for Caregiver H.

-Caregiver I was hired on 05/14/2024. Surveyor could not locate orientation training including job responsibilities, prevention and reporting of resident abuse, neglect and misappropriation of resident property, emergency and disaster plan and evacuation procedures, Community Based Residential Facility policies and procedures and recognizing and responding to resident changes of condition for Caregiver I.

On 08/20/2024 at approximately 12:00 PM, Surveyors interviewed Owner J and Administrator E. Owner J could not locate orientation training including job responsibilities, prevention and reporting of resident abuse, neglect and misappropriation of resident property, emergency and disaster plan and evacuation procedures, Community Based Residential Facility policies and procedures and recognizing and responding to resident changes of condition for Caregiver F, Caregiver G, Caregiver H and Caregiver I. Owner J stated the trainers did not complete the orientation checklist forms when training the staff.

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{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 completed within 90 days after starting	{N 243}		

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{N 243}	Continued From page 7 employment. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 employees reviewed (Caregiver F, Caregiver G and Caregiver I), obtained all training as required within 90 days after starting employment. Caregiver F did not have training in resident rights, recognizing, preventing, managing and responding to challenging behaviors, and client groups training within 90 days after starting employment. Caregiver G did not have training in recognizing, preventing, managing and responding to challenging behaviors, and client groups training. Caregiver I did not have training in recognizing, preventing, managing and responding to challenging behaviors, and client groups training. This is a repeat deficiency being cited for the third time. See Statement of Deficiency(SOD) EKPK11, dated 08/31/2021 and SOD EKPK12, dated 01/17/2023. Findings include: The facility was licensed on 12/01/2005, to serve clients with irreversible dementia and advanced aged. On 08/20/2024, at approximately 11:30 AM, Surveyor conducted a review of employee records to verify compliance with all employee	{N 243}		

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{N 243}	Continued From page 8 training requirements. Surveyor identified the following: -Caregiver F was hired on 02/01/2024. There was no evidence Caregiver F received training in resident rights, recognizing, preventing, managing and responding to challenging behaviors, and client groups training. -Caregiver G was hired on 10/19/2023. There was no evidence Caregiver G received training in recognizing, preventing, managing and responding to challenging behaviors, and client groups training. -Caregiver I was hired on 05/14/2024. There was no evidence Caregiver I received training in recognizing, preventing, managing and responding to challenging behaviors, and client groups training. On 08/20/2024, at approximately 1:00 PM, Surveyors interviewed Owner J and Administrator E. Owner J and Administrator E confirmed the following: -Caregiver F did not receive training in resident rights, recognizing, preventing, managing and responding to challenging behaviors, and client groups training and did not meet an exemption for the trainings. -Caregiver G did not receive training in recognizing, preventing, managing and responding to challenging behaviors, and client groups training and did not meet an exemption for the trainings. -Caregiver I did not receive training in recognizing, preventing, managing and responding to challenging behaviors, and client groups training and did not meet an exemption	{N 243}		

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{N 243}	Continued From page 9 for the trainings. On 08/20/2024, at approximately 1:15 PM, Owner J and Administrator E stated moving forward, they would ensure all employee training is completed upon new hire training and ensure the trainers are checking all of the topics off when staff have been trained.	{N 243}		
N 277	83.25 Continuing education The administrator and resident care staff shall receive at least 15 hours per calendar year of continuing education beginning with the first full calendar year of employment. Continuing education shall be relevant to the job responsibilities and shall include, at a minimum, all of the following: (1) Standard precautions; (2) Client group related training; (3) Medications; (4) Resident rights; (5) Prevention and reporting of abuse, neglect and misappropriation; (6) Fire safety and emergency procedures, including first aid. This Rule is not met as evidenced by: Based on record review and staff interview, the provider did not ensure 1 of 1 caregiver reviewed (Caregiver H) received 15 hours per calendar year of continuing education beginning with the first calendar year of employment including standard precautions, client group related training, medications, resident rights, prevention and reporting of abuse, neglect and misappropriation and fire safety and emergency procedures, including first aid.	N 277		

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N 277	Continued From page 10 This is a repeat deficiency. See Statement of Deficiency(SOD) EKPK11, dated 08/31/2021. Findings include: On 08/20/2024, Surveyors requested to review Caregiver H's employee record. Caregiver H was hired on 05/28/2019. Surveyor located Caregiver H's continuing education for calendar year 2023. Caregiver H only had 10 hours of continuing education and did not have continuing education training in the following required topics: preventing and reporting abuse, medications and emergency procedures including first aid. On 08/20/2024 at approximately 11:45 AM, Surveyors interviewed Owner J and Administrator E. Owner J and Administrator E stated Caregiver H should have had training in those topics for 2023 but they could not locate any documentation that s/he received the training in required topics and a total of 15 hours of training for calendar year 2023.	N 277		
N 387	83.35(3)(b) Service plan development: parties involved Development. The CBRF shall involve the resident and the resident ' s legal representative, as appropriate, in developing the individual service plan and the resident or the resident ' s legal representative shall sign the plan acknowledging their involvement in, understanding of and agreement with the plan. If a resident has a medical prognosis of terminal illness, a hospice program or home health care agency, as identified in s. HFS 83.38(2) shall, in	N 387		

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N 387	Continued From page 11 cooperation with the CBRF, coordinate the development of the individual service plan and its approval under s. HFS 83.38 (2) (b). The resident ' s case manager, if any, and any health care providers, shall be invited to participate in the development of the service plan. This Rule is not met as evidenced by: Based on record review and staff interview, the provider did not involve 1 of 1 resident reviewed (Resident 1) and the resident's legal representative, as appropriate, in developing the individual service plan (ISP) and did not have the plan signed acknowledging their involvement in, understanding of, and agreement with the plan. Findings include: On 08/20/2024, Surveyors reviewed Resident 1's record. Resident 1's record identified the following: -Resident 1 was admitted to the facility on 02/22/2021 with diagnoses including cardiovascular accident (CVA), paraparesis, ethyl alcohol (etOH) abuse, mood disorder, depression, hypertension (HTN), and dementia -Resident 1 had an activated power of attorney for healthcare (POA). -Resident 1's current ISP, dated 04/17/2023 and previous ISP dated 04/27/2022, had no resident and/or POA signature. On 08/20/2024 at approximately 1:45 PM, Surveyors interviewed Administrator E and Owner J. Administrator E stated Resident 1's POA was hard to get in contact with and would not sign	N 387		

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N 387	Continued From page 12 paperwork so they did not have any signed ISP's for Resident 1. Administrator E and Owner J stated they were working on getting a different guardian and are working with Adult Protective Services (APS) due to Resident 1's POA not responding and signing paperwork.	N 387		
N 392	83.35(4) Resident satisfaction evaluation. Satisfaction evaluation. At least annually, the CBRF shall provide the resident and the resident ' s legal representative the opportunity to complete an evaluation of the resident ' s level of satisfaction with the CBRF ' s services. The evaluation shall be completed on either a department form or a form developed by the CBRF and approved by the department. This Rule is not met as evidenced by: Based on record review and interview, the provider did not provide the resident and/or the resident's legal representative for 1 of 1 resident reviewed (Resident 1) the opportunity to complete an evaluation of the resident's level of satisfaction with the Community-Based Residential Facility's (CBRF) services at least annually. Findings include: On 08/20/2024 at approximately 9:30 AM, Surveyors requested to review Resident 1's record and identified the following: -Resident 1 was admitted to the facility on 02/22/2021. -Resident 1 had an activated power of attorney (POA). -Resident 1's file did not contain evidence of a satisfaction survey provided for calendar year	N 392		

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N 392	Continued From page 13 2022 and 2023. On 08/26/2024 at approximately 10:46 AM Surveyors interviewed Administrator E. Administrator E stated Resident 1's POA did not complete the survey. Surveyor asked if Administrator E had evidence of sending the letter/survey to Resident 1's POA. Administrator E stated s/he sent them out annually and Resident 1's POA did not return it. The only proof would be it was not in Administrator E's possession.	N 392		
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 stored in a secure area. Cleaning supplies and toxic compounds were observed in an unlocked laundry room. Findings include: The facility is licensed as a class CNA facility for 56 residents with programs in advanced aged and irreversible dementia/Alzheimer's. On 08/20/2024 at approximately 12:00 PM, Surveyors conducted a tour of the facility, Surveyors observed the following: The laundry room had two doors that were	N 499		

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ELIZABETH RESIDENCE OF BAYSIDE	9289 N PORT WASHINGTON BAYSIDE, WI 53217

(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 499	Continued From page 14 propped open. The doors were lockable but both were open. In the laundry room, there were cabinets next to the washers and dryers. The cabinets did not have a locking mechanism and Surveyors were able to independently access the cabinet. Residents were moving around freely in the facility. Surveyor observed the following chemicals in the cabinet: -Canister of total solutions special disinfectant wipes -2 bottles of mouthwash -2 bottles of spray n wash On 08/20/2024, at 12:05 PM, Surveyors interviewed Owner J. Owner J stated staff should have kept the laundry doors locked at all times. Owner J stated as long as the doors were closed, the doors automatically locked. Owner J was unaware why the laundry doors were left open.	N 499		