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 02/06/2025

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 02/04/2025, with information gathered through 02/06/2025, Surveyor conducted 4 complaint investigations and a verification visit at Elizabeth Residence of Bayside, a Community-Based Residential Facility (CBRF) in Bayside, WI. Five deficiencies identified. Three of 5 deficiencies are repeat deficiencies. Three complaints were unsubstantiated. One complaint was substantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed.	{N 000}		
N 346	83.32(3)(b) Rights of Residents: Confidentiality In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Confidentiality. Confidentiality of health and personal information and records, and the right to approve or refuse release of that information to any individual outside the CBRF, except when the resident is transferred to another facility or as required by law or third-party payment contracts and except as provided in s.146.82(2) and (3), Stats. The CBRF shall make the record available to the resident or the resident ' s legal representative for review. Copies of the record shall be made available within 30 days, if requested in writing, at a cost no greater than the cost of reproduction. This Rule is not met as evidenced by: Based on observation and interview the provider did not ensure the confidentiality of residents'	N 346		

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N 346	Continued From page 1 personal information for 1 of 1 resident. Resident 2's bowel movement history was written on a white dry erase board outside his/her room, in a common hallway. Findings include: On 02/04/2025, at approximately 9:40 AM, Surveyor observed a white dry erase board in the hallway outside Resident 2's room. The white dry erase board contained documentation regarding Resident 2's bowel movement history. Other residents' visitors and other residents could see the details of Resident 2's bowel movements when walking by. On 02/04/2025, at 10:30 AM, Surveyor interviewed Administrator E and Owner J. Owner J confirmed s/he knew about the white dry erase board with Resident 2's personal information being in the hallway. Owner J reported that Resident 2's power of attorney (POA) was the person who had placed the white dry erase board in the hallway. Owner J confirmed the information should not be kept in the hallway that was used by other residents, staff, and visitors.	N 346		
{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	{N 387}		

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{N 387}	Continued From page 2 agency, as identified in s. HFS 83.38(2) shall, in 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. This is a repeat deficiency. See Statement of Deficiency EKPK13, dated 08/26/2024 Findings include: On 02/04/2025, 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, had no resident or POA signature.	{N 387}		

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{N 387}	Continued From page 3 On 02/04/2025 at approximately 12:10 PM, Surveyor interviewed Administrator E and Owner J. Administrator E stated that since state surveyors were previously in the facility on 08/26/2024, Resident 1 had received a new guardian. Administrator J stated the new guardian was difficult to get in contact with as they had their own medical conditions they were dealing with. Administrator J shared emails with Surveyor showing the facility had attempted to reach out regarding billing and other issues. Administrator J confirmed there was no evidence to show a copy of the service plan had been sent to the new guardian via email or certified mail.	{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. This is a repeat deficiency. See Statement of Deficiency EKPK13, dated 08/26/2024.	{N 392}		

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{N 392}	Continued From page 4 Findings include: On 02/04/2025 at approximately 10:50 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 2024. On 02/04/2025 at approximately 12:00 PM, Surveyor interviewed Administrator E and Owner J. Administrator E confirmed, although administrator E had created a policy on sending out satisfaction surveys and complied an e-mail list of all responsible parties since the facility had last been surveyed, s/he had yet to send them out. Administrator E had planned to send out the satisfaction surveys in April of 2025, even though the order to comply from SOD EKPK13 stated "AS SOON AS PRACTICABLE AND WITHOUT DELAY, within 45 days of receipt of this notice, the licensee shall achieve and maintain substantial compliance with all requirements."	{N 392}		
N 454	83.42(1) Resident record maintained. The CBRF shall maintain a record for each resident at the CBRF. Each record shall include all of the following: (a) Resident ' s full name, sex, date of birth, admission date and last known address; (b) Name, address and telephone number of designated contact person, and legal representative, if any; (c) Medical, social, and, if	N 454		

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N 454	Continued From page 5 any, psychiatric history; (d) Current personal physician, if any; (e) Results of the initial health screening under s. DHS 83.28(4) and subsequent health examinations under s. DHS 83.38(1)(g); (f)Admission agreement; (g) Documentation of significant incidents and illnesses, including the dates, times and circumstances; (h) Assessments completed as required under s. DHS 83.35(1); (i) Individual service plan and resident satisfaction evaluation; (j) Documentation to accurately describe the resident's condition, significant changes in condition, changes in treatment and response to treatment; (k) Results of the annual resident evacuation evaluation; (l) Documentation of sensory impairment of the resident as required under s. DHS 83.48(7)(b); (m) Summary of discharge information as required under s.DHS 83.31(7); (n) Any department-approved resident-specific waiver, variance or approval; (o) Physician ' s orders or other authorized practitioner ' s written orders for nursing care, medications, rehabilitation services and therapeutic diets; (p) Current list of the type and dosage of medications or supplements; (q) Results of the quarterly psychotropic medication assessments as required in s. DHS 83.37(1)(h)1; (r) Documentation of administration of all medications, supplements, the person administering the medications or supplements, any side effects observed by the employee or symptoms reported by the resident, the need for PRN medications and the resident ' s response, refusal to take medication, omissions of medications, errors in the administration of medications and drug reactions; (s) Photocopy of any court order or other document authorizing another person to speak or act on behalf of the resident, or other legal documents as required	N 454		

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N 454	Continued From page 6 which affect the care and treatment of a resident; (t) Documentation of all other services including rehabilitation services, treatments and therapeutic diets; (u) Completed notice of pre-admission assessment requirement under s. DHS 83.30; (v) Nursing care procedures and the amount of time spent each week by a registered nurse or licensed practical nurse in performing the nursing care procedures. Only time actually spent by the nurse with the resident may be included in the calculation of nursing care time; (w) Plans of care for terminally ill residents; (x) Date, time and circumstances of the resident's death, including the name of the person to whom the body is released. This Rule is not met as evidenced by: Based on record review and interview, the provider did not maintain a record for each resident at the facility including documentation to accurately describe the resident's condition, significant changes in condition, changes in treatment and response to treatment for 1 of 1 resident. Resident 3's services provided by staff were not documented. Findings include: On 02/06/2025, Surveyor reviewed Resident 3's record. Resident 3 was admitted on 08/21/2021. Resident 3's Individual Service Plan (ISP), identified Resident 3 needed staff assistance for showers. Resident 3 was scheduled for showers/baths on Wednesdays and Saturdays in the evening. Resident 3's record did not include documentation of showers received. Surveyor reviewed Resident 3's records documenting shower/baths from August 2024 through November 2024. Resident 3 was scheduled for	N 454		

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N 454	Continued From page 7 baths on Wednesday and Saturday PM. There were 35 scheduled showers between 08/01/2024 and 11/30/2024, and 3 baths were documented during this timeframe. On 02/06/2025, at approximately 11:30 AM, Surveyor interviewed Owner J. Owner J confirmed that according to the records, Resident 3 was supposed to receive his/her baths on Wednesdays and Saturdays. Owner J also confirmed that per the records, it would appear Resident 3 only received 3 baths between August and November. Owner J reported the documentation did not appear to accurately reflect the number of showers/baths that Resident 3 received. Owner J reported Resident 3 was not known to refuse bathing and If there had been refusals of baths or baths not performed, it would have been reported to the nurse. Owner J reported going forward s/he would reeducate staff on the importance of accurately documenting baths.	N 454		
{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 on attended carts in the resident hallways.	{N 499}		

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{N 499}	Continued From page 8 This is a repeat deficiency. See Statement of Deficiency (SOD) EKPK11, dated 08/31/2021, and SOD EKPK13, dated 08/26/2024. 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 02/04/2026 at approximately 9:30 am, surveyor conducted a tour of the facility. Surveyor observed the following. A can of "spray disinfectant" on a handrail outside resident room E1. An unattended cart outside resident room B8, which had the following products on top of it. A canister of "Total solutions - disinfectant wipes" A can of "Phenol Disinfectant" A can of "spray disinfectant" On 02/04/2025, at approximately noon, Surveyor interviewed Owner J. Owner J confirmed the prior SOD cited toxic substances and that toxic substances were once again not stored in a secured area. Owner J reported that housekeeper would be re-educated on secure storage of toxic substances.	{N 499}		