STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019536	A. BUILDING: _____ B. WING _____	C 09/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A LAKEVIEW GROUP HOME LLC	3857 LAKEVIEW DRIVE MOUNT PLEASANT, WI 53403

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M 000	INITIAL COMMENTS On 9/12/2025, Surveyor conducted a standard survey and complaint investigation at A Lakeview Group Home LLC. Five deficiencies were identified. One complaint was substantiated. Census: 3	M 000		
M 232	88.04(2)(g)1 HEALTH SCREENING FOR STAFF The licensee shall obtain documentation from a physician, a registered nurse or a physician's assistant indicating that the licensee and any service provider has been screened for illness detrimental to residents, including for tuberculosis. The documentation is to be completed within 90 days before the start of providing service. The documentation shall be kept confidential except that the licensing agency shall have access to the documentation for verification. This Rule is not met as evidenced by: Based on record review and interview, the provider did not obtain documentation indicating staff had been screened for illness detrimental to residents, including tuberculosis (TB), by a physician, a registered nurse or a physician's assistant, within 90 days before the start of providing service for 2 of 2 staff reviewed (Caregiver C and Caregiver D). Findings include:	M 232		

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

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M 232	Continued From page 1 On 09/12/2025 at 11:05 a.m., Surveyor reviewed the following staff files: Caregiver C was hired 12/02/2024. Caregiver C started working with the residents, in the home on 12/11/2024. Caregiver C was screened for tuberculosis (TB); however, the provider did not obtain documentation from a physician, a registered nurse, or a physician's assistant indicating Caregiver C had been screened for illness detrimental to residents, including tuberculosis, as required until 12/13/2024, two days after the start of Caregiver C began to provide service. Caregiver D was hired 12/02/2024. Caregiver D started working with the residents, in the home on 12/04/2024. Caregiver D was screened for tuberculosis (TB); however, the provider did not obtain documentation from a physician, a registered nurse, or a physician's assistant indicating Caregiver D had been screened for illness detrimental to residents, including tuberculosis, as required until 12/6/2024, two days after the start of Caregiver D began to provide service. On 09/12/2025 at 11:10 a.m., Surveyor interviewed Licensee A, who confirmed Caregiver C did not have his/her communicable disease screen completed within 90 days prior to the start of service. Caregiver D did not have a communicable disease screen or TB test completed within 90 days prior to the start of service. Licensee A stated, "I don't know what happened with these. I need to add this task to the new hire check off lists for the future."	M 232		

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M 244	Continued From page 2	M 244		
M 244	88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS The licensee and each service provider shall complete 15 hours of training approved by the licensing agency related to health, safety and welfare of residents, resident rights and treatment appropriate to residents served prior to or within 6 months after starting to provide care. This training shall include training in fire safety and first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 Caregivers (Caregiver C) received the required trainings related to health, safety and welfare of residents, resident rights and treatment appropriate to residents served prior to or within 6 months after starting to provide care. Findings include: On 09/04/2025, the Department received a complaint alleging staff did not have proper training before working in facility. On 09/12/2025 at 11:50 a.m., Surveyor reviewed Caregiver C's records. The following was identified: Caregiver C was hired 12/02/2024. Caregiver C started working with the residents, in the home on 12/11/2024. Caregiver C 's file did not contain evidence s/he completed 15 hours of training approved by the licensing agency related to	M 244		

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M 244	Continued From page 3 health, safety and welfare of residents, medications and resident rights prior to or within 6 months after starting to provide care on 12/11/2024. On 09/12/2025 at 12:05 p.m., Surveyor interviewed Licensee A, who confirmed what s/he provided was all s/he had for the Caregiver C's file. Licensee A stated s/he had, 'dropped the ball' with Caregiver C's training during that time-period. Licensee A stated s/he would work on creating a system to keep caregiver files in compliance. Licensee A confirmed Caregiver C passed medications while s/he worked at facility, provided activities of daily living (ADL's) and was responsible for the health, safety and welfare of the residents.	M 244		
M 336	88.05(4)(b)2 SMOKE DETECTORS-TESTING AND MAINTENANCE The licensee shall maintain each required smoke detector in working condition and test each smoke detector monthly to make sure that it is operating. If a unit is found to be not operating, the licensee shall immediately replace the battery or have the unit repaired or replaced. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the smoke detectors were tested monthly for 7 of 7 smoke detectors in 2023, 2024, or 2025. Licensee A reported smoke detectors were not tested monthly.	M 336		

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M 336	Continued From page 4 Findings include: On 06/06/2023, A Lakeview Group Home LLC, was issued a license to serve up to three non-ambulatory residents with primary diagnoses that include but are not limited to developmentally disabled, alcohol/drug dependent, irreversible dementia/Alzheimer's, traumatic brain injury, advanced aged, terminally ill, correctional clients and publicly funded. On 09/12/2025 at 12:55 p.m., Surveyor requested 2024 and 2025 monthly smoke detector testing documentation. There was no documentation of 2023, 2024, and 2025 smoke detector testing. On 09/12/2025 at 12:55 p.m., Surveyor interviewed Licensee A. Licensee A reported s/he did not conduct monthly smoke detector testing in 2023, 2024 or 2025. Licensee A reported s/he did not document the monthly smoke detector testing. Licensee A reported s/he was unaware of the requirement.	M 336		
M 466	88.07(3)(e)1 MEDICATION- RECORD KEEPING The licensee shall keep a record of all prescription medications controlled, dispensed or administered by the licensee which show the name of the resident, the name of the particular medication, the date and time the resident took the medication and errors and omissions. The medication controlled by the licensee shall be kept in a locked place.	M 466		

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M 466	Continued From page 5 This Rule is not met as evidenced by: Based on record review and interview, the provider did not keep a record of all prescription medications administered by staff for 1 of 1 resident reviewed. Resident 1's medication administration record (MAR) did not contain all administration of medication by staff from 07/05/2025 to 09/12/2025. Findings include: On 09/12/2025 at 9:45 a.m., Surveyor observed Resident 1's medications with Caregiver A. Resident 1 had an as needed (PRN) order for a 5% Lidocaine Patch. Resident 1's Lidocaine box read, "30 patches per box." Resident 1's MAR read, "Place 1 patch onto the skin daily. As needed for neck pain. Remove and discard patch within 12 hours or as directed by MD." The date on Resident 1's box of 30 Lidocaine patches was 07/05/2025. Surveyor reviewed Resident 1's electronic medication administration record (E-MAR). Under medication history reporter, Surveyor input administration start date of 07/05/2025 to 09/12/2025. Surveyor observed that Resident 1 received Lidocaine patch 4 times; 07/11/2025, 07/14/2025, 08/02/2025 and 09/06/2025. On 09/12/2025 at 9:47 a.m., Surveyor counted 20 Lidocaine patches in Resident 1's box. On 09/12/2025 at 9:48 a.m., Caregiver A confirmed Resident 1 had 20 Lidocaine patches in his/her box. Caregiver A confirmed in Resident 1's E-MAR, 4 staff had administered the Lidocaine patch between 07/05/2025 to 09/12/2025.	M 466		

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M 466	Continued From page 6 On 09/12/2025 at 1:00 p.m., Surveyor interviewed Licensee A, who stated s/he did a medication audit two days ago, off-site, from the computer. Licensee A stated s/he did not physically inspect the locked medication cabinet. On 09/12/2025 at 1:30 p.m., Licensee A, confirmed Resident 1 had 20 Lidocaine patches in his/her box. Licensee A confirmed in Resident 1's E-MAR, 4 staff had administered the Lidocaine patch between 07/05/2025 to 09/12/2025. On 09/12/2025 at 1:35 p.m., Licensee A stated s/he could not account for the 6 missing Lidocaine patches. Licensee A stated s/he had never done a hands-on audit. Licensee A stated s/he would work out a new system to keep track of PRN medications.	M 466		
Z 012	50.065(2)(bm) OUT OF STATE BACKGROUND CHECKS If the person who is the subject of the search under par. (am) or (b) is not a resident of this state or if at any time within the 3 years preceding the date of the search that person has not been a resident of this state, or if the department or entity determines that the person's employment, licensing, or state court records provide a reasonable basis for further investigation, the department or the entity shall make a good faith effort to obtain from any state or other United States jurisdiction in which the person is a resident or was a resident within the 3 years preceding the date of the search information that is equivalent to the information specified in par. (am) 1. or (b) 1.	Z 012		

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Z 012	Continued From page 7	Z 012		

The department or entity may require the person to be fingerprinted on 2 fingerprint cards, each bearing a complete set of the person's fingerprints. The department of justice may provide for the submission of the fingerprint cards to the federal bureau of investigation for the purposes of verifying the identity of the person fingerprinted and obtaining the records of his or her criminal arrests and convictions.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not attempt to obtain an out-of-state criminal record search for 1 of 2 employees reviewed. Caregiver D's employee file did not contain an out of state background check or evidence an attempt was made to retrieve the information.

Findings include:

On 09/12/2025 at 12:05 p.m., Surveyor reviewed Caregiver D's employee record and identified the following:

-Caregiver D was hired on 12/02/2024.
-Caregiver D's Background Information Disclosure, dated 12/02/2024, identified s/he resided in Georgia from 2017 until 2023. There was not an out of state background check or evidence an attempt was made to retrieve the information.

On 09/12/2025, at 12:20 p.m., Surveyor interviewed Licensee A regarding out of state background checks. Licensee A was unaware of the requirement to obtain out of state background

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Z 012	Continued From page 8 checks for employees who resided out of state within the previous 3 years. Licensee A confirmed s/he did not attempt to retrieve an out of state background check for Caregiver D.	Z 012		