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 _____	R-C 01/21/2026

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

(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
{M 000}	INITIAL COMMENTS On 01/21/2026, Surveyor conducted a verification visit and 1 complaint investigation at A Lakeview Group Home LLC. As a result, 5 of 5 previous deficiencies were corrected, 1 new deficiency was identified, and 1 complaint was substantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 3	{M 000}		
M 610	88.11(1) REPORTING OF ABUSE AND NEGLECT A licensee or service provider who knows or has reasonable cause to suspect that a resident has been abused or neglected as defined in s. 46.90 or 940.285, Stats., shall immediately contact the licensing agency. Providing notice under this subsection does not relieve the licensee or other person of the obligation to report an incident to law enforcement authorities. If the licensee has reason to believe a crime has been committed, the incident shall immediately be reported to law enforcement authorities. This Rule is not met as evidenced by: Based on record review and interview, provider did not ensure the Department was immediately	M 610		

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

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M 610	Continued From page 1	M 610		

notified when there was an allegation of caregiver misconduct affecting 1 of 1 resident (Resident 1). Resident 1 alleged Caregiver E threatened her/him and pulled her/him out of her/his wheelchair and onto the floor.

Findings include:

The Department received a complaint on 11/06/2025 alleging a resident was threatened and emotionally abused by a staff member.

On 01/21/2026, at 7:30 AM, Surveyor reviewed Department documentation and did not identify the provider submitted a report to the Department regarding the allegation of Caregiver E abusing/threatening Resident 1.

On 01/21/2026, at 9:15 AM, Surveyor reviewed Resident 1's file. Resident 1 was admitted to the facility. Resident 1 was admitted on 06/16/2024, with diagnoses including multiple sclerosis. Resident 1's individual service plan (ISP), dated 08/18/2025, indicated the following:

"... Aggressive/ Combative (Mental Health/Aggressive/Combative)

Directions: Provide supervision and monitoring to help manage/redirect aggressive or combative behavior. Keep [Resident 2] separate from [Resident 1] at all times and notify management if situation escalates.

Schedule: Daily as needed

Resident's Needs/Preferences: Requires supervision and monitoring to help manage/redirect aggressive/combative behaviors. Make sure staff maintains accurate

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M 610	Continued From page 2	M 610		

records.

Resident's Desired Goals & Outcomes: Maintain low level of aggressive or combative behaviors with supervision/intervention from staff.

Service Provider Responsibilities: Staff de-escalate and redirect..."

On 01/21/2026, at 9:50 AM, Surveyor reviewed Caregiver E's Record. Caregiver E was hired 09/06/2025. Caregiver E's record contained a written warning, dated 10/04/2025, which indicated the following:

"This written warning is given to let the specific staff member know that if verbal escalation occurs with any resident going forward it will result in termination due to a number of verbal warnings already being given."

Caregiver E's record contained a police report, dated 10/27/2025, which indicated the following:

"...[Resident 1] attepted [sic] to punch [Caregiver E] and then tried kicking at her/him from her/his wheelchair. While attempting to do this s/he fell out of the wheelchair. Speaking to [Resident 1] s/he denied that s/he tried to hit [Caregiver E]. S/he stated [Caregiver E] pulled her/him out of his whel [sic] chair..."

On 01/21/2026, at 11:10 AM, Surveyor interviewed Licensee A. Licensee A confirmed Caregiver E had multiple arguments with Resident 1 related to her/his vulgar language. Licensee A reported Caregiver E was suspended from the facility on 10/16/2025 because s/he did not appropriately deescalate or redirect Resident 1's behaviors. Licensee A reported Caregiver E

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M 610	Continued From page 3 returned to work on 10/27/2025 when the alleged abuse occurred. Licensee A reported Caregiver E's employment was terminated after the incident on 10/27/2025. Licensee A reported after the incident Resident 1 reported Caregiver E threatened to have her/his family member come to the facility and "do something to her/him". Licensee A reported s/he was unaware of the requirement of reporting incidents to the department. Licensee A confirmed s/he did not report the alleged misconduct to the department. Licensee A reported s/he did not conduct an investigation or report the threats or alleged abuse to the Department because the police were contacted and completed a police report.	M 610		