

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0019317	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 09/01/2026
NAME OF PROVIDER OR SUPPLIER LAKESIDE VILLA BUSINESS LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 804 N LAKE AVE PHILLIPS, WI 54555		
(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 09/01/2026, Surveyor conducted a complaint investigation at Lakeside Villa Business LLC. The complaint was substantiated. Two deficiencies were identified. Census: 22	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 provider did not conduct and document a caregiver background check (CBC) for 2 of 3 sampled caregivers. Findings include: On 07/09/2026, the Department received a complaint alleging caregiver background checks	N 219		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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N 219	Continued From page 1 and TB tests were not being conducted on staff. The provider is licensed to serve up to 23 residents in the client groups advanced aged, irreversible dementia/Alzheimer's disease, developmentally disabled, emotionally disturbed/mental illness, physically disabled. On 09/01/2026, Surveyor reviewed Caregiver B's file. Caregiver B was hired on 06/24/2026. Caregiver B's file did not contain a CBC. On 09/01/2026, Surveyor reviewed Caregiver C's file. Caregiver C was hired on 07/20/2026. Caregiver C's file did not contain a CBC A complete CBC consists of 3 components: 1. A Background Information Disclosure (BID) filled out by the employee, 2. A criminal history record search from the Department of Justice (DOJ), 3. A Government Findings Report (GFR). On 09/01/2026 at approximately 12:00 PM, Surveyor interviewed Assistant Director (AD) A. AD A verified that both Caregiver B and Caregiver C had been working and providing resident care since being hired. Surveyor asked for CBCs for Caregiver B and Caregiver C. AD A verified that Caregiver B and Caregiver C did not have a CBC on file. AD A indicated that s/he would work with the director to complete CBCs for Caregiver B and Caregiver C.	N 219		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse	N 220		

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N 220	Continued From page 2 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 each staff member had documentation of being screened for communicable disease, including tuberculosis (TB), within 90 days of being hired. This was discovered for 3 of 3 sampled caregivers. Findings include: The provider is licensed to serve up to 23 residents in the client groups advanced aged, irreversible dementia/Alzheimer's disease, developmentally disabled, emotionally disturbed/mental illness, physically disabled. On 09/01/2026, Surveyor reviewed Caregiver B's file. Caregiver B was hired on 06/24/2026. Caregiver B's file did not contain a screening for TB. On 09/01/2026, Surveyor reviewed Caregiver C's file. Caregiver C was hired on 07/20/2026. Caregiver C's file did not contain a screening for TB.	N 220		

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N 220	Continued From page 3 On 09/01/2026, Surveyor reviewed Caregiver D's file. Caregiver D was hired on 08/02/2026. Caregiver D's file did not contain a screening for TB. On 09/01/2026 at approximately 12:00 PM, Surveyor interviewed Assistant Director (AD) A. AD A verified that Caregiver B, Caregiver C and Caregiver D had been working and providing resident care since being hired. Surveyor asked for TB tests for Caregiver B, Caregiver C and Caregiver D. AD A verified that Caregiver B, Caregiver C and Caregiver D did not have a TB test on file.	N 220			