STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016374	A. BUILDING: _____ B. WING _____	C 09/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE SHORE CEDAR LODGE	12440 WARPATH LN MINOCQUA, WI 54548

(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
U 000	INITIAL COMMENTS On 09/18/2025, Surveyor conducted a standard licensure survey and complaint (x2) investigation at Lake Shore Cedar Lodge. The complaints were unsubstantiated. One deficiency was identified. Census: 18	U 000		
U 134	89.23(4)(d)1. SERVICES PROVIDER QUALIFICATIONS. Staff training. All facility staff shall have training in safety procedures, including fire safety, first aid, universal precautions and the facility's emergency plan, and in the facility's policies and procedures relating to tenant rights. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 staff reviewed completed training in safety procedures, including fire safety and first aid. This is a repeat deficiency (cited for the 3rd time). See Statement of Deficiency (SOD) UDHG13, dated 10/18/2019 and SOD JFKQ11, dated 12/21/2023. Findings include:	U 134		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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U 134	Continued From page 1 The provider is licensed to care for 21 tenants. On 06/25/2025 and 07/30/2025, the Department received complaints alleging the following: Administrator was not always kind to the tenants, a former maintenance staff person made inappropriate comments about the tenants and the facility van was unsafe and in need of repairs. On 09/18/2025, Surveyor reviewed Caregiver B's file. Caregiver B was hired on 03/06/2025. Caregiver B's file did not contain documentation to indicate s/he completed training in fire safety and first aid. On 09/18/2025, Surveyor reviewed Caregiver C's file. Caregiver C was hired on 09/01/2024. Caregiver C's file did not contain documentation to indicate s/he completed training in first aid. On 09/18/2025 at 4:00 PM, Surveyor interviewed Administrator A. Surveyor requested fire safety and first aid training for Caregiver B and first aid training for Caregiver C. Administrator A verified that Caregiver B did not complete fire safety and first aid training and Caregiver C did not complete first aid training. Administrator A verified Caregiver B and Caregiver C have been working full time since their date of hire. The provider did not ensure 2 of 2 staff reviewed completed fire safety and first aid training.	U 134		