Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0009511	A. BUILDING: _____ B. WING _____	R-C 07/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CRU GROUP HOME BAYSIDE MANOR	**9010 N PORT WASHINGTON RD 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 07/01/2026, Surveyor conducted a verification visit at CRU Group Home Bayside Manor. As a result, 3 of the previous deficiencies were corrected and 1deficiency was recited for a third time. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 7	{N 000}		
{Y3235}	50.09(1)(f) Privacy (1) RESIDENTS' RIGHTS. Every resident in a nursing home or community based residential facility shall, except as provided in sub. (5), have the right to: (f) Physical and emotional privacy in treatment, living arrangements and in caring for personal needs, including, but not limited to: This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure physical and emotional privacy for	{Y3235}		

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

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{Y3235}	Continued From page 1 7 of 7 residents. Seven surveillance cameras were observed outside and inside of the facility. This deficiency is being cited for a third time. See Statement of Deficiency (SOD) V0I213, dated 07/24/2025, and SOD V0I212, dated 11/11/2022. Findings include: On 07/01/2026 at approximately 11:30 AM, Surveyor conducted a verification visit at CRU Group Home Bayside. There are 2 separate facilities next door to each other owned and operated by the same licensee. Capacity at each home is 8 residents. At approximately 11:45 AM, Surveyor observed a camera above the front porch area pointing at the front door. Surveyor observed a sign which read "Notice This area is under 24-hour video surveillance". At approximately 11:50AM, Surveyor toured the basement and observed a flat screen monitor mounted on the north wall. The monitor was turned on, and the screen listed 7 active cameras. Camera 1: The image showed the entire length of the front porch where residents sit. Camera 2: The image showed the side (north) exit the patio area and chairs. This patio area is located between 2 facilities. Camera 3: View of a yard. Camera 4: The image showed the inside of the garage. Camera 5: The camera was located on the east wall of the basement. The image was pointing	{Y3235}		

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{Y3235}	Continued From page 2 toward the stairs. Camera 6: The camera was located at the sister facility next door. The image showed the front patio area with one resident seated on the porch in full view. Cameras 7: The camera was located at the sister facility. The image showed the shared patio area between the 2 facilities. The patio area contained a table and chairs. On 07/01/2026, at 12:05 PM, Surveyor interviewed Registered Nurse (RN) K about the cameras. RN K reported the owner's kept cameras after the prior survey due to safety concerns. On 07/01/2026, at approximately 12:15 PM, Surveyor interviewed Licensee L. Licensee L reported s/he believed the cameras were allowed as long as signs were posted to inform residents, staff, and visitors. Licensee L confirmed the cameras were kept in the place for safety concerns.	{Y3235}		