STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016391	A. BUILDING: _____ B. WING _____	R-C 06/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEVIEW CARE PARTNERS AT WATERFORD	1701 SHARP RD WATERFORD, WI 53185

(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 06/12/2026, Surveyor concluded a verification visit and two complaint investigations at Lakeview Care Partners at Waterford. One deficiency was identified. One complaint was substantiated. One complaint was unsubstantiated. Under statutory Provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 20	{N 000}		
N 358	83.32(3)(n) Rights of Residents: Safe environment In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Safe environment. Live in a safe environment. The CBRF shall safeguard residents from environmental hazards to which it is likely the residents will be exposed, including both conditions that are hazardous to anyone and conditions that are hazardous to the resident because of the residents ' conditions or disabilities. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident was safeguarded from environmental hazards. Resident 1 was able to gain access to the secured staff office, retrieved and ingested a bottle of pills from a caregiver's purse. Resident 1 was transported to the emergency department, monitored and treated for an overdose at the hospital.	N 358		

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

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N 358	Continued From page 1 Findings include: On 03/24/2026, the department received a complaint that alleged the facility did not provide a safe environment. A resident was able to access an unsecured area of the facility. Resident ingested medication and was transported to the hospital emergency department. On 03/03/2026, the department received a self-report that indicated Resident 1 gained unauthorized access to a secured staff office and removed a staff member's personal belongings including a prescription medication bottle from staff's purse. Resident 1 reported s/he ingested a bottle of medication with intent to self-harm. The pill count was verified as Adderall ER, 5 milligram tablets. Resident 1's guardian and provider were notified. The report read, "[Resident 1] has a documented history of suicidal ideation/self-harm behaviors and impulsivity." On 06/10/2026 at 1:35 p.m., Surveyor reviewed Resident 1's record, and the following was identified: Resident 1 was admitted to the facility on 04/30/2025, with diagnoses including bipolar disorder, depression, autistic disorder, suicidal ideation, and impulsiveness. Resident 1's Individual Service Plan (ISP), dated 03/04/2026, documented the following: "Suicidal Tendencies- "Directions: [Resident 1] is at high risk for suicidal ideation and self-harm behavior related to depressed mood adjustment to current functional status and periods of low stimulation/boredom.	N 358		

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N 358	Continued From page 2 The resident has a history of multiple prior attempts/gestures and requires: -close monitoring supervision and reference to the Behavioral Support Plan (BSP), -consistent staff interventions and clear boundaries, -structured routine and meaningful engagement to reduce boredom-related triggers, -environmental safety precautions (restricted access to potential self-harm items per facility policy), -prompt escalation to the director/nurse (RN)/program manager/provider and emergency service unit when risk increases, -thorough documentation of warning signs, triggers, interventions, and outcomes. [Resident 1] has had [sic] made two attempts in regard to suicide. S/He was noted to have a pair of scissors to his/her throat. The second incident was that s/he was holding a knife to his/her throat. See Behavioral support plan [sic] for guidance in interventions. 2/1/2026, [Resident 1's] [Guardian] entered his/her room and found him/her with a black cord wrapped around his/her neck. S/He immediately removed the cord and notified staff. Staff secured [sic] the environment by removing potentially harmful objects from the room. [Resident 1] was placed on 15-minute safety checks. The physician and nurse were notified of the incident. "Schedule: Daily @ As Needed "Resident's Needs: "[Resident 1] is at high risk for suicidal ideation and self-harm behaviors related to depressed mood/adjustment to current functional status and periods of low stimulation/boredom. [Resident 1] has a history of multiple prior attempts/gestures and requires: [sic] -close monitoring/supervision and reference to the Behavioral Support Plan (BSP), - consistent staff interventions and clear	N 358		

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boundaries, -structured routine and meaningful engagement to reduce boredom-related triggers, -Environmental safety precautions include: (1) resident room sweep per protocol, (2) unit/common-area sweep for unattended meds/chemicals, (3) verification that staff-only doors are secured/auto-locking, and (4) confirmation staff medication/purses are in locked storage. - prompt escalation to the director/RN/program manager/provider and emergency services unit when risk increases. -If crisis services are contacted and no callback is received within 15 minutes, staff will re-contact crisis line and escalate to Administrator on-call/Medical Director per protocol (document time of each attempt). -thorough documentation of warning signs, triggers, interventions, and outcomes. Restricted-area [sic] safety: Requires active prevention/redirection related to entering staff-only/restricted areas, including keypad-code security and monitoring near restricted doors. Medication access safety: Requires enhanced means-safety precautions specific to accessing others' medications, including staff medication storage controls and immediate response if [Resident 1] is observed near staff belonging areas.

"Resident Desired Outcomes.

"[Resident 1] will maintain safety with decreased suicidal thoughts/behaviors through consistent precautions and supports, using coping strategies and staff assistance per the BSP, with appropriate clinical follow-up.

"Measurable Goals (with specific time limit for attainment):

"No Attempts [sic] in the next 6 months, [Resident

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N 358	Continued From page 4 1] will have zero suicide attempts, and will maintain no attempts by the next ISP review date, and increments of 30 consecutive days thereafter, as evidenced by incident reports and safety documentation. In the next 6 months, [Resident 1] will have 0 successful entries into staff-only/restricted areas, as evidenced by incident reports/video review [sic] when applicable; any attempt will be documented with intervention and outcome 100% of the time. Decrease suicidal ideation (SI) Statements/Gestures In [sic] the next 6 months, suicidal ideation statements/gestures will decrease to 0 per month, evidenced by behavioral/safety logs and incident reports. ISP/BSP [sic] Compliance During the next 6 months, staff will reference [sic] the ISP/BSP interventions with greater than or equal to 90% compliance per shift, including documentation of warning signs, and interventions used, resident response/outcome, as evidenced by weekly audits. Timely Escalation Continued sustainment for 6 months, any suicidal statements with intent, self-harm behavior, or inability to maintain safety will be reported to the Director/RN and Program Manager within the same shift and managed per protocol 100% of the time, evidenced by documentation review. Structured engagement to Reduce [sic] Boredom Trigger During [sic] the next 6 months [Resident 1] will participate in at least 1 planned meaningful activity daily (or greater than or equal to 5 days/week) with documentation on greater than or equal to 80% of days, evidence by activity logs/care notes. Coping Strategy Used During the next 6 months, [Resident 1] will use at least 3 coping strategies (e.g., request staff support, take a break/quiet space, grounding/breathing, distraction activity) with staff cueing in greater than or equal to 75% of early-escalation situations, evidenced by staff	N 358		

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N 358	Continued From page 5 notes. "Methods for Delivering Care/Who is Responsible: "Supports/Precautions/Interventions- Follow [Resident 1's] ISP/BSP consistently (same approach across staff). Maintains supervision/monitoring level per plan; increase observation during known high-risk times (downtime, after conflict, after calls/visits, evenings, etc.). If [Resident 1] attempts self-harm, ingests/attempts to ingest medication, accesses restricted areas, or expresses SI with plan/intent: initiate temporary continuous line-of-sight supervision (as staffing allows) until RN/DRS/Program Manager completes reassessment and determines next steps, and continue pursuit of authorized 1:1 if indicated. -Maintain an environmental safety check per policy and ensure restricted items are secured per facility procedures. -Provide structured routine and meaningful engagement; offer choices of safe activities to reduce boredom. -Use calm, direct communication; validate feelings; redirect to coping strategies and safe alternatives. -If [Resident 1] expresses suicidal thoughts: = assess immediacy per protocol, remain with [Resident 1] as required, and remove access to hazards per policy, =notify director/RN, Program Manager, and follow provider/guardian notification parameters, =activate emergency response (911/crisis) when indicated or imminent risk. =Upon return from ED (emergency department) RN/DRS will ensure discharge instructions are obtained and reviewed on the same shift (paperwork on arrival; if missing, ED contact), verify any medication changes/orders and document: discharge time, instructions reviewed, and updated supervision level.	N 358		

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N 358	Continued From page 6 -Document: trigger/warnings sign, statements/behavior, staff response, outcome, notifications. Responsible Staff -Direct care staff/caregivers: monitoring, engagement, de-escalation, documentation. -Director/RN/Program Manager/Case Manager/Behavioral lead: oversight, staff coaching, audits, plan updates. -Nurse (as applicable): clinical oversight, provider communication, med/treatment coordination. -Behavioral health (if involved): therapy follow-up, skills coaching, crisis planning. Review/Monitoring -Each shift/PRN: document mood, SI statements, triggers, interventions, and response/outcome. Maintenance/Facilities: maintain staff-office lock integrity (auto-lock function), code changes/rotation, and prompt repair of access controls. -Weekly: trend review of logs (frequency, triggers, what works; peer/environmental patterns). -Monthly: formal Safety Plan/BSP review, and update as needed. -Immediate review: after any attempt, escalation in frequency/intensity, emergency transfer, hospitalization, or significant change in condition." Surveyor observed Resident 1's ISP was not signed by Guardian F. Resident 1's record included a behavior support plan (BSP), which identified information regarding aggression, inappropriate sexual comments, and suicidal ideations. Resident 1's BSP included prevention strategies, a reinforcement plan to include a reward system, response strategies, private time protocol, and flow charts for responding to her/his aggression and any suicidal ideation that could become a probable threat. On 06/10/2026 at 4:27 p.m., Guardian F emailed surveyor and provided documentation including a	N 358		

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resident discharge notice and Resident 1's Care History notes dated 11/01/2025 through 05/20/2026. The following was identified:

- On 03/02/2026, at approximately 11:20 a.m., Resident 1 reported that s/he had ingested pills approximately 10 minutes prior with the intent to self-harm. Investigation findings indicate that Resident 1 gained unauthorized access to a secured staff office earlier that morning and obtained a staff member's prescription medication from the staff member's personal belongings. A pill count was completed and verified that 28 pills were missing, identified as Adderall ER 5 mg. Resident 1 was assessed and transferred to the emergency department for further evaluation and treatment.

On 06/04/2026, at 10: 30 a.m., Surveyor received Resident 1's file from his/her Managed Care Organization (MCO) E. The following was identified:

- On 03/02/2026, Quality Coordinator (QC) B prepared an incident investigation report for Resident 1's unauthorized access to a secure area. The summary stated, "On 03/01/2026, [Resident 1] gained entry to a secured staff office at 09:51 (video) and remained in the staff office until approximately 10:01-10:02 (video). The video depicts [Resident 1] near the staff belongings area immediately prior to leaving the room." Resident 1 stated s/he entered the staff office, located a staff member's medication bottle, and ingested 28 extended-release amphetamine pills in an attempt at self-harm. The staff member verified 28 pills remaining in the bottle and that Resident 1 presented an empty bottle. Resident 1 went to the office and notified staff at 11:20 that s/he had ingested pills 10 minutes prior. Resident

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N 358	Continued From page 8 1 was taken to hospital emergency department and arrived at the emergency department at 11:55. - On 03/18/2026, at 11:00 a.m., Managed Care Organization Quality Improvement Manager (MCOQIM) G corresponded with QC B through the MCO provider portal. MCOQIM G asked QC B how Resident 1 was able to obtain the key code and was there evidence of forced entry or visible damage to the keypad or into the office door. - On 03/18/2026, at 11:46 a.m., QC B reported that the investigation determined it was undetermined how the keypad code was obtained. QC B stated there was no evidence to establish how the code became known to Resident 1. On 06/10/2026 at 12:32 p.m. QC B scanned incident investigation/root cause analysis to surveyor's email. Surveyor reviewed the 21-page document and found no evidence of Resident 1 being interviewed on how s/he obtained access to the secured staff office in the investigation findings. Interviews: On 06/10/2026 at approximately 12:20 p.m., Surveyor interviewed Resident 1 about the medication incident in March 2026. Surveyor asked Resident 1 how s/he gained access to the secured staff office. Resident 1 stated, "The door was loosely ajar. I pressed the handle to the door, and I got in." Surveyor asked Resident 1 if anyone came to talk with him/her to find out how s/he got into the room. Resident 1 stated s/he could not recall talking with anyone.	N 358		

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N 358	Continued From page 9 On 06/10/2026 at approximately 12:25 p.m., Guardian F confirmed s/he received a telephone call from the facility about the incident. Guardian F stated, [Resident 1] has been given a 30-day notice because s/he has had too many suicide attempts. They say s/he's too dangerous to her/himself and others. This is the first facility Resident 1 is stable and likes it here." Guardian F confirmed s/he had not signed a new individualized service plan after the incident occurred. On 06/10/2026 at approximately 2:00 p.m., Surveyor interviewed Nurse Director (RND) A, who confirmed Resident 1's ISP was updated after the incident, but had not been gone over with and signed by Resident 1's guardian.	N 358		