

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/31/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 525495	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2025
NAME OF PROVIDER OR SUPPLIER Ascension Living - Lakeshore at Siena		STREET ADDRESS, CITY, STATE, ZIP CODE 5643 Erie Street Racine, WI 53402	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>28154</p> <p>Based on interview, document review, and review of facility policy, the facility failed to ensure that there was evidence that an initial report of an abuse allegation was submitted to the State Survey Agency (SA) within two hours for one of two residents (Resident (R) 5) reviewed for abuse from a total sample of 13 residents. This failure had the potential to delay corrective measures and appropriate response to abuse allegations ensuring the safety of the residents.</p> <p>Findings include:</p> <p>Review of the facility policy titled Abuse Investigation and Reporting, last approved 12/2024, revealed:</p> <p>Reporting A. All alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of an unknown source and misappropriation of property will be reported to the Administrator or designee and to the following other officials or agencies: . B. Alleged violations involving abuse, neglect, exploitation, or mistreatment (including injuries of unknown source and misappropriation of resident property) will be reported: 1. Abuse or Serious Bodily Harm - immediately but not later than 2 hours.*[sic] If the alleged violation involves abuse or results in serious bodily injury. 2. No Serious Bodily Injury - As soon as practical, but not later than 24 hours*. [sic] If the alleged violation involves neglect, exploitation, mistreatment, or misappropriation of resident property; does not result in serious bodily injury. C. Verbal/written notices to agencies may be submitted via special carrier, fax, e-mail, or by telephone.</p> <p>Review of the facility reported incident (FRI) file regarding an allegation R5 made that a Certified Nurse Aide (CNA) refused to assist her to bed sometime in April and was mean showed a printed Wisconsin Department of Health Services Misconduct Incident Report that had the entity information completed, the date discovered (04/29/25), the incident summary stated, See attached summary. R5 was identified as the person affected, and Unknown was typed in the section for Accused Person Information. The section for Person Preparing This Report was not filled out. The form had large print DRAFT on each page. Nothing showed a submission date or time. In the lower left corner of each page was Incident ID:1197928, Status: Draft and in the right lower corner was Printed on: 5/8/2025 3:12:09 PM.</p> <p>(continued on next page)</p>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 525495	Facility ID: 525495 If continuation sheet Page 1 of 2

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>During an interview on 05/29/25 at 1:30 PM, the Administrator pointed out the Incident ID in the right lower corner of the Misconduct Incident Report and stated that number was evidence the initial report was submitted. However, the Misconduct Incident Report sections for Report Submitted BY and Report Submitted Date were blank. There was no way to tell the actual date and time it was first submitted to show the allegation of abuse was initially reported within two hours.</p> <p>During a follow up interview on 05/30/25 at 3:45 PM the Administrator stated, If we suspect abuse, we report within two hours and the investigation would be in within five days.</p>		