STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525561	A. Building B. Wing	07/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
East Troy Manor	3271 North St East Troy, WI 53120

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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, interview, document review and policy review, the facility failed to ensure that fall risks were assessed and that adequate fall interventions were developed, implemented and revised for one of three residents (Resident (R)2) reviewed for falls. R2 was admitted to the facility following a fall at home where R2 sustained a subdural hematoma. The subdural hematoma was still present and in need of monitoring post admission to the facility. Upon admission, R2 was assessed to be at risk for falls with initial safety interventions including a low bed and frequent rounding (frequency not specified). On 4/20/25 the facility placed a sensor alarm to prevent falls. Progress notes indicate R2 frequently setting off the alarms related to impulsivity and frequent self-transfers. On 4/24/25 R2's Nurse Practitioner noted, in their neuro psych initial evaluation of R2: (R2) is oriented times 1(oriented to self), unable to answer questions appropriately. Walking unsteadily in room while self-transfers to bathroom. Poor safety awareness and impulsivity noted. Foley catheter remains intact. Despite assessment documenting R2 is unable to answer questions appropriately, is unsteady, frequently self-transferring and impulsive, these factors were not addressed as risk factors and addressed in R2's care plans to prevent falls. Review of R2's overall care plans include interventions such as 1:1 (one on one) support as indicated without specifying what would be a circumstance to provide 1:1 support. The care plans encourage R2 to be as independent as possible yet R2 is assessed to be at risk for falls and staff are to anticipate needs.On 4/30/25 R2 sustained a fall in their room at approximately 2:15 pm. R2 was found on the floor between the end table and under the television. The motion sensor was not on at the time of the fall. The fall documents indicate prior to staff seeing R2 in their room, R2 was last seen in activities. The fall report does not indicate who assisted R2 back to their room after activities and whether fall interventions were implemented at that time, including activating the sensor alarm. The root cause of the fall was resident was spontaneous with ambulation and forgetting they needed assistance, R2 had motion sensor in place but not on. The intervention post fall was to educate staff on the importance of alarm being on. Staff statements as part of the fall report indicate R2 frequently self-transfers and R2 stood up and fell. The call light was in place but not activated. The fall investigation does not include whether frequent rounding, as a care plan intervention, had been implemented or when R2 was last toileted. The last meal R2 was offered was lunch. There is no indication R2's care plan was revised to address R2's frequent self-transfers or review of R2's routine to assess/implement interventions to prevent falls.R2 was hospitalized [DATE]-[DATE] related to having a change in condition and ultimately having their gallbladder removed. R2 returned to the facility still having a catheter in place with treatment for a urinary tract infection (UTI). The fall risk assessment upon readmission indicated R2 is at risk for falls. There is no notation or assessment post readmission of R2's cognitive status post anesthesia related to R2 having surgery to remove R2's gall bladder. On 5/16/25 R2 had a follow up brain scan where scan results indicated worsening of R2's subdural hematoma since R2's original admission to the facility on 4/17/25. Consultation documentation indicates R2's subdural hematoma increased in size from 9mm to 11mm. On 5/17/25 at approximately 9:00 am R2 was found by a dietary aide on the floor in the dining room. R2 shared they hit their head, and their hip hurt. It was noted in the fall report R2's wheelchair was pushed back, and the brakes were noted to not be on. Statements from staff post fall indicate different timelines of when R2 was last observed or when the breakfast meal took place. The post fall investigation does not include details regarding whether R2 had concluded eating breakfast or if R2 still had a meal in front of them at the time of the fall. R2 had a care plan intervention indicating R2 required supervision and assistance with meals; supervision and assistance is not defined on R2's care plan. There is no indication anyone was supervising R2. R2 was sent to the hospital for evaluation due to noted pain in their head and hip and noted change in mental status. The root cause analysis indicates R2 tried to stand up without a call light because they were in the dining room, the wheelchair was unlocked and R2 requires assistance and is unsteady on their feet. The intervention is to not leave R2 unattended in the dining room. Review of the documentation of R2's initial emergency department visit on 5/17/25 notes the scan results from 5/16/25 and worsening results of the subdural hematoma and indication it may measure a further increase in the bleed than the scan from 5/16/25. Risk management: hospitalization considered but decision made not to admit. Diagnosis includes fall, initial encounter, subdural hematoma, contusion of right hip. R2 was discharged from the hospital at 12:15 pm. Review R2's record post return to the facility on 5/17/25 indicates R2's risk assessment was

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. Based on observation, interview, and record review, the facility did not ensure that the daily nurse staff posting included all required information accurately. This deficient practice has the potential to affect a pattern of all 39 residents residing in the facility.The facility's nurse staff posting did not accurately reflect the correct number of staff members on each daily nurse staff posting.Findings Include:The facility's Posting Direct Care Daily Staffing Numbers policy and procedure revised August 2022 documents:. Our facility will post on a daily basis for each shift nurse staffing data, including the number of nursing personnel responsible for providing direct care to Residents.Policy Interpretation and Implementation.1. Within two(2) hours of the beginning of each shift, the number of licensed nurses (RNs, LPNs, and LVNs) and the number of unlicensed nursing personnel (CNAs and Nas) directly responsible for Resident care is posted in a prominent location (accessible to Residents and visitors) and in a clear and readable format.2. The information recorded on the form shall include the followinga. The name of the facilityb. The current datec. The Resident census at the beginning of the shift which the information is postedd. 24 hour shift schedule operated by the facilitye. The shift for which the information is postedf. Type and category of nursing staff working during that shift who are paid by the facilityg. The actual time worked during that shift for each category and type of nursing staffh. Total number of licensed and non-licensed nursing staff working for the posted shift.3. Within 2 hours of the beginning of each shift, the charge nurse or designee computes the number of direct care staff and completes the Nurse Staffing Information form. The charge nurse completes the form and posts the staffing information in the location(s) designated by the administrator.On 7/24/25, at 8:56 AM, Surveyor reviewed the documented daily postings from 7/11/25-7/24/25. The daily postings do not document the total nursing staff hours for each category for the following dates: 7/14/25, 7/15/25, 7/16/25, 7/21/25, and 7/23/25. On 7/24/25, at 9:02 AM, Surveyor observed the daily posting for 7/24/25 and notes there are no total nursing staff hours documented for each category.On 7/24/25, at 9:05 AM, Surveyor interviewed Scheduler (SCH)-1 in regard to the daily postings. SCH-1 confirmed SCH-1 is responsible for completing the daily postings for nursing staff. SCH-1 stated the third shift nurse usually posts the schedule for the following day. Surveyor asked SCH-1 if SCH-1 writes in the hours when the nursing staff schedule is posted. SCH-1 stated the hours can change during the day and the hours are not adjusted as the change may occur. SCH-1 stated the nursing hours are completed the next morning after the posted schedule and forwarded to the facility corporation. SCH-1 stated if there are blank documented nursing staff hours then, I didn't do it.On 7/24/25, at 1:33 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A in regard to the required nursing staff posted information including nursing staff hours. NHA-A stated the expectation is that the hours are documented on the bottom of the schedule and nursing staff hours should be adjusted throughout the day as needed. NHA-A stated the nursing staff hours for the weekend are pre-filled out, but the actual hours should be adjusted on a daily basis. NHA-A confirmed that the expectation is that daily postings of actual working nursing staff should also document actual working nursing staff hours and should be documented on a daily basis. NHA-A and Surveyor both observed the daily nursing staff posting for 7/24/25 at this time and the nursing staff posting did not have documentation of the actual nursing staff hours currently working in the facility. NHA-A understands the concern that the required posting of actual nursing staff working has not been done. No further information has been provided by the facility regarding the posting of nursing staff hours.

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F 0941 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Develop, implement, and/or maintain an effective training program that includes effective communications for direct care staff members. Based on interview and record review, the facility did not ensure 6 of 6 direct care staff, chosen at random, received required training on effective communication. Licensed Practical Nurse (LPN)-2, and Certified Nursing Assistants (CNA) CNA1, CNA8, CNA9, CNA10 and CNA11 did not receive effective communication training. This deficient practice had the potential to affect all 39 Residents in the facility.Findings Include:The facility's In-Service Training, All Staff policy and procedure revised August 2022 documents: Policy StatementAll staff must participate in initial orientation and annual in-service training.Policy Interpretation and Implementation1. All staff are required to participate in regular in-service education. 2. For the purposes of this policy, staff means all new and existing personnel, individuals providing services under contractual agreement, and volunteers. 3. The primary objective of the in-service training is to ensure that staff are able to interact in a manner that enhances the Resident's quality of life and quality of care and can demonstrate competency in the topic areas of training.6. Required training topics include the following:a. Effective communication with Residents and family (direct care staff) .7. Training requirements are met prior to staff providing services to Residents, annually, and as necessary based on the facility assessment.8. Completed training is documented by staff development coordinator, or his or her designee and includes:a. Date and time of the trainingb. Topic of the trainingc. Method used for trainingd. A summary of the competency assessmente. Hours of training completed On 7/24/25, at 11:05 AM, Surveyor randomly selected direct care staff for review related to receiving required training. Surveyor reviewed the employee records for LPN2, CNA1, CNA8, CNA9, CNA10, and CNA11. The facility was unable to provide documentation verifying LPN2, CNA1, CNA8, CNA9, CNA10, and CNAQ received the required training for effective communication. On 7/24/25, at 1:45 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A regarding LPN2, CNA1, CNA8, CNA9, CNA10, and CNA11 not having required training on effective communication. NHA-A stated, Whatever I don't have, I just don't have it. NHA-A indicated NHA-A has no further documentation of completed required trainings for the selected staff.On 7/24/25, at 2:32 PM, NHA-A and Director of Nursing (DON)-B were informed of the of the above findings. NHA-A stated, Education is a problem. NHA-A is looking at designating a training coordinator. NHA-A understands Surveyor's concern of staff not having completed the required trainings.

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F 0942 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure that staff members are educated on resident rights and facility responsibilities to properly care for its residents. Based on interview and record review, the facility did not ensure 4 facility staff, chosen at random, received required training on resident rights and responsibilities. Dietary Aide (DA)1 and Certified Nursing Assistants (CNAs), CNA1, CNA8, and CNA9 did not receive required training on resident rights and responsibilities. This practice had the potential to affect all 39 Residents in the facility.Findings Include:The facility's In-Service Training, All Staff policy and procedure revised August 2022 documents:Policy StatementAll staff must participate in initial orientation and annual in-service training. Policy Interpretation and Implementation1. All staff are required to participate in regular in-service education. 2. For the purposes of this policy, staff means all new and existing personnel, individuals providing services under contractual agreement, and volunteers.3. The primary objective of the in-service training is to ensure that staff are able to interact in a manner that enhances the Resident's quality of life and quality of care and can demonstrate competency in the topic areas of training.6. Required training topics include the following: .b. Resident rights and responsibilities7. Training requirements are met prior to staff providing services to Residents, annually, and as necessary based on the facility assessment.8. Completed training is documented by staff development coordinator, or his or her designee and includes:a. Date and time of the trainingb. Topic of the trainingc. Method used for trainingd. A summary of the competency assessmente. Hours of training completedOn 7/24/25, at 11:05 AM, Surveyor randomly selected staff for review for completing required training. Surveyor reviewed the employee records for DA1, CNA1, CNA8, and CNA9. The facility was unable to provide documentation verifying DA1, CNA1, CNA8, and CNA9, received the required resident rights and responsibilities training.On 7/24/25, at 1:45 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A iregarding DA1, CNA1, CNA8, and CNA9 not having required resident rights and responsibilities training. NHA-A stated, Whatever I don't have, I just don't have it. NHA-A indicated NHA-A has no further documentation of completed required trainings for the selected staff.On 7/24/25, at 2:32 PM, NHA-A and Director of Nursing (DON)-B were informed of the of the above findings. NHA-A stated, Education is a problem. NHA-A is looking at designating a training coordinator. NHA-A understands Surveyor's concern of staff not having completed the required trainings.

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F 0943 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Give their staff education on dementia care, and what abuse, neglect, and exploitation are; and how to report abuse, neglect, and exploitation. Based on interview and record review, the facility did not ensure 4 facility staff, chosen at random, received training on abuse prevention, activities that constitute abuse, procedures for reporting abuse and dementia management and resident abuse prevention. Certified Nursing Assistants (CNAs), CNA1, CNA8, CNA10 and CNA11 did not receive this required training. This deficient practice had the potential to affect all 39 Residents in the facility.Findings Include:The facility's In-Service Training, All Staff policy and procedure revised August 2022 documents:Policy StatementAll staff must participate in initial orientation and annual in-service training.Policy Interpretation and Implementation1. All staff are required to participate in regular in-service education. 2. For the purposes of this policy, staff means all new and existing personnel, individuals providing services under contractual agreement, and volunteers.3. The primary objective of the in-service training is to ensure that staff are able to interact in a manner that enhances the Resident's quality of life and quality of care and can demonstrate competency in the topic areas of training.6. Required training topics include the following: .c. Preventing abuse, neglect, exploitation or misappropriation of Resident property including:(1) Activities that constitute abuse, neglect, exploitation or misappropriation of Resident property(2) Procedures for reporting incidences of abuse, neglect, exploitation or misappropriation of Resident property(3) Dementia management and Resident abuse prevention .g. Compliance and Ethics program standards, policies and procedures. (Compliance and ethics training is conducted annually when this organization is operating 5 or more facilities)7. Training requirements are met prior to staff providing services to Residents, annually, and as necessary based on the facility assessment.8. Completed training is documented by staff development coordinator, or his or her designee and includes:a. Date and time of the trainingb. Topic of the trainingc. Method used for trainingd. A summary of the competency assessmente. Hours of training completed .On 7/24/25, at 11:05 AM, Surveyor randomly selected staff to review for completion of required training. Surveyor reviewed the employee records for CNA1, CNA8, CNA10 and CNA11. The facility was unable to provide documentation verifying CNA1, CNA8, CNA10 and CNA11 received the required training on abuse prevention, activities that constitute abuse, procedures for reporting abuse and dementia management and resident abuse prevention. On 7/24/25, at 1:45 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A in regard to CNA-1, CNA-8, CNA-10 and CNA-11 not having abuse prevention, activities that constitute abuse, procedures for reporting abuse and/or dementia management training . NHA-A stated, Whatever I don't have, I just don't have it. NHA-A indicated NHA-A has no further documentation of completed required trainings for the selected staff.On 7/24/25, at 2:32 PM, NHA-A and Director of Nursing (DON)-B were informed of the of the above findings. NHA-A stated, Education is a problem. NHA-A is looking at designating a training coordinator. NHA-A understands Surveyor's concern of staff not having completed the required trainings.

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F 0944 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Conduct mandatory training, for all staff, on the facility's Quality Assurance and Performance Improvement Program. Based on interview and record review, the facility did not ensure 4 facility staff, chosen at random, received required training on Quality Assurance Performance Improvement (QAPI) training. Certified Nursing Assistants (CNAs), CNA1, CNA8, CNA9 and Dietary Aide (DA)1 did not receive required QAPI training. This practice had the potential to affect all 39 Residents in the facility.Findings Include:The facility's In-Service Training, All Staff policy and procedure revised August 2022 documents:Policy StatementAll staff must participate in initial orientation and annual in-service training.Policy Interpretation and Implementation1. All staff are required to participate in regular in-service education. 2. For the purposes of this policy, staff means all new and existing personnel, individuals providing services under contractual agreement, and volunteers.3. The primary objective of the in-service training is to ensure that staff are able to interact in a manner that enhances the Resident's quality of life and quality of care and can demonstrate competency in the topic areas of training.6. Required training topics include the following: .d. Elements and goals of the facility QAPI program7. Training requirements are met prior to staff providing services to Residents, annually, and as necessary based on the facility assessment.8. Completed training is documented by staff development coordinator, or his or her designee and includes:a. Date and time of the trainingb. Topic of the trainingc. Method used for trainingd. A summary of the competency assessmente. Hours of training completed.On 7/24/25, at 11:05 AM, Surveyor randomly selected staff for review regarding completion of required training for QAPI. Surveyor reviewed the employee records of CNA1, CNA8, CNA9 and DA1. The facility was unable to provide documentation verifying CNA1, CNA8, CNA9 and DA1 received the required QAPI training.On 7/24/25, at 1:45 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A fregarding CNA1, CNA8, CNA9 and DA1 not completing required QAPI training . NHA-A stated, Whatever I don't have, I just don't have it. NHA-A indicated NHA-A has no further documentation of completed required trainings for the selected staff.On 7/24/25, at 2:32 PM, NHA-A and Director of Nursing (DON)-B were informed of the of the above findings. NHA-A stated, Education is a problem. NHA-A is looking at designating a training coordinator. NHA-A understands Surveyor's concern of staff not having completed the required trainings.

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F 0945 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Include as part of its infection prevention and control program, mandatory training that includes written standards, policies, and procedures for the program. Based on interview and record review, the facility did not ensure 4 facility staff chosen at random, received required training on infection prevention and control. Certified Nursing Assistants (CNAs), CNA1, CNA8, CNA9 and Dietary Aide (DA)1 did not receive required training on infection prevention and control. This practice had the potential to affect all 39 Residents in the facility.Findings Include:The facility's In-Service Training, All Staff policy and procedure revised August 2022 documents:Policy StatementAll staff must participate in initial orientation and annual in-service training.Policy Interpretation and Implementation1. All staff are required to participate in regular in-service education.2. For the purposes of this policy, staff means all new and existing personnel, individuals providing services under contractual agreement, and volunteers.3. The primary objective of the in-service training is to ensure that staff are able to interact in a manner that enhances the Resident's quality of life and quality of care and can demonstrate competency in the topic areas of training.6. Required training topics include the following: .e. The infection prevention and control standards, policies and procedures .7. Training requirements are met prior to staff providing services to Residents, annually, and as necessary based on the facility assessment.8. Completed training is documented by staff development coordinator, or his or her designee and includes:a. Date and time of the trainingb. Topic of the trainingc. Method used for trainingd. A summary of the competency assessmente. Hours of training completed On 7/24/25, at 11:05 AM, Surveyor randomly selected staff to review for completion of required trainings. Surveyor reviewed the employee records for CNA1, CNA8, CNA9 and DA1. The facility was unable to provide documentation verifying CNA1, CNA8, CNA9 and DA1 received the required infection prevention and control training. On 7/24/25, at 1:45 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A regarding CNA1, CNA8, CNA9 and DA1 not having required training on infection prevention and control. NHA-A stated, Whatever I don't have, I just don't have it. NHA-A indicated NHA-A has no further documentation of completed required trainings for the selected staff.On 7/24/25, at 2:32 PM, NHA-A and Director of Nursing (DON)-B were informed of the of the above findings. NHA-A stated, Education is a problem. NHA-A is looking at designating a training coordinator. NHA-A understands Surveyor's concern of staff not having completed the required trainings.

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F 0946 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide training in compliance and ethics. Based on interview and record review, the facility did not ensure 5 facility staff, chosen at random, received required training on compliance and ethics which includes training on standards, policies, and procedures of the facility's compliance and ethics program. Certified Nursing Assistants (CNAs), CNA1, CNA8, CNA10 and CNA11 and Dietary Aide (DA)1 did not receive the required compliance and ethics training. This practice had the potential to affect all 39 Residents in the facility.Findings Include:The facility's In-Service Training, All Staff policy and procedure revised August 2022 documents:Policy StatementAll staff must participate in initial orientation and annual in-service training.Policy Interpretation and Implementation1. All staff are required to participate in regular in-service education.2. For the purposes of this policy, staff means all new and existing personnel, individuals providing services under contractual agreement, and volunteers.3. The primary objective of the in-service training is to ensure that staff are able to interact in a manner that enhances the Resident's quality of life and quality of care and can demonstrate competency in the topic areas of training.6. Required training topics include the following: .g. Compliance and Ethics program standards, policies and procedures. (Compliance and ethics training is conducted annually when this organization is operating 5 or more facilities)7. Training requirements are met prior to staff providing services to Residents, annually, and as necessary based on the facility assessment.8. Completed training is documented by staff development coordinator, or his or her designee and includes:a. Date and time of the trainingb. Topic of the trainingc. Method used for trainingd. A summary of the competency assessmente. Hours of training completedOn 7/24/25, at 11:05 AM, Surveyor randomly selected staff for review for completion of required training. Surveyor reviewed the employee records of CNA1, CNA8, CNA10, CNA11 and DA1 . The facility was unable to provide documentation verifying CNA1, CNA8, CNA10, CNA11 and DA1 received the required compliance and ethics training.On 7/24/25, at 1:45 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A regarding CNA1, CNA8, CNA10, CNA11 and DA1 not completing required compliance and ethics training. NHA-A stated, Whatever I don't have, I just don't have it. NHA-A indicated NHA-A has no further documentation of completed required trainings for the selected staff.On 7/24/25, at 2:32 PM, NHA-A and Director of Nursing (DON)-B were informed of the of the above findings. NHA-A stated, Education is a problem. NHA-A is looking at designating a training coordinator. NHA-A understands Surveyor's concern of staff not having completed the required trainings.

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F 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention. Based on interview and record review, the facility did not ensure 5 Certified Nursing Assistants (CNAs) reviewed completed the required 12 hours of educational inservice hours. CNA1, CNA8, CNA9, CNA10 and CNA11 did not receive 12 hours of annual inservice education training. This had the potential to affect all 39 Residents who reside in the facility.Findings include:The facility's In-Service Training, All Staff policy and procedure revised August 2022 documents:Policy StatementAll staff must participate in initial orientation and annual in-service training. Policy Interpretation and Implementation1. All staff are required to participate in regular in-service education. 2. For the purposes of this policy, staff means all new and existing personnel, individuals providing services under contractual agreement, and volunteers.3. The primary objective of the in-service training is to ensure that staff are able to interact in a manner that enhances the Resident's quality of life and quality of care and can demonstrate competency in the topic areas of training.6. Required training topics include the following:a. Effective communication with Residents and family(direct care staff)b. Resident rights and responsibilitiesc. Preventing abuse, neglect, exploitation or misappropriation of Resident property including:(1) Activities that constitute abuse, neglect, exploitation or misappropriation of Resident property(2) Procedures for reporting incidences of abuse, neglect, exploitation or misappropriation of Resident property(3) Dementia management and Resident abuse preventiond. Elements and goals of the facility QAPI programe. The infection prevention and control standards, policies and proceduresf. Behavioral healthg. Compliance and Ethics program standards, policies and procedures. (Compliance and ethics training is conducted annually when this organization is operating 5 or more facilities)7. Training requirements are met prior to staff providing services to Residents, annually, and as necessary based on the facility assessment.8. Completed training is documented by staff development coordinator, or his or her designee and includes:a. Date and time of the trainingb. Topic of the trainingc. Method used for trainingd. A summary of the competency assessmente. Hours of training completed .The 2025 Facility Assessmentlast does not document the assessment details related to the requirement for Certified Nursing Assistants to receive a minimum of 12 hours of training per year based on their date of hire.On 7/24/25, at 11:05 AM, Surveyor randomly selected 5 staff for review. Surveyor reviewed the employee records of CNA1, CNA8, CNA9, CNA10 and CNA11. The facility was unable to provide documentation verifying CNA1, CNA8, CNA9, CNA10 and CNA11, received the required 12 hours of inservice education training annually based upon their date of hire. CNA1-date of hire 5/23/24. No information was provided to verify CNA1 received 12 hours of required inservice hours during the period of 5/23/24-5/23/25.CNA8-date of hire 7/17/23. No information was provided to verify CNA8 received 12 hours of required inservice hours during the period of 7/1/24-7/1/25. CNA9-date of hire 5/1/24. No information was provided to verify CNA9 received 12 hours of required inservice hours during the period of 5/1/24-5/1/25.CNA10-date of hire 7/8/24. No information was provided to verify CNA10 received 12 hours of required inservice hours during the period of 7/8/24-7/8/25.CNA11-date of hire 6/5/24. No information was provided to verify CNA11 received 12 hours of required inservice hours during the period of 6/5/24-6/5/25.On 7/24/25, at 1:45 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A regarding CNA1, CNA8, CNA9, CNA10 and CNA11 not having the required 12 hours of inservice education training. NHA-A stated, Whatever I don't have, I just don't have it. NHA-A indicated NHA-A has no further documentation of completed required trainings for the selected staff.On 7/24/25, at 2:32 PM, NHA-A and Director of Nursing (DON)-B were informed of the of the above findings. NHA-A stated, Education is a problem. NHA-A is looking at designating a training coordinator. NHA-A understands Surveyor's concern of staff not having completed the required trainings.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	525561	A. Building B. Wing	07/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
East Troy Manor	3271 North St East Troy, WI 53120

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 0949 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide behavior health training consistent with the requirements and as determined by a facility assessment. Based on interview and record review, the facility did not ensure 8 of 8 facility staff, chosen at random, received required training on behavioral health. Licensed Practical Nurse (LPN)2, Certified Nursing Assistants (CNAs), CNA1, CNA8, CNA9, CNA10, CNA11, Housekeeper (HK)1, and Dietary Aide (DA)1 did not receive the required behavioral health training. This deficient practice had the potential to affect all 39 Residents in the facility.Findings Include:The facility's In-Service Training, All Staff policy and procedure revised August 2022 documents:Policy StatementAll staff must participate in initial orientation and annual in-service training.Policy Interpretation and Implementation1. All staff are required to participate in regular in-service education.2. For the purposes of this policy, staff means all new and existing personnel, individuals providing services under contractual agreement, and volunteers.3. The primary objective of the in-service training is to ensure that staff are able to interact in a manner that enhances the Resident's quality of life and quality of care and can demonstrate competency in the topic areas of training.6. Required training topics include the following: .f. Behavioral health7. Training requirements are met prior to staff providing services to Residents, annually, and as necessary based on the facility assessment.8. Completed training is documented by staff development coordinator, or his or her designee and includes:a. Date and time of the trainingb. Topic of the trainingc. Method used for trainingd. A summary of the competency assessmente. Hours of training completedOn 7/24/25, at 11:05 AM, Surveyor randomly selected staff for review for completion of required training. Surveyor reviewed the employee records of CNA1, CNA8, CNA9, CNA10, CNA11 and LPN2, HK1, and DA1. The facility was unable to provide documentation verifying CNA1, CNA8, CNA9, CNA10, CNA11, LPN2, HK1, and DA1 received required training on behavioral health. On 7/24/25, at 1:45 PM, Surveyor interviewed Nursing Home Administrator (NHA)-A regarding CNA1, CNA8, CNA9, CNA10, CNA11, LPN2, HK1, and DA1 not completing required behavioral health training. NHA-A stated, Whatever I don't have, I just don't have it. NHA-A indicated NHA-A has no further documentation of completed required trainings for the selected staff.On 7/24/25, at 2:32 PM, NHA-A and Director of Nursing (DON)-B were informed of the of the above findings. NHA-A stated, Education is a problem. NHA-A is looking at designating a training coordinator. NHA-A understands Surveyor's concern of staff not having completed the required trainings.