Consumer Information Report for Nursing Homes Summary 2024

LAKE COUNTRY HEALTH SERVICES				
2195 NORTH SUMMIT VILLAGE WAY				
OCONOMOWOC, WI 53066				
(262) 560-2400				

License Number:	5032	Medicare Certified?	YES	
Number of Licensed Beds:	100	Medicaid Certified?	YES	
Ownership Type:	LLC Profit			
Owner:	NSH SUMMIT LLC			

Staff: Residents

Staff:Residents (Average daily number of residents: 74)				
Nurse Aides LPNs RNs				
This Home	1 Nurse: 11 Residents	1 Nurse: 56 Residents	1 Nurse: 31 Residents	
WAUKESHA County Average	1 Nurse: 10 Residents	1 Nurse: 32 Residents	1 Nurse: 37 Residents	
Wisconsin Average	1 Nurse: 10 Residents	1 Nurse: 52 Residents	1 Nurse: 29 Residents	

Staff to resident ratios are based on staffing hours and resident census figures reported by facilities and available in the CMS Payroll Based Journal dataset covering the period 10/01/2024 through 12/31/2024. "NS" indicates that data was not available in the PBJ dataset for that measure.

Staff Turnover Rates

	Staff Turnover Rates (Percent of staff no longer employed)		
Nursing Home Staff	This Home	WAUKESHA County Average (17 homes reporting)	State of Wisconsin Average (325 homes reporting)
Registered Nurses (RNs)	70%	52%	43%
All Nursing Staff	66%	58%	49%

Staff turnover rates are based on data by facilities and available in the CMS Payroll Based Journal dataset covering the period 10/1/2023 through 9/30/2024. "NS" indicates that data was not available in the PBJ dataset for that measure.

This two-page summary was prepared by the Division of Quality Assurance, Wisconsin Department of Health Services. For questions about this report, call (608) 264-9898. See the full report on the internet (after 7/1/2025) at https://www.dhs.wisconsin.gov/guide/cir.htm or request a copy (after 7/1/2025) at (608) 266-8368. The report should also be available in the facility.

LAKE COUNTRY HEALTH SERVICES

Federal Regulation	Federal Violations in 2024		
Categories* * Each category consists of many specific regulations. See detail in report.	Total # Citations for this Home (NS = Facility not surveyed in 2024)	Average # Citations for WAUKESHA County (17 homes)	Average # Citations for Wisconsin (325 homes surveyed in 2024)
Quality of Care: Provide care that promotes resident's highest level of well-being. Example: Prevent/treat pressure sores.	8	5.3	3.5
Resident Services: Provide services that meet state standards. Example: Develop a comprehensive care plan for each resident.	3	1.8	1.6
Quality of Life: Provide a pleasant, homelike atmosphere. Example: Provide an activities program that meets needs and interests.	3	0.7	0.4
Resident Rights: Assure individual rights. Example: Assure right to personal privacy.	7	2.3	1.3
Freedom from Abuse: Assure freedom from abuse, neglect, or restraints. Example: Assure the right to be free from abuse.	3	0.6	1.0
Staffing/Staff Training: Provide adequate and qualified staff. Provide traing to staff on policies and procedures. Example: Provide sufficient and competent nursing staff.	1	0.5	0.3
Pharmacy/Lab Services: Provide or obtain medications and lab services. Example: Residents are free of significant medication errors.	3	1.7	1.1
Administration: Use resources to promote resident's highest level of well-being. Example: Must have governing body to ensure safe and efficient management of the facility.	1	0.8	0.3
Total Violations	29	13.7	9.6

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	LAKE COUNTRY HEALTH SERVICES 2195 NORTH SUMMIT VILLAGE WAY OCONOMOWOC, WI 53066 (262) 560-2400		
License Number:	5032		
DQA Regional Office:	SOUTHEASTERN		
Ownership Type:	LLC Profit		
Owner (Licensee):	NSH SUMMIT LLC		
Federal Certification Level:	MEDICARE (TITLE 18) SKILLED NURSING FACILITY (SNF) MEDICAID (TITLE 19) NURSING FACILITY (NF)		

SECTION 1 - FEDERAL REGULATION DEFICIENCIES

Section 1 of this report describes the numbers and types of **Federal regulation deficiencies** found during surveys conducted in 2024. "Deficiencies" are cited for noncompliance with Federal regulations. This section also compares these numbers to averages for all nursing homes of similar size.

SECTION 2 - NURSING STAFF TURNOVER RATES

Section 2 provides information about **nursing staff turnover** rates at this nursing home in 2024. It compares these rates to the averages for all nursing homes of similar size.

APPENDICES (on the internet after 7/1/2025) include:

Appendix A - a list of resource agencies for consumers;

Appendix B - information about how nursing staff turnover rates are calculated; and

Appendix C - statewide averages.

Nursing homes in Wisconsin operate under rules enacted by the Federal government (for the Medicare and/or Medicaid programs) and by the State of Wisconsin. Surveyors from the Wisconsin Division of Quality Assurance conduct unannounced inspections at each nursing home at least once every 9 to 15 months to determine if the nursing home complies with all State and Federal rules. State surveyors also conduct follow-up visits to ensure that violations have been corrected, investigate complaints, and conduct other surveys as necessary.

When state surveyors determine that a nursing home is not in compliance with a Federal regulation, the nursing home is cited with a violation or "deficiency". The number and type of violations for surveys conducted in 2024 are described in this report. The number of federal regulation deficiencies cited in Wisconsin nursing homes during 2024 surveys ranged from **0 to 70**, with an average of 9.6 citations.

In 2024 survey(s), LAKE COUNTRY HEALTH SERVICES, OCONOMOWOC, which has 100 licensed beds, was cited with:

29 Federal regulation deficiency(ies)

Statewide, the average number of deficiencies for a nursing home with 100-199 beds was **13.0**.

In addition, this home was cited with **8** federal building safety violations and **1** federal emergency preparedness violations.

The number of federal building safety violations statewide in 2024 ranged from 0 to 24, with an average of 6.8 citations.

The number of federal emergency preparedness violations statewide in 2024 ranged from 0 to 5, with an average of 0.6 citations.

Finally, when there is no comparable requirement under federal regulations, nursing facilities may be cited for deficient practices under state regulations. The number of state regulation deficiencies cited in Wisconsin nursing homes during 2024 surveys ranged from **0 to 2, with an average of 0.10 citations**. This home was cited with **0** state regulation deficiency(ies).

Federal Regulation Deficiencies:

To determine Federal regulation deficiencies, surveyors use a resident-centered, outcome-based process. Equal emphasis is placed on the quality of care the resident receives and on the quality of the resident's life in the nursing home, and on whether or nor the resident's rights, dignity and privacy are respected. These factors are evaluated by observing residents' care; interviewing residents, families and staff; and reviewing medical records.

If it is determined that a Federal regulation deficiency exists, the deficiency is placed on a grid. Grid placement is based on two measures:

- *Severity/Harm*, the degree of impact that a deficient practice has on residents at the facility; and
- *Scope/Frequency,* the prevalence of a deficient practice within a facility, or the proportion of residents who were or could have been affected.

All Federal deficiencies fit into one of the following four grid levels, from most to least serious: Immediate Jeopardy, Significant Correction, Correction and Substantial Compliance. If this home had deficiencies at any of the four grid levels in the last survey, those deficiencies are listed below. Each deficiency listed is followed by the abbreviation of its federal regulation category: Quality of Care (QC), Resident Services (RS), Quality of Life (QL), Resident Rights (RR), Freedom from Restraints/Abuse (FA), Staffing/Staff Training (ST), Pharmacy/Lab Services (PL), and Administration (AD). A deficiency may be listed more than once if it was cited more than once during the year. Also, some citations share the same title, so you may see separate citations listed with the same title on the same date.

Certain Federal regulation deficiencies at the Immediate Jeopardy, Significant Correction and Correction grid levels cause a nursing home to be designated as having "Substandard Quality of Care (SQC)". **This home was designated with SQC during the year 2024. 65 Wisconsin nursing homes received the SQC designation in 2024**. SQC deficiencies constitute: immediate jeopardy to resident health or safety; a pattern of or widespread actual harm that is not immediate jeopardy; or widespread potential for more **Immediate Jeopardy.** This deficiency exists when a situation caused (or is likely to cause) serious injury, serious harm, impairment or death to a resident receiving care in the facility AND facility practice makes it probable that similar actions, situations, practices, or incidents will occur again. Immediate corrective action is needed. The nursing home received **2 Immediate Jeopardy deficiencies** in 2024.

DEFICIENCY	CATEGORY	SURVEY DATE
Free From Abuse And Neglect	FA	11/04/2024
Quality Of Care	QC	11/04/2024

Significant Correction. This deficiency exists when a situation resulted in a negative.outcome that compromised a resident's ability to maintain or reach his/her highest practicable physical, mental, or psychosocial well-being. This nursing home received **1 Significant Correction deficiencies** in 2024.

DEFICIENCY	CATEGORY	SURVEY DATE
Free Of Accident Hazards/Supervision/Devices	QC	11/04/2024

Correction. This deficiency exists when a situation resulted in minimal physical, mental, or psychosocial discomfort to a resident and/or has the potential (not yet realized) to compromise a resident's ability to maintain or reach his/her highest practicable physical, mental, or psychosocial well-being. This nursing home received **26 Correction deficiencies** in 2024.

DEFICIENCY	CATEGORY	SURVEY DATE
Adl Care Provided For Dependent Residents	QL	02/29/2024
Notify Of Changes (Injury/Decline/Room, Etc.)	RR	02/29/2024
Pharmacy Srvcs/Procedures/Pharmacist/Records	PL	02/29/2024
Resident Records - Identifiable Information	AD	02/29/2024
Right To Be Informed/Make Treatment Decisions	RR	02/29/2024
Reporting - National Health Safety Network	QC	03/11/2024
Cardio-Pulmonary Resuscitation (Cpr)	QL	06/20/2024
Drug Regimen Review, Report Irregular, Act On	PL	06/20/2024
Free Of Accident Hazards/Supervision/Devices	QC	06/20/2024
Label/Store Drugs And Biologicals	PL	06/20/2024

Notice Of Bed Hold Policy Before/Upon Trnsfr	RR	06/20/2024
Notice Requirements Before Transfer/Discharge	RR	06/20/2024
Nutrition/Hydration Status Maintenance	QC	06/20/2024
Pain Management	QC	06/20/2024
Treatment/Svcs To Prevent/Heal Pressure Ulcer	QC	06/20/2024
Adl Care Provided For Dependent Residents	QL	11/04/2024
Admissions Policy	RR	11/04/2024
Bowel/Bladder Incontinence, Catheter, Uti	QC	11/04/2024
Care Plan Timing And Revision	RS	11/04/2024
Discharge Planning Process	RS	11/04/2024
Grievances	RR	11/04/2024
Investigate/Prevent/Correct Alleged Violation	FA	11/04/2024
Notify Of Changes (Injury/Decline/Room, Etc.)	RR	11/04/2024
Provide/Obtain Specialized Rehab Services	RS	11/04/2024
Reporting Of Alleged Violations	FA	11/04/2024
Sufficient Nursing Staff	ST	11/04/2024

Substantial Compliance. This deficiency exists when a situation has the potential for causing only minor negative impact on residents. This nursing home received **0 Substantial Compliance deficiencies** in 2024.

For questions about this report, call (608) 264-9898. For further information about specific violations or more recent surveys, contact the administrator of this facility or the Division of Quality Assurance at (608) 266-8368.

SECTION 2 - NURSING STAFF TURNOVER

This section provides information on the facility turnover rate, which describes the rate of change among nursing staff from October 1, 2023 through September 30, 2024. The turnover rate is defined as the percentage of staff that left the nursing home over a twelve-month period and is derived using data from the Centers for Medicaid and Medicaid Services' (CMS) Payroll-Based Journal (PBJ) System. Turnover is identified based on gaps in days worked, and the turnover rate is based on the number of "employment spells" that ended with staff leaving employment as a proportion of total employment spells. The formulas used to calculate nurse staffing turnover are explained in Appendix B. An "NS" indicates that data was not available in the PBJ dataset for that measure.

Turnover rates are provided for two staff types, RNs (registered nurses) and total nursing staff. RNs include RN Directors of Nursing, RNs with administrative duties, and RNs. Registered nurses are nurses who are licensed and hold a certificate of registration by the State of Wisconsin. Total nursing staff include the staff categories above as well as licensed practical nurses (LPNs), LPNs with administrative duties, certified nursing assistants/nurse aides, aides in training, and medication aides. Licensed practical nurses (LPNs) are nurses who are licensed by the State of Wisconsin as practical nurses. Nursing assistants/nurse aides (NAs) provide direct personal care to residents, but are not registered nurses or licensed practical nurses.

In 2024, this nursing home had:

- A turnover rate for registered nurses (RNs) of 70%, vs. 43% statewide and 44% across all nursing homes with 100-199 beds.
- A turnover rate for all nursing staff of 66%, vs. 49% statewide and 51% across all nursing homes with 100-199 beds.