STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015017	A. BUILDING: _____ B. WING _____	R 06/26/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLARD CRC	5409 VILLARD AVENUE MILWAUKEE, WI 53225

(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 06/24/2025 with information gathered through 06/26/2025, Surveyor conducted a standard survey, and verification visit for SOD 0V4K11, dated 01/25/2019, at Villard CRC, a Community-Based Residential Facility (CBRF) in Milwaukee, WI. Three deficiencies were identified. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 9	{N 000}		
N 277	83.25 Continuing education The administrator and resident care staff shall receive at least 15 hours per calendar year of continuing education beginning with the first full calendar year of employment. Continuing education shall be relevant to the job responsibilities and shall include, at a minimum, all of the following: (1) Standard precautions; (2) Client group related training; (3) Medications; (4) Resident rights; (5) Prevention and reporting of abuse, neglect and misappropriation; (6) Fire safety and emergency procedures, including first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure all care staff received at least 15 hours of continuing education per calendar year. Master Level Clinician (MLC) G received 13 hours of continuing education in the year 2024. Behavioral Health Specialist (BHS) H	N 277		

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

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N 277	Continued From page 1 received 12 hours of continuing education in the year 2024. Findings include: On 06/24/2025, Surveyor requested MLC G and BHS H continuing education training for calendar year 2024 from HR Operations Coordinator (HR Coordinator) I. On 06/24/2025, HR Coordinator I provided Surveyor with care staff continuing education training for calendar year 2024 and the following was identified: -MLC G was hired on 09/12/2022. -The training for MLC G provided evidence for 8 hours of continuing education for 2024. -BHS H was hired on 02/27/2023. -The training for BHS H provided evidence for 8 hours of continuing education for 2024. On 06/24/2025, at approximately 2:30 PM, Surveyor interviewed HR Coordinator I. HR Coordinator I stated the above training documentation is all s/he had for MLC G and BHS H. HR Coordinator I stated that there is a lack of communication between human resource and this facility in regard to ensuring staff get the training they are required to have. On 06/24/2025, at approximately 2:56 PM, Surveyor requested for any additional continuing education training for calendar year 2024 from Program Manager F. Program Manager F stated s/he will send additional continuing education training for 2024 for care staff to Surveyor via email by 10:00 AM on 06/25/2025.	N 277		

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N 277	Continued From page 2 On 06/25/2025, at approximately 8:37 AM, Surveyor reviewed the email from Program Manager F and the following was identified: -The additional documentation for MLC G provided evidence for 5 additional hours of continuing education for calendar year 2024. MLC G received 13 hours of continuing education in 2024. -The additional documentation for BHS H provided evidence for 4 additional hours of continuing education for calendar year 2024. BHS H received 12 hours of continuing education in 2024.	N 277		
N 302	83.28(4)(a) Resident health screening and documentation Resident health screening. 1. Within 90 days before or 7 days after admission, a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse shall screen each person admitted to the CBRF for clinically apparent communicable disease, including tuberculosis, and document the results of the screening. 2. Screening for tuberculosis and all immunizations shall be conducted using centers for disease control and prevention standards. 3. The CBRF shall maintain the screening documentation in each resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the	N 302		

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N 302	Continued From page 3 provider did not ensure 1 of 2 residents' (Resident 1) was screened for clinically apparent communicable disease, including tuberculosis (TB), within 90 days before or 7 days of admission. Findings include: On 06/24/2025, Surveyor reviewed Resident 1's record and identified the following: -Resident 1 had an admission date of 04/22/2025. -Surveyor could not locate Resident 1's screening for communicable disease and TB skin test. On 06/24/2025, at approximately 9:45 AM, Surveyor interviewed Director E. Director E stated the facility had a waiver from the Department regarding facility being allowed to utilize an alternate means of providing for documentation of screening for clinically apparent communicable disease, including TB. On 06/26/2025, Surveyor reviewed documentation received from Director E and the following was identified: -The waiver Surveyor received from Director E was not for this facility. On 06/26/2025, Surveyor reviewed the Department's facility file where there was no evidence that a waiver had been approved for this facility.	N 302		
N 308	83.29(1)(b) Written information on services, charges	N 308		

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N 308	Continued From page 4 Services and charges. Written information regarding services and charges. Before or at the time of admission, the CBRF shall provide written information regarding services available and the charges for those services to each resident, including persons admitted for respite care, or the resident ' s legal representative,. This information shall include any charges for services not covered by the daily or monthly rate, any entrance fees, assessment fees and security deposit. This Rule is not met as evidenced by: Based on record review and interview, the provider did not provide written information regarding charges for services to each resident upon admission for 2 of 2 residents' (Resident 1 and Resident 2) reviewed. Findings include: On 06/24/2025, Surveyor reviewed residents' records and identified the following: -Resident 1 had an admission date of 04/22/2025. -Resident 1's admission agreement did not include written information regarding charges for services. -Resident 2 had an admission date of 06/18/2025. -Resident 2's admission agreement did not include written information regarding charges for services. On 06/24/2025, at approximately 9:45 AM, Surveyor interviewed Director E. Director E stated s/he was not aware of the requirement to provide	N 308		

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N 308	Continued From page 5 written information regarding charges for services to each resident upon admission.	N 308		