STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016346	A. BUILDING: _____ B. WING _____	C 07/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIL MEADOW RIDGE	2657 SANDRA ROSE LANE NEW FRANKEN, WI 54229

(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 A complaint investigation and abbreviated survey were conducted on 07/10/2023 with information gathered through 07/12/2023 at HIL Meadow Ridge. As a result of this survey the complaint was unsubstantiated. One deficient practice was identified with the survey process. Census: 8	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 staff interviews the provider did not ensure 1 out of 2 staff reviewed had completed 15 hours of continuing education for 2022. Findings include: On 07/10/2023, Surveyor conducted a survey and reviewed employee records for training. CSM (Client Services Manager) - C provided Surveyor with a list of current employees. CG (Caregiver) -	N 277		

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

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N 277	Continued From page 1 A was hired on 02/24/2016. CG - A's file had no evidence of continuing education for the year 2022. On 07/12/2023 RD (Regional Director) - B sent Surveyor an email confirming CSM - C and RD - B could not find a record of completion of training for CG - A for 2022. RD - B indicated CG - A had signed up for the classes but had not followed through with completion of them for 2022.	N 277		