STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0009768	A. BUILDING: _____ B. WING _____	R-C 04/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROSPECT HEIGHTS COMMUNITY LIVING CE	2015 PROSPECT ST RACINE, WI 53404

(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 04/03/2025, Surveyor conducted a verification visit, complaint investigation and standard survey at Prospect Heights Community Living Center, a Community-Based Residential Facility (CBRF) in Racine, WI. Five deficiencies identified. Complaint unsubstantiated. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 38	{N 000}		
N 230	83.19 Orientation Before an employee performs any job duties, the CBRF shall provide each employee with orientation training which shall include all of the following: (1) Job responsibilities; (2) Prevention and reporting of resident abuse, neglect and misappropriation of resident property; (3) Information regarding assessed needs and individual services for each resident for whom the employee is responsible; (4) Emergency and disaster plan and evacuation procedures under s. HFS 83.47(2); (5) CBRF policies and procedures; (6) Recognizing and responding to resident changes of condition. This Rule is not met as evidenced by: Based on record review and interview, the provider did not provide 1 of 1 (Caregiver B) caregiver reviewed with orientation training including job responsibilities, prevention and	N 230		

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

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N 230	Continued From page 1 reporting of resident abuse, neglect and misappropriation of resident property, emergency and disaster plan and evacuation procedures, Community Based Residential Facility policies and procedures and recognizing and responding to resident changes of condition. Findings include: On 04/03/2025, Surveyor reviewed Caregiver B's record and identified the following: -Caregiver B was hired on 11/18/2024. Surveyor could not locate orientation training including job responsibilities, prevention and reporting of resident abuse, neglect and misappropriation of resident property, emergency and disaster plan and evacuation procedures, Community Based Residential Facility policies and procedures and recognizing and responding to resident changes of condition for Caregiver B. On 04/03/2025 at approximately 10:30 AM, Surveyor interviewed Assistant Administrator A. Assistant Administrator A stated Caregiver B did not complete the courses. Assistant Administrator A stated the courses are in his/her Relias training to be completed but s/he has not completed them yet.	N 230		
N 239	83.20(2)(a)-(d) Department-approved training courses. Standard Precautions. All employees who may be occupationally exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete	N 239		

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N 239	Continued From page 2 training in standard precautions before the employee assumes any responsibilities that may expose the employee to such material. Fire safety. Within 90 days after starting employment, all employees shall successfully complete training in fire safety. First aid and choking. Within 90 days after starting employment, all employees shall successfully complete training in first aid and procedures to alleviate choking. Medication administration and management. Any employee who manages, administers or assists residents with prescribed or over-the-counter medications shall complete training in medication administration and management prior to assuming these job duties. This Rule is not met as evidenced by: Based on record review and staff interview, the provider did not ensure 1 of 2 employees (Caregiver C) reviewed received Department approved training courses within 90 days after starting employment. Caregiver C did not have training in fire safety. Findings include: On 04/03/2025 at approximately 10:00 AM, Surveyor reviewed Caregiver C's employee records. Caregiver C was hired on 04/10/2014. The record for Caregiver C, did not contain evidence of training or evidence of meeting an exemption for fire safety.	N 239		

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N 239	Continued From page 3 On 04/03/2025 at approximately 11:00 AM, Surveyor interviewed Assistant Administrator A. Assistant Administrator A stated s/he thought Caregiver C had completed all the Department approved courses but could not find evidence in his/her record. On 04/03/2020, Surveyor verified Caregiver C was not on the Community-Based Care and Treatment training registry for fire safety. On 04/03/2025 at 11:15 AM, Surveyor verified with Assistant Administrator A that Caregiver C was not on the Community-Based Care and Treatment training registry for fire safety. Assistant Administrator A stated s/he would get Caregiver C signed up for the next class as soon as possible because it must had been missed when s/he was hired.	N 239		
N 243	83.21(1)-(3) All employee training. The CBRF shall provide, obtain or otherwise ensure adequate training for all employees in all of the following: Resident rights. Training shall include general rights of residents including rights as specified under s. DHS 83.32(3). Training shall be provided as applicable under ss. 50.09 and 51.61 and chs. 54, 55, and 304, Stats., and ch. DHS 94, depending on the legal status of the resident or service the resident is receiving. Specific training topics shall include house rules, coercion, retaliation, confidentiality, restraints, self-determination, and the CBRF ' s complaint and grievance procedures. Residents ' rights training shall be completed within 90 days after starting employment. Client Group. Training shall be specific to the	N 243		

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N 243	Continued From page 4 client group served and shall include the physical, social and mental health needs of the client group. Specific training topics shall include, as applicable: characteristics of the client group served, activities, safety risks, environmental considerations, disease processes, communication skills, nutritional needs, and vocational abilities. Client group specific training shall be completed within 90 days after starting employment. Client Group. In a CBRF serving more than one client group, employees shall receive training for each client group. Recognizing, preventing, managing, and responding to challenging behaviors. Specific training topics shall include, as applicable: elopement, aggressive behaviors, destruction of property, suicide prevention, self-injurious behavior, resident supervision, and changes in condition. Challenging behaviors training shall be completed within 90 days after starting employment. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 employees reviewed (Caregiver B), obtained all training as required within 90 days after starting employment. Caregiver B did not have training in recognizing, preventing, managing and responding to challenging behaviors, and client groups training within 90 days after starting employment. Findings include:	N 243		

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N 243	Continued From page 5 The facility was licensed on 11/01/2003, to serve clients with traumatic brain injury, developmentally disabled, correctional clients, physically disabled, terminally ill, emotionally disturbed/mental illness, public funding, alcohol/drug dependent and advanced aged. On 04/03/2025, at approximately 11:00 AM, Surveyor conducted a review of employee records to verify compliance with all employee training requirements. Surveyor identified the following: -Caregiver B was hired on 11/18/2024. There was no evidence Caregiver B received training in recognizing, preventing, managing and responding to challenging behaviors, and client groups training. On 04/03/2025, at approximately 11:15 AM, Surveyor interviewed Assistant Administrator A. Assistant Administrator A stated Caregiver B did not complete the courses. Assistant Administrator A stated the courses are in his/her Relias training to completed but s/he has not completed them yet.	N 243		
N 416	83.37(2)(e) Other administration given or delegated by RN Other administration. Injectables, nebulizers, stomal and enteral medications, and medications, treatments or preparations delivered vaginally or rectally shall be administered by a registered nurse or by a licensed practical nurse within the scope of their license. Medication administration described under sub. (2)(e) may be delegated to non-licensed employees pursuant to s. N 6.03(3).	N 416		

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N 416	Continued From page 6 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 caregivers (Caregiver B and Caregiver C), who administered injectable medication, was delegated by a registered nurse (RN) within the scope of their license to do so. Caregiver B and Caregiver C administered insulin injections and nebulizer treatments without delegation. Findings include: On 04/03/2025, Surveyor requested to review Caregiver B's and Caregiver C's employee records. Surveyor identified the following: -Caregiver B was hired on 11/18/2024. Caregiver B's record did not contain evidence of nurse delegation for administering injectable medication or nebulizer treatments. -Caregiver C was hired on 04/10/2024. Caregiver C's record did not contain evidence of nurse delegation for administering injectable medication or nebulizer treatments. On 04/03/2025 at approximately 11:30 AM, Assistant Administrator A indicated six residents received insulin injections and one received nebulizer treatments. On 04/03/2025 at approximately 11:45 AM, Surveyor interviewed Assistant Administrator A. Administrator A stated Caregiver B and Caregiver C passed medications, administered insulin to the five residents and nebulizer treatments to one. Administrator A stated they were not aware nurse delegation was needed since they had always consulted with their pharmacy nurse and after 20	N 416		

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N 416	Continued From page 7 years of being in business, this is the first time they have heard of it. Assistant Administrator A stated moving forward they will come up with a process to ensure all medication passers that have delegated tasks will be delegated to by a RN.	N 416		
N 530	83.47(3) Fire inspection. Fire inspection. The CBRF shall arrange for an annual inspection by the local fire authority or certified fire inspector and shall retain fire inspection reports for 2 years. This Rule is not met as evidenced by: Based on record review and staff interview, the provider did not ensure the fire detection system was inspected for 1 of 1 calendar year (2024). Findings include: On 04/03/2025 at approximately 9:30 AM, Surveyor requested from Assistant Administrator A the annual fire detection system inspection for calendar year 2024. Assistant Administrator A stated s/he did not have an inspection for calendar year 2024. The most recent inspection was dated 11/20/2023. On 04/03/2025 at approximately 11:30 AM, Surveyor interviewed Assistant Administrator A. Assistant Administrator A stated s/he verified with Licensee D that the local fire department did not come in calendar year 2024.	N 530		