STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013373	A. BUILDING: _____ B. WING _____	09/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARBORVIEW COURT	3750 BLUE VIOLET LN WISCONSIN RAPIDS, WI 54494

(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 08/30/2023, with additional information gathered on 09/11/2023, Surveyor conducted an abbreviated survey at Arborview Court, a Community-Based Residential Facility (CBRF) in Wisconsin Rapids, WI. Three deficiencies identified. Census: 45	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 interview, the provider did not ensure all care staff received 15 hours per calendar year of continuing education beginning with the first calendar year of employment including standard precautions, client group related training, medications, resident rights, prevention and reporting of abuse, neglect and misappropriation and fire safety and emergency procedures, including first aid.	N 277		

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

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N 277	Continued From page 1 Findings include: On 08/30/2023, Surveyor requested to review Caregiver B's employee record. Caregiver B was hired on 12/13/2019. Surveyor located Caregiver B's continuing education for calendar year 2022 but the continuing education training did not include medications, resident rights, preventing & reporting abuse, fire safety and emergency procedures including first aid. On 08/30/2023 at approximately 11:30 am, Surveyor interviewed Director A about the above concerns. Director A stated s/he was unaware of the specific topics that needed to be covered within the 15 hours of continuing education so Caregiver B did not have all the required training for calendar year 2022. Director A stated s/he was made aware of this recently for calendar year 2023, so s/he would ensure all the specific topics would be included moving forward.	N 277		
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). This Rule is not met as evidenced by: Based on record review and interview, the facility did not administer injectable medications by a	N 416		

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N 416	Continued From page 2	N 416		

registered nurse or a licensed practical nurse within the scope of the license and medication administration described under sub. (2)(e) was not delegated to non-licensed employees pursuant to s.N6.03(3).

Findings include:

On 08/30/2023, Surveyor conducted an abbreviated survey. As part of the survey, Surveyor reviewed Caregiver B and Caregiver C's records.

Surveyor reviewed Caregiver B and Caregiver C's RN delegation records. Caregiver B had RN delegation completed on 11/25/2020 by a former nurse that was previously employed at the afcility, but no longer and Caregiver C's delegation was completed on 02/22/2022 by the current nurse of the facility.

On 08/30/2023, Surveyor interviewed Director A about nurse delegation for the facility. Director A stated that the previous nurse hadn't worked in the facility for almost 2 years. Director A stated s/he wasn't aware once a new nurse started that s/he would have to re-delegate to staff that were under the previous nurse's license.

On 09/11/2023 at approximately 11:00 a.m., Surveyor interviewed Director A. Surveyor asked if any residents received any delegated tasks and Director A stated they currently have 1 resident on insulin, 3 residents on blood sugar checks, 1 resident with ostomy care and 1 resident with a catheter. Director A acknowledged Caregiver B had performed these tasks and needed re-delegation by the current facility nurse. Director A stated that any staff under the previous nurse would be re-delegated to by the current

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N 416	Continued From page 3 RN.	N 416		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not conduct other evacuation drills at least semi-annually for calendar year 2022. Findings include: On 08/30/2023, Surveyor conducted an abbreviated survey. As part of the survey process, Surveyor requested to review other evacuation drills for calendar year 2022. The facility completed one tornado drill on 06/15/2022. On 08/30/2023 at approximately 11:00 a.m., Surveyor interviewed Director A. Director A stated that s/he wasn't aware that the requirement was semi-annually so there was only one other evacuation drill completed in calendar year 2022. Director A stated moving forward for calendar year 2023, s/he would ensure that they are completed semi-annually.	N 526		