STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014996	A. BUILDING: _____ B. WING _____	R-C 11/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOLOMON HILL RESIDENTIAL CARE	N5903 238TH STREET MENOMONIE, WI 54751

(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
{M 000}	INITIAL COMMENTS On 11/14/2024, Surveyor conducted a verification visit and standard licensing survey at Solomon Hill Residential Care. Data was collected through 11/25/2024. Six violations were identified. Two of the 6 violations were repeat deficiencies. See Statement of Deficiencies (SOD) JMTP11, dated 11/29/2022 and SOD 25DH12, dated 01/24/2024. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 4	{M 000}		
M 232	88.04(2)(g)1 HEALTH SCREENING FOR STAFF The licensee shall obtain documentation from a physician, a registered nurse or a physician's assistant indicating that the licensee and any service provider has been screened for illness detrimental to residents, including for tuberculosis. The documentation is to be completed within 90 days before the start of providing service. The documentation shall be kept confidential except that the licensing agency shall have access to the documentation for verification. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 employees sampled (Caregiver B and Manager A), were screened for communicable illness, including tuberculosis (TB), prior to working with residents.	M 232		

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

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M 232	Continued From page 1 Findings include: The Department of Health Services publication Tuberculosis Screening and Testing: Health Care Personnel (HCP) and Caregivers (including assisted living staff) states: "Perform baseline testing for all HCP and caregivers without documented evidence of prior LTBI [latent tuberculosis] or TB disease... IGRA [blood test] or TST [tuberculin skin test] may be performed; IGRA is preferred... If TST is used as the baseline testing, 2-step testing is recommended for HCP and caregivers who have not had TST testing previously or have only had one negative TST test greater than 12 months ago. If 2 or more TST tests have been previously performed, all results are negative, and documentation of results is available, a one-step TST may be performed before hire." (Retrieved 11/25/2024 from https://dhs.wisconsin.gov/publications/p02382.pdf) On 11/25/2024, Surveyor reviewed 2 employee records. Caregiver B was hired on 03/27/2024 and Manager A was hired on 09/22/2023. Both employee records included evidence of a 1-step TST. Neither record included evidence the employees were screened for other communicable illnesses prior to working with residents. On 11/25/2024 at 2:17 PM, Surveyor interviewed Manager A. Manager A stated new employees were tested for TB at Dunn County public health. Manager A described the public health office's TB testing process, indicating they provided 1-step	M 232		

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M 232	Continued From page 2 TSTs. Manager A stated the provider did not require employees to be screened for other communicable illnesses.	M 232		
M 244	88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS The licensee and each service provider shall complete 15 hours of training approved by the licensing agency related to health, safety and welfare of residents, resident rights and treatment appropriate to residents served prior to or within 6 months after starting to provide care. This training shall include training in fire safety and first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 employees sampled (Caregiver B) completed initial training requirements within 6 months of hire. Caregiver B did not complete 15 hours of training or receive training on resident rights. This is a repeat deficiency. See Statement of Deficiencies (SOD) JMTP11, dated 11/29/2022. Findings include: On 11/25/2024, Surveyor reviewed Caregiver B's record. Caregiver B was hired on 03/27/2024. His/her training record included a training checklist signed by Caregiver B and Manager A. The checklist included a list of topics, but it did not include dates or times. Caregiver B's record	M 244		

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M 244	Continued From page 3 also included the following training certificates: - Preventing Falls, 2 hours on 04/15/2024 - Personal Care, 2 hours on 04/15/2024 - Medication, 2 hours on 04/15/2024 Caregiver B's training record did not include evidence of resident rights training. On 11/25/2024 at 2:17 PM, Surveyor interviewed Manager A. Manager A stated s/he had been in his/her position approximately 1 year and s/he was still developing a training program. Surveyor asked how Manager A tracked staff training progress and Manager A replied, "I have so few employees, I just know... I want them to complete at least 10 hours within the first 6 months." Surveyor asked when and how staff received resident rights training. Manager A stated s/he provided self-paced training material to staff on resident rights. Manager A stated s/he had not provided this to Caregiver B yet.	M 244		
M 336	88.05(4)(b)2 SMOKE DETECTORS-TESTING AND MAINTENANCE The licensee shall maintain each required smoke detector in working condition and test each smoke detector monthly to make sure that it is operating. If a unit is found to be not operating, the licensee shall immediately replace the battery or have the unit repaired or replaced. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the facility's smoke	M 336		

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M 336	Continued From page 4 detectors were tested monthly in 2024. Findings include: On 11/14/2024, Surveyor reviewed the provider's smoke detector testing and maintenance logs. According to the logs, the facility's smoke detectors were last checked in July 2024. At 2:23 PM, Surveyor interviewed Manager C. Manager C stated s/he and Manager A were responsible for checking smoke detectors monthly. Surveyor asked when the last time the detectors were checked. Manager C reviewed the logs and stated the last time they completed smoke detector checks was in July.	M 336		
M 380	88.06(2)(a) ADMISSION-HEALTH EXAM Except as provided in subd. 2., the licensee shall ensure that a new resident of an adult family home receives a health examination by a physician to identify health problems and is screened for communicable disease, including tuberculosis. Screening for communicable disease may be provided by a physician, a registered nurse or a physician assistant. The health examination and screening shall take place within 90 days prior to admission to the home or within 7 days after admission. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents sampled (Resident 1 and Resident 2), were screened for	M 380		

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M 380	Continued From page 5 communicable illness, including tuberculosis (TB), within 7 days of admission. Findings include: On 11/14/2024 and 11/25/2024, Surveyor reviewed resident records. Resident 1 was admitted on 09/27/2024 and Resident 2 was admitted on 03/29/2024. Neither resident record included evidence of a health examination to screen for communicable illness. On 11/25/2024 at 2:17 PM, Surveyor asked Manager A if new admissions were screened for communicable illness. Manager A stated, "No. I don't require a health or TB screen... [Resident 1] is the first resident I would have needed to do this for. [Resident 2] came with a TB. I didn't think about a TB for [Resident 1]." Manager A explained Resident 1 recently admitted to hospice services and his/her hospice provider did a TB test "the other day."	M 380		
M 464	88.07(3)(d) MEDICATION- WRITTEN ORDER Before the licensee or service provider dispenses or administers a prescription medication to a resident, the licensee shall obtain a written order from the physician who prescribed the medication specifying who by name or position is permitted to administer the medication, under what circumstances and in what dosage the medication is to be administered. The licensee shall keep the written order in the resident's file.	M 464		

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M 464	Continued From page 6 This Rule is not met as evidenced by: Based on record review and interview, the provider did not obtain a written authorization to administer prescription medication to 2 of 2 residents sampled (Resident 1 and Resident 2). Findings include: On 11/14/2024 and 11/25/2024, Surveyor reviewed resident records. Resident 1 was admitted on 09/27/2024 and Resident 2 was admitted on 03/29/2024. Neither resident record included written authorizations from their prescribing physicians. On 11/25/2024 at 2:17 PM, Surveyor asked Manager A if s/he obtained written authorizations from residents' prescribing physicians prior to administering mediations. Manager A asked, "Is this the MAR (medication administration record)?" Surveyor provided technical assistance and Manager A stated s/he was not aware of this requirement.	M 464		
{M 574}	88.10(3)(n)1 Freedom From Seclusion and Restraints Except as provided in subd. 2, to be free from seclusion and from all physical and chemical restraints, including the use of an as-necessary (PRN) order for controlling acute, episodic behavior. This Rule is not met as evidenced by: Based on observation, interview, and record	{M 574}		

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{M 574}	Continued From page 7 review, the provider did not ensure Resident 1 was free from seclusion or restraint when the provider utilized a bed rail to prevent Resident 1 from falling out of bed. This is a repeat deficiency. See Statement of Deficiencies (SOD) 25DH12, dated 01/24/2024. Findings include: On 11/14/2024, Surveyor reviewed the provider's correspondence with the Department. The provider had not submitted a waiver for any resident to use a bed rail. On 11/14/2024 at approximately 1:15 PM, Surveyor interviewed Caregiver D. Caregiver D provided a brief summary of each resident. Caregiver D stated Resident 1 had a bed rail to prevent him/her from falling out of bed. At approximately 1:30 PM, Surveyor observed Resident 1's room. Resident 1 had a hospital bed with a 1/2 rail. The railing was in the upright position. Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 09/27/2024. His/her individual service plan, dated 10/01/2024, indicated s/he required repositioning to maintain body tissue integrity and assistance with dressing and transferring. The ISP indicated s/he used a walker or wheelchair for mobility. His/her assessment dated 10/01/2024 rated his/her mobility/ambulation ability at a 2 with 1 being no assistance and 5 being full assistance. The assessment rated Resident 1's "nighttime assistance" as a "needs staff present to remind or provide limited assistance but can do on own with observations and reminders."	{M 574}		

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{M 574}	Continued From page 8 At 2:30 PM, Surveyor interviewed Manager C. Manager C stated Resident 1 was afraid s/he would fall out of bed, so they installed the bed rails to prevent falls. On 11/15/2024 at 1:00 PM, Surveyor interviewed Manager A. Manager A stated they removed Resident 1's bed rails.	{M 574}		