

Wisconsin Department of Health Services

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>0018734</b>                     | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>09/18/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>BETHEL ASPEN PLACE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>614 SOUTH ROCK AVE.</b><br><b>VIROQUA, WI 54665</b> |                                                                                                                          |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                      | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ID<br>PREFIX<br>TAG                                                                             | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                           |
| N 000                                                         | Initial Comments<br><br>On 09/17/2025, Surveyor conducted an abbreviated survey and complaint investigation at Bethel Aspen Place. Data collection continued through 09/18/2025.<br><br>The complaint was unsubstantiated.<br><br>One deficiency was identified.<br><br>Census: 19                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | N 000                                                                                           |                                                                                                                          |                                                                    |
| N 239                                                         | 83.20(2)(a)-(d) Department-approved training courses.<br><br>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 training in standard precautions before the employee assumes any responsibilities that may expose the employee to such material.<br>Fire safety. Within 90 days after starting employment, all employees shall successfully complete training in fire safety.<br>First aid and choking. Within 90 days after starting employment, all employees shall successfully complete training in first aid and procedures to alleviate choking.<br>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. | N 239                                                                                           |                                                                                                                          |                                                                    |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Wisconsin Department of Health Services

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BETHEL ASPEN PLACE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>614 SOUTH ROCK AVE.</b><br><b>VIROQUA, WI 54665</b>                          |  |                                                                    |
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| N 239                                                         | <p>Continued From page 1</p> <p>This Rule is not met as evidenced by:<br/>Based on record review and interview, the provider did not ensure 1 of 3 employees obtained all department approved training as required.</p> <p>Caregiver C did not have training in fire safety or first aid and choking within 90 days after starting employment.</p> <p>Findings include:</p> <p>On 09/17/2025, Surveyor conducted a review of 3 employees to verify compliance with department approved training requirements. Surveyor requested training records from Administrator A and Manager B for Caregiver C.</p> <p>On 09/17/2025 at 1:55 PM, Surveyor interviewed Caregiver C regarding training in fire safety and first aid. Caregiver C had a hire date of 03/04/2024. Caregiver C confirmed s/he had not received the department approved training for fire safety or first aid and choking and stated, "I went on a [leave of absence] about a month after starting, tried to come back, but it didn't work out with my schedule. I just came back to work June 1, 2025." Caregiver C confirmed his/her employment was not terminated during the leave of absence, and s/he had been working at least 90 days on the date of survey.</p> <p>The record for Caregiver C, hired 03/04/2024, did not contain evidence of training or evidence of meeting an exemption for fire safety or first aid and choking. On 09/17/2025, at approximately 2:00 PM, Surveyor interviewed Administrator A and Manager B. Administrator A confirmed the</p> | N 239                                                                       |                                                                                                                          |  |                                                                    |

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| N 239                                                         | <p>Continued From page 2</p> <p>provider did not have evidence Caregiver C completed or met an exemption for fire safety or first aid and choking training.</p> <p>On 09/17/2025, Surveyor verified Caregiver C was not on the Community-Based Care and Treatment training registry for fire safety or first aid and choking.</p> <p>On 09/18/2025 at approximately 10:55 AM, Administrator A informed Surveyor via email that Caregiver C was signed up to complete the required training in fire safety and first aid and choking on 09/22/2025.</p> | N 239                                                                       |                                                                                                                          |                          |                                                                    |