STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012820	A. BUILDING: _____ B. WING _____	R-C 09/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PINE RIDGE ASSISTED LIVING	**1320 WISCONSIN ST HUDSON, WI 54016**

(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 09/13/2023, Surveyor conducted a verification visit and complaint investigation at Pine Ridge Assisted Living. Data was collected through 09/14/2023. One violation was identified and is a repeat violation. See Statement of Deficiency (SOD) 3U2C11, dated 02/15/2023. The complaint was unsubstantiated. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 37.	{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 interview, the provider did not ensure 2 of 4 caregivers sampled, completed continuing education.	{N 277}		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{N 277}	Continued From page 1 This is a repeat violation. See Statement of Deficiency (SOD) 3U2C11, dated 02/15/2023. Findings Include: The provider is licensed to care for 42 residents in the client groups advanced aged and irreversible dementia/Alzheimer's disease. On 09/13/2023, Surveyor reviewed staff records. Caregiver B was hired on 05/01/2020. Caregiver B's record indicated s/he completed 16 hours of continuing education in 2022 and 2023 but did not contain evidence of first aid training. Caregiver A was hired on 12/29/2021. Caregiver A's record indicated s/he completed 16 hours of continuing education in 2023 but did not contain evidence of first aid training. At approximately 12:50 PM, Director of Human Resources (DHR) C stated part of staff training was completed in an online training system. DHR C stated prior to the online training system, the emergency procedures and first aid had been taught together. DHR C stated s/he thought the first aid training had been added to the online version. At approximately 3:30 PM, DHR C provided an email that read, "This is a screenshot of what is all included in our campus safety training in [online training platform]. We do have Responding to an Accident section, which briefly explains what to do in emergency situations. (If a resident is injured, get resident to safe position, call nurse to come over to evaluate, take direction from nurse until they are able to get there, call 911 if needed). That is the closest related thing I	{N 277}		

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{N 277}	Continued From page 2 could find to first aid in our training. I will plan to add more information to that." The email included a screenshot that indicated the CAMPUS SAFETY training included: codes, missing resident, responding to an accident, lock-out, safe corridors, and campus evacuation, and would take 0.25 hours to complete. The provider did not ensure first aid training was completed for Caregiver B and Caregiver A.	{N 277}		