STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	310044	A. BUILDING: _____ B. WING _____	R-C 02/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
META HOUSE RIVERWEST CAMPUS NO	**2626 N BREMEN ST MILWAUKEE, WI 53212**

(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 02/18/2025, Surveyor conducted a verification visit for SOD 3X0Q11, dated 08/14/2024 and a complaint investigation at Meta House Riverwest Campus North, a Community-Based Residential Facility (CBRF) in Milwaukee, WI. Three deficiencies were identified. One of three deficiencies was a repeat deficiency. See Statement of Deficiency (SOD) 3X0Q11, dated 08/14/2024 and SOD CM6P11, dated 01/12/2022 . Complaint unsubstantiated. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census:13	{N 000}		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes.	N 220		

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

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N 220	Continued From page 1 This Rule is not met as evidenced by: Based on records review and interview, the provider did not ensure documentation was obtained from a physician, physician assistant, clinical nurse practitioner, or licensed registered nurse indicating 4 of 4 employees (Caregiver F, Caregiver G, Caregiver H and Caregiver J) reviewed were screened for clinically apparent communicable disease, including tuberculosis (TB), within 90 days before the start of employment. Caregiver F, Caregiver G, Caregiver H and Caregiver J were not screened for communicable disease, within 90 days before the start of employment. Findings include: On 02/18/2025, Surveyor reviewed Caregiver F's, Caregiver G's, Caregiver H's and Caregiver J's employee files and identified the following: Caregiver F was hired on 09/03/2024. Caregiver F's file did not contain documentation indicating Caregiver F was screened for communicable disease. Caregiver G was hired on 11/07/2022. Caregiver G's file did not contain documentation indicating Caregiver G was screened for communicable disease. Caregiver H was hired on 07/19/2021. Caregiver H's file did not contain documentation indicating Caregiver H was screened for communicable disease. Caregiver J was hired on 03/18/2024. Caregiver J's file did not contain documentation indicating Caregiver J was screened for communicable disease.	N 220		

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N 220	Continued From page 2 On 02/18/2025 at approximately 11:42 AM, Surveyor interviewed Human Resources Coordinator (HRC) D. HRC D confirmed Caregiver F, Caregiver G, Caregiver H and Caregiver J were not screened for communicable disease. HRC D stated s/he is responsible to ensure employees be tested for tuberculosis. HRC D stated s/he was not aware of the requirement employees had to be screened for clinically apparent communicable disease, including tuberculosis (TB), within 90 days before the start of employment. HRC D stated moving forward s/he would ensure employees are screened for clinically apparent communicable disease, including tuberculosis (TB), within 90 days before the start of employment.	N 220		
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 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	N 239		

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N 239	Continued From page 3 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 interview, the provider did not ensure 1 of 1 employee (Caregiver F) reviewed received Department approved training as required. Caregiver F who had responsibilities that would create exposure to blood, body fluids or other moist body substances, did not have training in standard precautions prior to assuming these duties. Findings include: On 02/18/2025, Surveyor reviewed Caregiver F's record and identified the following: -Caregiver F was hired on 09/03/2024. -Caregiver F's record did not contain evidence of training or evidence of meeting an exemption for standard precautions. On 02/18/2025 at approximately 12:27 PM, Surveyor interviewed Operations Manager E. Operations Manager E confirmed Caregiver F did not have training in standard precautions prior to assuming his/her job duties. Operations Manager E stated s/he was aware of this requirement. Operations Manager E reported Caregiver F completed standard precautions training prior to assuming his/her job duties, but the instructor did not have proper credentials.	N 239		

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N 239	Continued From page 4 On 02/18/2025 at approximately 12:27 PM, Surveyor verified Caregiver F was not on the Community-Based care and treatment training registry for standard precautions.	N 239		
{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 3 of 3 caregivers (Caregiver G, Caregiver H and Caregiver I) completed continuing education training in required topics for calendar year 2024. Caregiver G, Caregiver H and Caregiver I did not have training in medications. This is a repeat deficiency. See Statement of Deficiency (SOD) 3X0Q11, dated 08/14/2024 and SOD CM6P11, dated 01/12/2022. Findings include:	{N 277}		

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{N 277}	Continued From page 5 On 02/18/2025, Surveyor reviewed Caregiver G's record. Caregiver G was hired on 11/07/2022. Caregiver G did not have evidence of medication training for calendar year 2024. On 02/18/2025, Surveyor reviewed Caregiver H's record. Caregiver H was hired on 07/19/2021. Caregiver H did not have evidence of medication training for calendar year 2024. On 02/18/2025, Surveyor reviewed Caregiver I's record. Caregiver I was hired on 04/03/2013. Caregiver I did not have evidence of medication training for calendar year 2024. On 02/18/2025 at approximately 12:27 PM, Surveyor interviewed Operations Manager E. Operations Manager E confirmed Caregiver G, Caregiver H and Caregiver I did not have evidence of completing continuing education training in medications for calendar year 2024. Operations Manager E stated Caregiver G, Caregiver H and Caregiver I completed the training, but it was not documented.	{N 277}		