STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018212	A. BUILDING: _____ B. WING _____	C 12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOME INSPIRED SENIOR LIVING	1201 VILLAGE CENTRE DRIVE KENOSHA, WI 53144

(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 12/19/2024, Surveyor conducted an abbreviated survey and complaint investigation at Home Inspired Senior Living, a Community-Based Residential Facility in Kenosha, WI. Three deficiencies identified. Complaint unsubstantiated. Census: 24	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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating 2 of 2 employees reviewed had been screened for clinically apparent communicable disease including tuberculosis (TB). Caregiver C	N 220		

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

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N 220	Continued From page 1 did not have a TB skin test within 90 days before the start of employment. Caregiver D did not have a screening or TB skin test within 90 days before the start of employment. Findings include: On 12/19/2024, Surveyor reviewed Caregiver C's and Caregiver D's record. Surveyor identified the following: -Caregiver C was hired on 03/18/2023. Caregiver C's record did not contain a TB test. -Caregiver D was hired on 04/21/2021. Caregiver D's record did not contain a communicable disease screening or TB test. On 12/19/2024 at approximately 10:45 AM, Surveyor interviewed Executive Director A and Assistant Director B. Assistant Director B stated s/he did not complete a new TB skin test or screening when Caregiver D was rehired on 04/21/2021. Assistant Director B stated s/he was not sure why Caregiver C did not have one completed since s/he had the screening.	N 220		
N 230	83.19 Orientation Before an employee performs any job duties, the CBRF shall provide each employee with orientation training which shall include all of the following: (1) Job responsibilities; (2) Prevention and reporting of resident abuse, neglect and misappropriation of resident property; (3) Information regarding assessed needs and individual services for each resident for whom the employee is responsible; (4) Emergency and disaster plan and evacuation procedures under s. HFS 83.47(2); (5) CBRF policies and procedures;	N 230		

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N 230	Continued From page 2 (6) Recognizing and responding to resident changes of condition. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 (Caregiver C and Caregiver D) caregivers reviewed had orientation training including. Caregiver C did not have training including emergency and disaster plan and evacuation procedures and recognizing and responding to resident changes of condition. Caregiver D did not have training including job responsibilities, prevention and reporting of resident abuse, neglect and misappropriation of resident property, emergency and disaster plan and evacuation procedures, Community Based Residential Facility policies and procedures and recognizing and responding to resident changes of condition. Findings include: On 12/19/2024, Surveyor reviewed Caregiver C's and Caregiver D's records. Caregiver C was hired on 03/18/2023. Caregiver D was hired on 04/21/2021. Surveyor could not locate orientation training including emergency and disaster plan and evacuation procedures and recognizing and responding to resident changes of condition for Caregiver C. Surveyor could not locate orientation training including job responsibilities, prevention and reporting of resident abuse, neglect and misappropriation of resident property, emergency and disaster plan and evacuation procedures,	N 230		

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N 230	Continued From page 3 Community Based Residential Facility policies and procedures and recognizing and responding to resident changes of condition for Caregiver D. On 12/19/2024 at 10:45 AM, Surveyor interviewed Executive Director A and Assistant Director B. Assistant Director B stated s/he is responsible for new hire orientation. Assistant Director B stated s/he thought since Caregiver D was a rehire s/he could use the previous paperwork for him/her. Assistant Director B stated s/he did not complete a new orientation when s/he was hired on 04/21/2021. Assistant Director B stated Caregiver C did not have the training because emergency and disaster plan and evacuation procedures and recognizing and responding to resident changes of condition was not part of the orientation checklist. Assistant Director B stated s/he would update the orientation checklist to reflect these trainings as well for new hires.	N 230		
N 243	83.21(1)-(3) All employee training. The CBRF shall provide, obtain or otherwise ensure adequate training for all employees in all of the following: Resident rights. Training shall include general rights of residents including rights as specified under s. DHS 83.32(3). Training shall be provided as applicable under ss. 50.09 and 51.61 and chs. 54, 55, and 304, Stats., and ch. DHS 94, depending on the legal status of the resident or service the resident is receiving. Specific training topics shall include house rules, coercion, retaliation, confidentiality, restraints, self-determination, and the CBRF ' s complaint and grievance procedures. Residents ' rights training shall be completed within 90 days after	N 243		

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N 243	Continued From page 4 starting employment. Client Group. Training shall be specific to the client group served and shall include the physical, social and mental health needs of the client group. Specific training topics shall include, as applicable: characteristics of the client group served, activities, safety risks, environmental considerations, disease processes, communication skills, nutritional needs, and vocational abilities. Client group specific training shall be completed within 90 days after starting employment. Client Group. In a CBRF serving more than one client group, employees shall receive training for each client group. Recognizing, preventing, managing, and responding to challenging behaviors. Specific training topics shall include, as applicable: elopement, aggressive behaviors, destruction of property, suicide prevention, self-injurious behavior, resident supervision, and changes in condition. Challenging behaviors training shall be completed within 90 days after starting employment. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 employee reviewed (Caregiver C), obtained all training as required within 90 days after starting employment. Caregiver C did not have training in preventing, managing and responding to challenging behaviors within 90 days after starting employment.	N 243		

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N 243	Continued From page 5 Findings include: The facility was licensed on 08/26/2021, to serve clients with terminally ill, physically disabled, irreversible dementia/Alzheimer's, developmentally disabled, and advanced aged. On 12/19/2024, at approximately 9:45 AM, Surveyor conducted a review of employee records to verify compliance with all employee training requirements. Surveyor identified the following: -Caregiver C was hired on 03/18/2023. There was no evidence Caregiver C received training in recognizing, preventing, managing and responding to challenging behaviors. On 12/19/2024, at approximately 10:45 AM, Executive Director A and Assistant Director B stated Caregiver C did not receive training in recognizing, preventing, managing and responding to challenging behaviors and did not meet an exemption for the trainings. Assistant Director B stated Caregiver C did not have the training because recognizing, preventing, managing and responding to challenging behaviors was not on the orientation checklist. Assistant Director B stated s/he would update the orientation checklist to reflect these trainings as well for new hires.	N 243		