STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	410105	A. BUILDING: _____ B. WING _____	R-C 11/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLA HOPE	613 N DIVISION ST APPLETON, WI 54913

(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	{N 000}		
{N 000}	Initial Comments On 11/04/2024, with additional information gathered through 11/05/2024, Surveyor conducted a verification visit at Villa Hope. Two of 7 previous deficiencies were corrected. Six deficiencies were identified. Five of 6 deficiencies were repeat violations. See Statements of Deficiency (SOD) 42MJ12, dated 12/12/2019, SOD 42MJ13, dated 02/18/2022, and SOD 42MJ15, dated 06/18/2024. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 12	{N 000}		
N 196	83.14(2)(a) Licensee ensures facility complies with laws The licensee shall ensure the CBRF and its operation comply with all laws governing the CBRF. This Rule is not met as evidenced by: Based on observation, record review, and interview, the licensee did not ensure the CBRF and its operation complied with all laws governing the CBRF. A verification visit was conducted at the facility for a fifth follow up survey. Six deficiencies were identified. Five of 6 deficiencies were repeat violations.	N 196		

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

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N 196	Continued From page 1 See Statements of Deficiency (SOD) 42MJ12, dated 12/12/2019, SOD 42MJ13, dated 02/18/2022, and SOD 42MJ15, dated 06/18/2024. Findings include: The provider is licensed to serve up to 15 residents who may have traumatic brain injury, be mentally ill/emotionally disturbed, and/or developmentally disabled. On 11/04/2024, Surveyor reviewed the department's provider records for Villa Hope and noted the facility had been licensed by licensee corporation Villa Hope Inc. with Licensee Designee E listed as the designated agent. Surveyor noted the facility had been licensed since 10/22/1981. Surveyor noted a biennial report had not been received by the department since 2022. The 2022 biennial report was completed by Former Administrator F. On 11/04/2024, Surveyor conducted a verification visit. At approximately 2:20 PM, Surveyor interviewed Administrator A and Program Manager B. Administrator A identified him/herself as the acting administrator since 2023. Administrator A stated Licensee Designee E had not been involved with the organization or facility for 15 or more years. S/he stated Villa Hope Inc. was a non-profit organization that had a Board of Directors. Administrator A verified s/he did not have any awareness of anyone sending any information to the department regarding a change in licensee designee or on the Board of Directors. As a result of Licensee Designee E not upholding his/her responsibilities as the licensee, a complaint investigation and survey with 5	N 196		

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N 196	Continued From page 2 follow-up verification visits were conducted from 02/19/2019 through 11/05/2024 resulting in deficiencies. On 11/04/2024, with additional information gathered through 11/05/2024, 6 deficiencies were identified. (5 of 6 deficiencies were repeat violations): N0196 83.14(2)(a) Licensee Ensures Facility Complies With Laws Based on observation, record review, and interview, the licensee did not ensure the CBRF and its operation complied with all laws governing the CBRF. N0230 83.19 Orientation Based on record review and interview, the provider did not ensure 2 of 2 employees (Caregiver D and Caregiver E) were provided orientation training which shall include: job responsibilities; prevention and reporting of resident abuse, neglect, and misappropriation of resident property; information regarding assessed needs and individual services for each resident; emergency and disaster plan and evacuation procedures; CBRF policies and procedures; recognizing and responding to resident changes of condition before performing any job duties. This is a repeat deficiency. See Statement of Deficiency (SOD) 42MJ16, dated 06/18/2024. N0243 83.21(1)-(3) All Employee Training Based on record review and interview, the provider did not ensure 2 of 2 (Caregiver D and Caregiver E) employees reviewed, obtained training in residents rights; recognizing, preventing, managing and responding to challenging behaviors; and client groups as required within 90 days after starting employment. This is repeat deficiency, see Statement of Deficiency (SOD) 42MJ15, dated 06/18/2024.	N 196		

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N 196	Continued From page 3 N0305 83.28(6) Resident Rights, Grievance, Rules Based on record review and interview, the provider did not ensure Resident 1 was provided and explained the resident rights, house rules and grievance procedure at the time of admission. This is a repeat deficiency. See Statement of Deficiency (SOD) 42MJ15, dated 06/18/2024. N0310 83.29(2) Admission Agreement Include Services, Charges Based on record review and interview, the provider did not ensure Resident 1 was given in writing and explained orally the admission agreement. The provider did not have record of Resident 1's signature and date acknowledging the admission agreement. This is a repeat deficiency. See Statement of Deficiency (SOD) 42MJ15, dated 06/18/2024. N0389 83.35(3)(d) Service Plans Updated Annually Or On Changes Based on record review and interview, the provider did not ensure Resident 1 reviewed, revised, and signed the individual service plan (ISP), acknowledging their involvement in, and understanding of, and agreement with the individual service plan at least annually. This requirement is being cited for a fourth time. See Statements of Deficiency (SOD) 42MJ12, dated 12/12/2019, SOD 42MJ13, dated 02/18/2022, and SOD 42MJ15, dated 06/18/2024.	N 196		
{N 230}	83.19 Orientation Before an employee performs any job duties, the CBRF shall provide each employee with	{N 230}		

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{N 230}	Continued From page 4 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; (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 employees (Caregiver D and Caregiver E) were provided orientation training which shall include: job responsibilities; prevention and reporting of resident abuse, neglect, and misappropriation of resident property; information regarding assessed needs and individual services for each resident; emergency and disaster plan and evacuation procedures; CBRF policies and procedures; recognizing and responding to resident changes of condition before performing any job duties. This is a repeat deficiency. See Statement of Deficiency (SOD) 42MJ16, dated 06/18/2024. Findings include: The provider is licensed to serve up to 15 residents who may have traumatic brain injury, be mentally ill/emotionally disturbed, and/or developmentally disabled. On 11/04/2024, Surveyor conducted a verification	{N 230}		

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{N 230}	Continued From page 5 visit. At approximately 1:06 PM, Surveyor requested employee records and verification from Administrator A and Program Manager B of Caregiver D and Caregiver E receiving orientation training since Surveyors' previous visit. Program Manager B stated s/he did not know Caregiver D and Caregiver E needed to receive the trainings and had thought only new staff needed them. Program Manager B provided Surveyor with a blank checklist outlining what would be trained upon in orientation. S/he said s/he did not complete them with Caregiver D and Caregiver E. Administrator A verified Caregiver D and Caregiver E did not receive the required orientation trainings since hire and since the previous Surveyor's visit. Surveyor verified with Program Manager B that Caregiver D was hired on 01/24/2022 as a caregiver and Caregiver E was hired on 01/23/2024 as a caregiver and were both still working at the facility. Program Manager B stated no new staff had been hired since Surveyor's visit in June 2024. Surveyor reviewed the staff schedule and verified no additional staff had been hired. On 11/04/2024 at approximately 1:30 PM, Surveyor interviewed Administrator A and Program Manager B who verified Caregiver D and Caregiver E had still not received orientation training which shall include: job responsibilities; prevention and reporting of resident abuse, neglect, and misappropriation of resident property; information regarding assessed needs and individual services for each resident; emergency and disaster plan and evacuation	{N 230}		

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{N 230}	Continued From page 6 procedures; CBRF policies and procedures; recognizing and responding to resident changes of condition before performing any job duties. Cross Reference: N0243 DHS 84.21 All Employee Training	{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 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.	{N 243}		

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{N 243}	Continued From page 7 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 2 of 2 (Caregiver D and Caregiver E) employees reviewed, obtained training in residents rights; recognizing, preventing, managing and responding to challenging behaviors; and client groups as required within 90 days after starting employment. This is repeat deficiency, see Statement of Deficiency (SOD) 42MJ15, dated 06/18/2024. Findings include: The provider is licensed to serve up to 15 residents who may have traumatic brain injury, be mentally ill/emotionally disturbed, and/or developmentally disabled. On 11/04/2024, Surveyor conducted a verification visit. At approximately 1:06 PM, Surveyor requested employee records and verification from Administrator A and Program Manager B of	{N 243}		

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{N 243}	Continued From page 8 Caregiver D and Caregiver E receiving training in resident rights; recognizing preventing, managing and responding to challenging behaviors; and client groups since Surveyors' previous visit. Program Manager B stated s/he did not know Caregiver D and Caregiver E needed to receive the trainings and had thought only new staff since the previous visit needed to receive the trainings. Administrator A verified Caregiver D and Caregiver E did not receive the required trainings since hire and since the previous Surveyor's visit. Surveyor verified with Program Manager B that Caregiver D was hired on 01/24/2022 as a caregiver and Caregiver E was hired on 01/23/2024 as a caregiver and were both still working at the facility. Program Manager B stated no new staff had been hired since Surveyor's visit in June 2024. Surveyor reviewed the staff schedule and verified no additional staff had been hired. On 11/04/2024 at approximately 1:30 PM, Surveyor interviewed Administrator A and Program Manager B who verified Caregiver D and Caregiver E had still not received training in resident rights; recognizing preventing, managing and responding to challenging behaviors; and client groups. Program Manager B verified Caregiver D and Caregiver E did not meet any exemptions from completing the trainings. Cross Reference: N0230 DHS 83.19 Orientation	{N 243}		
{N 305}	83.28(6) Resident rights, grievance procedure, rules Resident rights, grievance procedure, and house	{N 305}		

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{N 305}	Continued From page 9 rules. Before or at the time of admission, the CBRF shall provide and explain resident rights, the house rules of the CBRF as required under s. DHS 83.32 (2), and the grievance procedure, including written information regarding the names, addresses and telephone numbers of all resident advocacy groups serving the client groups in the facility, including the long term care ombudsman program and the protection and advocacy services of Disability Rights Wisconsin, Inc. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 1 was provided and explained the resident rights, house rules and grievance procedure at the time of admission. This is a repeat deficiency. See Statement of Deficiency (SOD) 42MJ15, dated 06/18/2024. Findings include: On 11/04/2024, Surveyor reviewed Resident 1's record provided by Program Manager B. Surveyor noted Resident 1's record did not contain evidence resident rights, house rules, and grievance procedure were given to Resident 1 in writing and explained at the time of admission. Surveyor note: Resident Rights, Grievance Procedure, and House rules were noted to be signed separately from the admission agreement in other resident records reviewed. On 11/04/2024 at approximately 1:20 PM, Surveyors interviewed Program Manager B and inquired whether s/he had documentation that the resident rights, house rules and grievance	{N 305}		

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{N 305}	Continued From page 10 procedure had been explained and given to Resident 1 in writing since Surveyors' previous visit. Program Manager B stated no. At approximately 2:00 PM, Surveyor interviewed Administrator A and Program B who verified Resident 1 had not been explained and provided in writing resident rights, house rules, and the grievance procedure at the time of admission or since Surveyors' previous visit in June 2024.	{N 305}		
{N 310}	83.29(2) Admission agreement include services, charges The admission agreement shall be given in writing and explained orally in the language of the prospective resident or legal representative. Admission is contingent on a person or that person ' s legal representative signing and dating an admission agreement. The admission agreement shall include all of the following: (a) An accurate description of the basic services provided, the rate charged for those services and the method of payment; (b) Information about all additional services offered, but not included in the basic services. The CBRF shall provide a written statement of the fees charged for each of these services; (c) The method for notifying residents of a change in charges for services; (d) Terms for resident notification to the CBRF of voluntary discharge. This paragraph does not apply to a resident in the custody of a government correctional agency; (e) Terms for refunding charges for services paid in advance, entrance fees, or security deposits in the case of transfer, death or voluntary or involuntary discharge; (f) A statement that the amount of the security deposit may not exceed one month ' s fees for services, if security deposit is collected; (g) Terms for	{N 310}		

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{N 310}	Continued From page 11 holding and charging for a resident ' s room during a resident ' s temporary absence. This paragraph does not apply to a resident in the custody of a government correctional agency; (h) Reasons and notice requirements for involuntary discharge or transfer, including transfers within the CBRF. This paragraph does not apply to a resident in the custody of a government correctional agency. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 1 was given in writing and explained orally the admission agreement. The provider did not have record of Resident 1's signature and date acknowledging the admission agreement. This is a repeat deficiency. See Statement of Deficiency (SOD) 42MJ15, dated 06/18/2024. Findings include: On 11/04/2024, Surveyor conducted a verification visit. Surveyor reviewed Resident 1's record and noted s/he was admitted to the facility on 11/04/2022. Resident 1's record did not contain an admission agreement. Surveyor noted Resident 1 was identified as his/her own person. On 11/04/2024 at approximately 1:20 PM, Surveyor inquired with Program Manager B whether an admission agreement was reviewed with Resident 1 since Surveyor's previous visit in June 2024. Program Manager B verified there was not a signed admission agreement if it was not in Resident 1's record.	{N 310}		

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{N 310}	Continued From page 12 On 11/04/2024 at approximately 2:00 PM, Surveyor interviewed Administrator A and Program Manager B who verified Resident 1 did not receive or acknowledge an admission agreement upon admission or since Surveyor's previous visit.	{N 310}		
{N 389}	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 1 reviewed, revised, and signed the individual service plan (ISP), acknowledging their involvement in, and understanding of, and agreement with the individual service plan at least annually. This requirement is being cited for a fourth time. See Statements of Deficiency (SOD) 42MJ12, dated 12/12/2019, SOD 42MJ13, dated 02/18/2022, and SOD 42MJ15, dated	{N 389}		

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{N 389}	Continued From page 13 06/18/2024. Findings include: On 11/04/2024, Surveyor conducted a verification visit. Surveyor reviewed Resident 1's record and noted Resident 1 was admitted to the facility on 11/04/2022. Surveyor reviewed Resident 1's ISP dated 11/04/2022. Program Manager B stated the ISP was Resident 1's ISP developed upon admission and no ISP's had been reviewed, updated, and signed since. On 11/04/2024 at approximately 2:00 PM, Surveyor interviewed Administrator A and Program Manager B who verified Resident 1's ISP had not been reviewed, revised, and signed since 11/04/2022.	{N 389}		