STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011717	A. BUILDING: _____ B. WING _____	R 01/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHITNEY LODGE II (THE)	209 N WHITNEY WAY MADISON, WI 53705

(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 01/10/2024, the Bureau of Assisted Living, Southern Regional Office conducted a verification visit at Whitney Lodge II, a CBRF located in Madison, WI. As a result of the survey, 1 violation of Chapter DHS 83 was issued. One violation is a repeat violation from previous Statement of Deficiency (SOD) 4IJ911 dated 08/21/2023 and SOD 4IJ912 dated 01/10/2024. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 8	{N 000}		
{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 residents with prescribed or over-the-counter	{N 239}		

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 239}	Continued From page 1 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 that 2 of 3 employees reviewed completed training in standard precautions. Caregiver C and Caregiver F did not have documented standard precautions training. This is a repeat violation from previous Statement of Deficiency (SOD) 4IJ911 dated 08/21/2023 and SOD 4IJ912 dated 01/10/2024. Findings include: On 01/17/2025 at 9:15 AM, Surveyor conducted a review of staff files to verify compliance with department approved training requirements. Surveyor requested training records from Licensee A for Caregiver C and Caregiver F. Standard Precautions The record for Caregiver C, hired 08/04/2021, did not contain evidence of training or evidence of meeting an exemption for standard precautions. On 01/17/2025 at 10:00 AM, Surveyor interviewed Caregiver Lead B. Caregiver Lead B confirmed that Caregiver C is employed at the facility and performs duties that may expose Caregiver C to bodily fluids.	{N 239}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011717	A. BUILDING: _____ B. WING _____	R 01/21/2025

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{N 239}	Continued From page 2 On 01/17/2025, at approximately 12:00 PM, Surveyor sent an email provided to Administrator A. The email requested evidence that Caregiver C had completed or met an exemption for standard precautions training. On 01/17/2025, Surveyor verified Caregiver C was not on the Community-Based Care and Treatment training registry for standard precautions. The record for Caregiver F, hired 01/07/2025, did not contain evidence of training or evidence of meeting an exemption for standard precautions. On 01/17/2025 at 10:00 AM, Surveyor interviewed Caregiver Lead B. Caregiver Lead B confirmed that Caregiver F is employed at the facility and performs duties that may expose Caregiver F to bodily fluids. Caregiver Lead B stated that Caregiver F can work alone while on duty. On 01/17/2025, at approximately 12:00 PM, Surveyor sent an email provided to Administrator A. The email requested evidence that Caregiver F had completed or met an exemption for standard precautions training. On 01/17/2025, Surveyor verified Caregiver F was not on the Community-Based Care and Treatment training registry for standard precautions. On 01/21/2025 at 12:00 PM, Licensee A emailed Surveyor and confirmed that neither Caregiver C nor Caregiver F had completed training in Standard Precautions. In the email, Licensee A stated that both Caregiver C and Caregiver F would be taking Standard Precautions training in	{N 239}		

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{N 239}	Continued From page 3 February 2025.	{N 239}		