STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015013	A. BUILDING: _____ B. WING _____	R-C 08/17/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BIRCH HAVEN SENIOR LIVING EAGLES RIDGE	224 22ND AVENUE W ASHLAND, WI 54806

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{N 000}	Initial Comments On 08/15/2023, Surveyor conducted 2 complaint investigations, a verification visit, and a standard licensure survey at Birch Haven Senior Living Eagles Ridge. Data was collected through 08/17/2023. Two of 2 complaints were unsubstantiated. Four deficiencies were identified. Two of the 4 deficiencies were repeat violations. See SOD P5C211, dated 05/15/2019 and SOD E6XC11, dated 10/25/2021. Census: 7 Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed.	{N 000}		
N 219	83.17(1) Licensee conduct caregiver background check Caregiver background check. At the time of hire, employment or contract and every 4 years after, the licensee shall conduct and document a caregiver background check following the procedures in s. 50.065, Stats., and ch. DHS 12. A licensee shall not employ, contract with or permit a person to reside at the CBRF if the person has been convicted of the crimes or offenses, or has a governmental finding of misconduct, found in s. 50.065, Stats., and ch. DHS 12, Appendix A, unless the person has been approved under the department ' s rehabilitation process as defined in ch. DHS 12.	N 219		

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

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N 219	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the provider did not conduct and document a caregiver background check every 4 years after date of hire, following the procedures in s.50.065, Stats., and ch DHS 12, for Caregiver B. This requirement is being cited for the third time. See Statement of Deficiency (SOD) P5C211, dated 05/15/2019 and SOD E6XC11, dated 10/25/2021. Findings include: On 08/15/2023, Surveyor reviewed Caregiver B's employee file. Caregiver B's date of hire was 03/29/2019. Caregiver B's caregiver background check (CBC) was completed on 03/27/2019. This CBC was over 4 years old. On 08/15/2023 at approximately 2:30 p.m., Surveyor interviewed Administrator A. Surveyor explained Caregiver B's CBC was greater than 4 years old. Surveyor asked if there was a current CBC for Caregiver B. Administrator A said s/he would contact the business office to check if they had a more recent CBC for Caregiver B. On 08/16/2023, Administrator A faxed Surveyor an updated CBC for Caregiver B that was dated 08/16/2023. The provider did not ensure they conducted a CBC every 4 years for Caregiver B.	N 219		

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N 220	Continued From page 2	N 220		
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 ensure 1 of 2 employees reviewed was screened for communicable disease including tuberculosis (TB) using standards set by the Centers for Disease Control and Prevention (CDC). This is a repeat deficiency. See Statement of Deficiency (SOD) E6XC11, dated 10/25/2021. Findings include: The CDC states: "All U.S. health care personnel should be screened for TB upon hire (i.e., preplacement). TB screening is a process that includes: A baseline individual TB risk assessment, TB symptom evaluation, A TB test (e.g., TB blood test or a TB skin test), and	N 220		

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N 220	Continued From page 3 Additional evaluation for TB disease as needed." (Source: The Centers for Disease Control and Prevention Website, TB Screening and Testing of Health Care Personnel, Updated August 30, 2022, https://www.cdc.gov/tb/topic/testing/healthcareworkers.htm (retrieval date - August 17, 2023).) On 08/15/2023, Surveyor reviewed Caregiver C's employee file. Caregiver C's date of hire was 05/22/2023. Caregiver C's file contained a documented TB screen and TB risk assessment and symptom evaluation. His/her file did not contain documentation of a TB test. On 08/15/2023 at approximately 3:00 p.m., Surveyor interviewed Administrator A and Registered Nurse (RN) D. Surveyor asked if they had completed a TB test for Caregiver C. RN D said s/he did not give Caregiver C a TB test. On 08/16/2023 at approximately 8:20 a.m., Administrator A called Surveyor. Administrator A said Caregiver C did have a previous TB test, prior to employment, but they did not have documentation of it. The provider did not ensure it followed standards set by the CDC to screen each employee for TB.	N 220		
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	N 277		

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N 277	Continued From page 4 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 1 of 2 caregivers reviewed, received at least 15 hours per calendar year of continuing education. Caregiver B did not receive at least 15 hours of continuing education in 2022. S/he did not receive education related to: standard precautions, medications, resident rights, and prevention and reporting of abuse, neglect, and misappropriation. Findings include: This provider is licensed to care for up to 8 residents in the client groups of: advanced age, irreversible dementia/Alzheimer's disease, physically disabled, traumatic brain injury, and emotionally disturbed/mental illness. On 08/15/2023, Surveyor reviewed Caregiver B's employee file. Caregiver B's date of hire was 03/29/2019. His/her employee file contained documentation of dementia training in 2022. On 08/15/2023 at approximately 2:30 p.m., Surveyor interviewed Administrator A and asked if	N 277		

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N 277	Continued From page 5 Caregiver C had any other training for 2022. Administrator A said s/he would contact the business office to check for additional documentation of training. On 08/16/2023, Surveyor received an email from Administrator A. The email contained training sign-in forms that Caregiver B signed in 2022. The documentation indicated s/he attended the following training: 03/16/2022 - Dementia training - no hours documented. 04/12/2022 - Understanding dementia and severe weather training - 2 hours. 07/14/2022 - Fire Extinguisher and emergency procedures - 2 hours. 11/08/2022 - Dementia training - 1.25 hours. There was no documentation to indicate s/he received training in standard precautions, medications, resident rights, or prevention and reporting abuse, neglect, and misappropriation. S/he did not have at least 15 hours of training documented in 2022.	N 277		
N 427	83.38(1)(c) Leisure time activities. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Leisure time activities. The CBRF shall provide a daily activity program to meet the interests and capabilities of the residents. Employees shall encourage and promote resident participation in	N 427		

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N 427	Continued From page 6 the activity program. The CBRF shall develop and post the activity schedule in an area available to residents. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a daily activity program was provided and posted in an area available to the residents. Findings include: On 08/15/2023 at approximately 10:00 a.m., Surveyor toured the facility and did not observe an activity calendar posted. There was a white board in the dining area that stated the date with some quotes and drawings on it. There were no activities posted on the white board. At approximately 10:10 a.m., Surveyor interviewed Resident 1. Surveyor asked what kind of activities they did. Resident 1 told Surveyor they were not doing activities as the activity director quit about 2 weeks ago. At approximately 10:20 a.m., Surveyor interviewed Administrator A. Administrator A told Surveyor that residents were doing their own activities. They had puzzles, books, and crosswords for residents to use. S/he said they did do a resident appreciation party. Administrator A said they were in the process of hiring a new activity director. At approximately 11:00 a.m., Surveyor interviewed Resident 2 and his/her son/daughter. Surveyor asked what activities they do. Resident 2 said they were in the middle of hiring a new	N 427		

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N 427	Continued From page 7 activity director. S/he said they used to play Bingo once per week. S/he said they had a picnic about a month ago. The provider did not ensure there was a daily activity program and did not post an activity calendar.	N 427		