STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	310343	A. BUILDING: _____ B. WING _____	08/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INSPIRATION MINISTRIES	N2270 HWY 67 WALWORTH, WI 53184

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N 000	Initial Comments On 08/14/2024, Surveyor conducted a standard licensure survey at Inspiration Ministries. Four deficiencies were identified. One of 4 deficiencies was a repeat violation (see Statement of Deficiency (SOD) IJ6J11). Census: 12	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 ensure 2 of 2 employees (Caregiver D and Caregiver E) reviewed had been screened for clinically apparent communicable disease, including tuberculosis (TB), by a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse within 90 days before the start of employment. Findings include:	N 220		

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

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N 220	Continued From page 1 On 08/14/2024, Surveyor reviewed Caregiver D's and Caregiver E's record. Caregiver D was hired on 01/18/2024. Caregiver D's record did not contain a communicable disease screen and a negative TB test result. Caregiver E was hired on 01/03/2024. Caregiver E's record did not contain a communicable disease screen and a negative TB test result. On 08/14/2024, at approximately 1:00 PM, Surveyor interviewed Administrator A, Director of Resident Services B and Chief Clinical Service Officer C. Chief Clinical Service Officer C confirmed Caregiver D's and Caregiver E's TB test and communicable disease screen were not completed within 90 days before the start of employment.	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 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.	N 277		

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N 277	Continued From page 2 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 staff received all required continuing education in 2022 and 2023. This is a repeat deficiency. See Statement of Deficiency (SOD) 8F3I11, dated 08/08/2018, and SOD IJ6J11, dated 02/08/2022. Caregiver F, who is a med passer, did not receive continuing education in medication administration in 2022 and 2023. Findings include: On 08/14/2024, Surveyor reviewed Caregiver F's record. Caregiver F was hired on 09/16/2016. Caregiver F's record did not have evidence of receiving continuing education in in medication administration in 2022 and 2023. On 08/14/2024, at approximately 1:00 PM, Surveyor interviewed Administrator A, Director of Resident Services B and Chief Clinical Service Officer C. Director of Resident Services B and Chief Clinical Service Officer C stated they were new with the provider and upon hire, had reviewed staff records and determined some staff needed additional courses in continuing education.	N 277		
N 415	83.37(2)(d) Documentation of medication administration. Documentation of medication administration. As	N 415		

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N 415	Continued From page 3	N 415		

required under s. DHS 83.42(1)(o), at the time of medication administration, the person administering the medication or treatment shall document in the resident record the name, dosage, date and time of medication taken or treatments performed and initial the medication administration record. Any side effects observed by the employee or symptoms reported by the resident shall be documented. The need for any PRN medication and the resident ' s response shall be documented.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure proper documentation on the Medication Administration Record (MAR) for 1 of 1 resident reviewed.

Resident 1's MARs did not include a rationale for use and/or effectiveness of his/her PRN Lorazepam when administered.

Findings include:

On 08/14/2024, Surveyor reviewed Resident 1's record.

Resident 1's June and July 2024 MAR (Medication Administration Record) documented: "Lorazepam 1 MG (milligram). Take 1 tablet by mouth up to two times a day at least 6 hours apart as needed for agitation or anxiety."

The PRN Lorazepam was administered on the following dates:
06/12 4:19 PM - No rationale, significant relief
06/16 2:35 PM - Requested for anxiety, significant relief

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N 415	Continued From page 4	N 415		

06/24 11:03 AM - Anxiety, some relief
06/26 11:46 AM - No rationale, some relief
07/11 1:39 PM - No rationale or effectiveness documented
07/15 11:53 AM - Agitation, some relief
07/19 9:47 AM - No rationale, some relief
07/20 6:38 AM - Agitation, significant relief
07/22 1:51 PM - Agitation, significant relief

Resident 1's June and July 2024 "Observations" documented:
06/16/2024 - At the beginning of second shift this resident came to the nurses station upset that the dryer had "Eaten [his/her] quarters when [s/he] was trying to start the dryer. Writer then provided [him/her] with more quarters to continue with a different dryer. Resident continued to perseverate on the fact that it was not [his/her] fault, while increasingly becoming more upset. Resident then began to talk about how [s/he] has barely spoken to [his/her] family today and with it being [special day] that was not right, but stated "They won't answer my phone calls". Resident was able to be redirect3ed but did request a PRN for anxiety cause [s/he] felt [s/he] was getting too upset ...."
The "Observations" did not document any other rationale's on why Resident 1's PRN Lorazepam was administered in June and July 2024.

Resident 1's ISP, dated 02/08/2024, documented:
"Medication Management - To receive assistance from staff with managing/administering medications per physician's orders."
"PRN Psychotropic Mediation - Lorazepam 1 MG tablet. Directions: Take 1 tablet by mouth up to two times a day at least 6 hours apart as needed for agitation or anxiety. Reason for use: Agitation."

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N 415	Continued From page 5 On 08/14/2024, at approximately 1:00 PM, Surveyor interviewed Administrator A, Director of Resident Services B and Chief Clinical Service Officer C. Director of Resident Services B stated Resident 1 would usually request his PRN Lorazepam him/herself, because s/he knew when s/he felt anxiety. Director of Resident Services B stated staff should be documenting of the medication was effective and could document what behaviors were being observed, versus just the word anxiety or agitation.	N 415		
N 481	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not maintain a living environment that is safe, clean, comfortable, and homelike. Findings include: On 08/14/2024, at approximately 10:15 AM, Surveyor conducted a tour of the dining room with Director of Dining Services G and observed the following: -Dining room chairs, which were a shiny blue faux leather, were significantly cracked and peeling, especially on the seat portion. -The floor tiling, which appeared to be porcelain, had 3-foot sections throughout the flooring that	N 481		

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N 481	Continued From page 6 had the appearance of a gray substance spilled on. The floor tiling was cracking along seam lines. -The dropped ceiling tile contained what appeared to be dust hanging from the tiles near the cold air returns. -A window was leaking and had a towel sitting on the window frame, to assist with soaking up moisture when it rained. -The door frame coming into the dining room, showed significant damage to what appeared was from wheelchairs scraping along the frame. On 08/14/2024, at approximately 1:00 PM, Surveyor interviewed Administrator A, Director of Resident Services B and Chief Clinical Service Officer C. Administrator A stated s/he was aware that the dining room, which is a sunroom style area, needed to be addressed and would continue discussing the concerns with management.	N 481		