STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017474	A. BUILDING: _____ B. WING _____	C 10/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUITES AT BELOIT (THE)	2122 PIONEER DRIVE BELOIT, WI 53511

(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 10/01/2024, the Bureau of Assisted Living, Southern Regional Office, conducted a standard survey and a complaint investigation at The Suites of Beloit a CBRF located in Beloit, WI. As a result of this survey, 3 violations of DHS Chapter 83 were issued. Complaint was unsubstantiated. Census: 40	N 000		
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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure resident care staff received at least 15 hours per calendar year of continuing education beginning with the first full calendar year of employment, which included, at a minimum, all of the following: (1) Standard precautions; (2) Client group related training; (3) Medications; (4) Resident rights; (5) Prevention	N 277		

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

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N 277	Continued From page 1	N 277		

and reporting of abuse, neglect and misappropriation; (6) Fire safety and emergency procedures, including first aid.

On 10/01/2024, Surveyor reviewed 3 staff training records. Three of 3 records reviewed did not have at least 15 hours of continuing education for the calendar year of 2023.

FINDINGS INCLUDE:

On 10/01/2024, Surveyor reviewed Department face sheet. The facility provides care to the following client groups: advanced aged, physically disabled, terminally ill, irreversible dementia & Alzheimer's. The facility maximum capacity is 54 residents.

On 10/01/2024, Surveyor arrived at facility for a standard survey.

On 10/01/2024 at 10:00 AM, Surveyor received the staff roster from Administrator A. Administrator A stated all staff who were highlighted in yellow were permitted to administered medications to residents. Surveyor reviewed Caregiver D, Caregiver E and Caregiver F's names were highlighted in yellow.

EXAMPLE 1: Caregiver D

On 10/01/2024, Surveyor reviewed Caregiver D's staff record. Caregiver D was hired on 12/14/2021.

On 10/02/2024, Surveyor reviewed Caregiver D's continuing education training for the calendar year of 2023. Caregiver D had 5.25 hours of continuing education training documented for 2023. Caregiver D had not received continuing

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N 277	Continued From page 2	N 277		

education in medication administration in 2023. Caregiver D had 2 hours of continuing education training documented in 2022. Caregiver D had not received the following required trainings in 2022: standard precautions, client group related training, resident rights & fire safety/emergency procedures/first aid.

EXAMPLE 2: Caregiver E

On 10/01/2024, Surveyor reviewed Caregiver E's staff record. Caregiver E was hired on 02/02/2022.

On 10/02/2024, Surveyor reviewed Caregiver E's continuing education training for the calendar year of 2023. Caregiver E had 3.75 hours of continuing education training documented for 2023. Caregiver E had not received the following required trainings in 2023: client group related training, medications, resident rights & fire safety/emergency procedures/first aide.

EXAMPLE 3: Caregiver F

On 10/01/2024, Surveyor reviewed Caregiver F's staff record. Caregiver F was hired on 02/23/2022.

On 10/01/2024, Surveyor reviewed Caregiver F's continuing education training for the calendar year of 2023. Caregiver F had 1.75 hours of continuing education training documented for 2023. Caregiver F had not received the following required training in 2023: client group related training, medications, resident rights, Prevention and reporting of abuse/neglect/misappropriation & fire safety/emergency procedures/first aid.

INTERVIEW:

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N 277	Continued From page 3 On 10/01/2024, Surveyor discussed the above concern with Administrator A. Administrator A acknowledged Caregiver D, Caregiver E & Caregiver F did not receive at least 15 hours of continuing education training in the calendar year of 2023. Administrator A acknowledged Caregiver D, Caregiver E & Caregiver F had not received training in all the following areas: standard precautions, client group related training, medications, resident rights, prevention and reporting of abuse/neglect/misappropriation & fire safety and emergency procedures, including first aid.	N 277		
N 504	83.46(1)(c) Heating system maintenance. Heating. The CBRF shall maintain the heating system in a safe and properly functioning condition. The CBRF shall ensure that a heating contractor or local utility company completes all of the following maintenance and makes available to the facility documentation of the maintenance performed: 1. An oil furnace shall be serviced at least once each year. 2. A gas furnace shall be serviced at least once every 3 years. 3. The CBRF shall have a chimney inspected at intervals corresponding with the heating system service under subd. 1. or 2. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that a heating contractor or local utility company completed maintenance on the gas furnace system at least once every 3 years.	N 504		

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N 504	Continued From page 4 FINDINGS INCLUDE: On 10/01/2024, Surveyor arrived at facility for a standard survey. On 10/01/2024, Surveyor reviewed facility environmental records. The most recent receipt for maintenance on the gas furnace system was dated 06/30/2021. On 10/01/2024 at 1:30 PM, Surveyor discussed the above concern with Administrator A. Administrator A acknowledged the facilities gas furnace system had not received maintenance within the last 3 years.	N 504		
N 534	83.48(1)(a) Smoke detection system. Except as provided under sub. (2), the CBRF shall have an interconnected smoke detection system pursuant to s. 50.035(2) Stats., and shall have an interconnected heat detection system to protect the entire CBRF so that if any detector is activated, an alarm audible throughout the building will be triggered. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the interconnected heat detection system to protect the entire CBRF (community based residential facility) if any detector is activated, an alarm audible throughout the building would be triggered. FINDINGS INCLUDE: On 10/01/2024, Surveyor arrived at facility for a standard survey.	N 534		

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N 534	Continued From page 5 On 10/01/2024, Surveyor reviewed the facilities environmental records. Surveyor reviewed a document titled, "FIRE ALARM INSPECTION REPORT," dated 03/28/2024. Under the subsection titled, "DEVICE DEFICIENCIES," the following deficiencies were documented: 1.) "N Wing Hall by Rm 208...smoke detector...03/28/2024...FUNCTIONAL FAILURE...FAILURE REASON: Failed to alarm when tested." 2.) "Rm 211...smoke detector...03/28/2024...FUNCTIONAL FAILURE...FAILURE REASON: It had failed in the past & this is why it had been removed." On 10/02/2024 at 1:00 PM, Surveyor asked Maintenance Manager C if s/he had the 2 smoke detectors described in the report repaired and retested. Maintenance Manager C stated s/he had not had the smoke detectors repaired/ retested since 03/28/2024. Maintenance Manager C acknowledged s/he did not know if the 2 smoke detectors listed above would activate the facilities heat detection system at this time.	N 534		