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 _____	R-C 01/29/2025

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 01/29/2025, the Bureau of Assisted Living, Southern Regional Office, conducted a verification visit and complaint investigation at Suites at Beloit a CBRF located in Beloit, WI. As a result of this survey, 1 deficiency of DHS Chapter 83 were issued. This is a repeat deficiency, see statement of deficiency (SOD) 4V2G11, dated 10/02/2024. Complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 37	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	N 277		

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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(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 277	Continued From page 1 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 and reporting of abuse, neglect and misappropriation; (6) Fire safety and emergency procedures, including first aid. On 01/29/2025, 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 2024. This is a repeat deficiency, see statement of deficiency (SOD) 4V2G11, dated 10/02/2024. FINDINGS INCLUDE: On 01/29/2025, Surveyor arrived at facility for a verification visit and complaint investigation. On 01/29/2025 at 10:00 a.m., Surveyor received the staff roster from Administrator A. Surveyor reviewed Caregiver E, Caregiver G and Caregiver H for continuing education for 2024. EXAMPLE 1: Caregiver E On 01/29/2025, Surveyor reviewed Caregiver E's staff record. Caregiver E was hired on 02/02/2022. On 01/29/2025, Surveyor reviewed Caregiver E's continuing education training for the calendar year of 2024. Caregiver E had 12.25 hours of continuing education training documented for 2024. Caregiver E had not received continuing education in fire safety in 2024.	N 277		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUITES AT BELOIT (THE)	2122 PIONEER DRIVE BELOIT, WI 53511

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N 277	Continued From page 2 EXAMPLE 2: Caregiver G On 01/29/2025, Surveyor reviewed Caregiver G's staff record. Caregiver G was hired on 11/01/2021. On 01/29/2025, Surveyor reviewed Caregiver G's continuing education training for the calendar year of 2024. Caregiver G had 12.25 hours of continuing education training documented for 2024. Caregiver G had not received continuing education in fire safety in 2024. EXAMPLE 3: Caregiver H On 01/29/2025, Surveyor reviewed Caregiver H's staff record. Caregiver H was hired on 02/17/2021. On 01/29/2025, Surveyor reviewed Caregiver H's continuing education training for the calendar year of 2024. Caregiver H had 8 hours of continuing education training documented for 2024. Caregiver H had not received continuing education in medications & fire safety in 2024 . On 01/29/2025 at approximately 1:00 p.m., Surveyor discussed the above concern with Administrator A. Administrator A acknowledged Caregiver E, Caregiver G & Caregiver H did not receive at least 15 hours of continuing education training in the calendar year of 2024. Administrator A stated that s/he had a documented plan for 2025 to ensure all staff completed continuing education requirements.	N 277		