| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 310376 | A. BUILDING: _____ B. WING _____ | C 09/03/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| EXODUS TRANSITIONAL CARE | 1421 FOND DU LAC AVE KEWASKUM, WI 53040 |

| (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 |
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| N 000 | Initial Comments<br><br>On 09/03/2025, Surveyor conducted one (1) complaint and an abbreviated survey at Exodus Transitional Care Facility. As a result of the survey, 1 complaint was unsubstantiated, 6 deficiencies were identified.<br><br>Census: 17 | N 000 | | |
| N 220 | 83.17(2)(a) Employees screened for communicable disease.<br><br>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.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure 3 of 3 caregivers reviewed were screened for clinically apparent communicable disease, including tuberculosis, within 90 days before the start of employment. Caregiver C, Caregiver D and Caregiver E did were not screened for communicable disease, Caregiver C was not screened for tuberculosis.<br><br>This is a repeat deficiency. See Statement of Deficiency (SOD) K4XX11, dated 02/01/2023. | N 220 | | |

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

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| N 220 | Continued From page 1<br><br>Findings include:<br><br>On 09/03/2025 at 9:00 AM, Surveyor reviewed the employee records of Caregiver C, Caregiver D and Caregiver E. Records indicated the following:<br><br>- Caregiver C was hired on 05/31/2022. Caregiver C's record did not have documentation Caregiver C was screened for clinically apparent communicable disease, and tuberculosis completed within 90 days before the start of employment.<br><br>- Caregiver D was hired on 07/14/2018. Caregiver D's record did not have documentation Caregiver D was screened for clinically apparent communicable disease.<br><br>- Caregiver E was hired on 04/02/2025. Caregiver E's record did not have documentation Caregiver E was screened for clinically apparent communicable disease.<br><br>On 09/03/2025 at approximately 11:00 AM, Surveyor interviewed Director A. Director A stated Caregiver C worked very limited time. Director A stated Caregiver D worked the night shift and Caregiver E was working in the kitchen at the time of survey. Director A stated s/he had obtained communicable disease screens for all the staff; however, s/he was unable to locate the screening for clinically apparent communicable disease. Director A stated s/he will ensure the medical director completes the screenings for clinically apparent communicable disease for all staff. | N 220 | | |

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| N 230 | Continued From page 2 | N 230 | | |
| N 230 | 83.19 Orientation<br><br>Before an employee performs any job duties, the CBRF shall provide each employee with orientation training which shall include all of the following:<br>(1) Job responsibilities; (2) Prevention and reporting of resident abuse, neglect and misappropriation of resident property; (3) Information regarding assessed needs and individual services for each resident for whom the employee is responsible; (4) Emergency and disaster plan and evacuation procedures under s. HFS 83.47(2); (5) CBRF policies and procedures; (6) Recognizing and responding to resident changes of condition.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure 2 of 2 employees obtained orientation training which shall include the following: (1) Job responsibilities; (2) Prevention and reporting of resident abuse, neglect and misappropriation of resident property; (3) Information regarding assessed needs and individual services for each resident for whom the employee is responsible; (4) Emergency and disaster plan and evacuation procedures under s. HFS 83.47(2); (5) CBRF policies and procedures; (6) Recognizing and responding to resident changes of condition.<br><br>Findings include:<br><br>On 09/03/2025, Surveyor requested Caregiver C and Caregiver E's orientation from Director A.<br><br>Caregiver C was hired on 05/31/2022. Caregiver | N 230 | | |

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| N 230 | Continued From page 3<br><br>C's record did not have evidence Caregiver C received orientation in job responsibilities; prevention and reporting of resident abuse, neglect and misappropriation of resident property; information regarding assessed needs and individual services for each resident for whom the employee is responsible; emergency and disaster plan and evacuation procedures; CBRF policies and procedures; and recognizing and responding to resident changes of condition before working.<br><br>Caregiver E was hired on 04/02/2025. Caregiver E's record did not have evidence Caregiver E received orientation regarding assessed needs and individual services for each resident for whom the employee is responsible; emergency and disaster plan and evacuation procedures; CBRF policies and procedures; and recognizing and responding to resident changes of condition before working.<br><br>On 09/03/2025 at 10:00 AM, Surveyor interviewed Caregiver E. Caregiver E acknowledged s/he had not completed all the orientation, but s/he was working on the orientation. Caregiver E confirmed s/he had been on the schedule and was working and currently cooking lunch.<br><br>On 09/03/2025 at 10:00 AM, Surveyor interviewed Administrative Coordinator (AC) F. AC F stated 2025 was not over yet and Caregiver E had time to complete the training. Surveyor shared the code reflecting orientation needed to be completed prior to working.<br><br>The provider did not ensure employees obtained orientation training before performing any job duties. | N 230 | | |

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| N 243 | Continued From page 4 | N 243 | | |
| N 243 | 83.21(1)-(3) All employee training.<br><br>The CBRF shall provide, obtain or otherwise ensure adequate training for all employees in all of the following:<br>Resident rights. Training shall include general rights of residents including rights as specified under s. DHS 83.32(3). Training shall be provided as applicable under ss. 50.09 and 51.61 and chs. 54, 55, and 304, Stats., and ch. DHS 94, depending on the legal status of the resident or service the resident is receiving. Specific training topics shall include house rules, coercion, retaliation, confidentiality, restraints, self-determination, and the CBRF ' s complaint and grievance procedures. Residents ' rights training shall be completed within 90 days after starting employment.<br>Client Group. Training shall be specific to the client group served and shall include the physical, social and mental health needs of the client group. Specific training topics shall include, as applicable: characteristics of the client group served, activities, safety risks, environmental considerations, disease processes, communication skills, nutritional needs, and vocational abilities. Client group specific training shall be completed within 90 days after starting employment.<br>Client Group. In a CBRF serving more than one client group, employees shall receive training for each client group.<br>Recognizing, preventing, managing, and responding to challenging behaviors. Specific training topics shall include, as applicable: elopement, aggressive behaviors, destruction of property, suicide prevention, self-injurious behavior, resident supervision, and changes in condition. Challenging behaviors training shall be | N 243 | | |

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| N 243 | Continued From page 5<br>completed within 90 days after starting employment.<br><br>This Rule is not met as evidenced by:<br>Based on staff interview and record review the provider did not ensure 2 of 2 employees reviewed, obtained all training as required within 90 days after starting employment.<br><br>Caregiver C and Caregiver E did not have training in recognizing, preventing, managing and responding to challenging behaviors within 90 days after starting employment.<br><br>Caregiver C and Caregiver E did not have training in required client groups within 90 days after starting employment.<br><br>Findings include:<br><br>On 09/03/2025, Surveyor conducted a review of 2 employees to verify compliance with all employee training requirements. Surveyor requested training records from Director A for Caregiver C and Caregiver E.<br><br>Recognizing, Preventing, Managing and Responding to Challenging Behaviors<br><br>The record for Caregiver C, hired 05/31/2022, did not contain evidence of training or evidence of meeting an exemption for challenging behaviors training.<br><br>The record for Caregiver E, hired 04/02/2025, did | N 243 | | |

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| N 243 | Continued From page 6<br>not contain evidence of training or evidence of meeting an exemption for challenging behaviors training.<br><br>On 09/03/2025, at approximately 11:00 AM, Surveyor interviewed Director A. Director A acknowledged s/he did not have documentation Caregiver C or Caregiver E had training for challenging behaviors.<br><br>Client Group<br><br>The facility was licensed to provide care and services to residents within the client group of Alcohol/Drug Dependents.<br><br>The record for Caregiver C, hired 05/31/20255, did not contain evidence of training or evidence of meeting an exemption for training in client groups.<br><br>The record for Caregiver E, hired 04/02/2025, did not contain evidence of training or evidence of meeting an exemption for training in client groups.<br><br>On 09/03/2025, at approximately 11:00 AM, Surveyor interviewed Director A. Director A acknowledged s/he did not have documentation Caregiver C or Caregiver E had training in client groups.<br><br>The provider did not ensure employees reviewed, obtained all training as required within 90 days after starting employment in recognizing, preventing, managing and responding to challenging behaviors, and client group. | N 243 | | |

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| N 277 | Continued From page 7 | N 277 | | |
| N 277 | 83.25 Continuing education<br><br>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:<br>(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.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure 1 of 1 caregiver reviewed received at least 15 hours of continuing education in 2023 and 2024.<br><br>Findings include:<br><br>On 09/03/2025 at approximately 9:00 AM, Surveyor reviewed employee records provided by Director A. Caregiver C was hired on 05/31/2022. Caregiver C's record did not include documentation to indicate 15 hours of continuing education was completed in 2023 or 2024, including standard precautions, resident rights, fire safety/1st aid, client group, abuse/neglect and medications.<br><br>On 09/03/2025 at approximately 11:00 AM, Surveyor interviewed Director A. Director A stated they were unable to locate continuing education documents for Caregiver C. Director A | N 277 | | |

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| N 277 | Continued From page 8<br>confirmed s/he will continue to look for the continuing education for Caregiver C. | N 277 | | |
| N 452 | 83.41(3)(b) Food safety.<br><br>Food safety. Whether food is prepared at the CBRF or off-site, the CBRF shall store, prepare, distribute and serve food under sanitary conditions for the prevention of food borne illnesses, including food prepared off-site, according to all of the following: 1. The CBRF shall refrigerate all foods requiring refrigeration at or below 40°F. Food shall be covered and stored in a sanitary manner. 2. The CBRF shall maintain freezing units at 0°F or below. Frozen foods shall be packaged, labeled and dated. 3. The CBRF shall hold hot foods at 140°F or above and shall hold cold foods at 40°F or below until serving.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure food was stored under sanitary conditions for the prevention of food borne illnesses.<br><br>Findings include:<br><br>On 09/03/2025 at approximately 10:30 AM, Surveyor toured with Caregiver E. Surveyor identified the following concerns with dietary services: | N 452 | | |

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| N 452 | Continued From page 9<br><br>Kitchen:<br><br>- 25# bag of Sysco Flour sitting on the floor in a cardboard box with top open.<br>- 25# bag of Sysco Confection Cane Sugar on the floor in a cardboard box with top open.<br><br>On 09/03/2025 at 10:35 AM, Surveyor interviewed Caregiver E. Caregiver E confirmed the flour and sugar were stored on the floor in the box with the tops open. Caregiver E stated they use a lot of flour and sugar.<br><br>On 09/03/2025 at 11:00 AM, Surveyor interviewed Director A. Director A stated there were storage containers for the flour and sugar. Surveyor shared his/her observations. Administrative Coordinator (AC) F stated s/he wondered if prior staff took the containers. Director A confirmed s/he will ensure there are containers that seal in the kitchen for the flour and sugar.<br><br>The provider did not ensure food was stored under sanitary conditions for the prevention of food borne illnesses. | N 452 | | |
| Y3100 | 50.09(1)(f) Resident's Rights In Certain Facilities<br><br>(f) Physical and emotional privacy in treatment, living arrangements and in caring for personal needs, including, but not limited to:<br>1. Privacy for visits by spouse or domestic partner. If both spouses or both domestic partners under ch. 770 are residents of the same facility, the spouses or domestic partners shall be permitted to share a room unless medically contraindicated as documented by the resident ' s physician, physician assistant, or advanced | Y3100 | | |

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| Y3100 | Continued From page 10<br>practice nurse prescriber in the resident ' s medical record.<br>2. Privacy concerning health care. Case discussion, consultation, examination and treatment are confidential and shall be conducted discreetly. Persons not directly involved in the resident ' s care shall require the resident ' s permission to authorize their presence.<br>3. Confidentiality of health and personal records, and the right to approve or refuse their release to any individual outside the facility, except in the case of the resident ' s transfer to another facility or as required by law or 3rd-party payment contracts and except as provided in s. 146.82 (2) and (3).<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure residents were free from recording. The provider had four (4) cameras recording residents.<br><br>Findings include:<br><br>On 09/03/2025 at approximately 8:30 AM, Surveyor toured the facility and observed 3 cameras in the provider's facility. One camera was positioned to view the coffee snack area on | Y3100 | | |

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| Y3100 | Continued From page 11 | Y3100 | | |

the main floor, one camera was positioned to view the hallway upstairs by the resident bedrooms and the third camera was in a staff office with medications on the main level facing the hallway.

On 09/03/2025 at approximately 11:15 AM, Surveyor interviewed Manager A and asked about the cameras. Manager A confirmed there were 4 cameras in the home, the 3 Surveyor observed and a 4th one in the kitchen. Manager A showed Surveyor the camera in the kitchen, but acknowledged residents do help cook/clean in the kitchen. Manager A confirmed the cameras were installed by the coffee snack area as residents were accusing other residents of taking their food/drinks, the camera in the upstairs hall was to ensure residents don't go into other resident rooms and the camera in the staff office would show residents coming to get their medications. Manager A removed the camera from the kitchen area during the survey and stated s/he will have the other cameras removed.

On 09/03/2025, Surveyor reviewed the department's facility folder for the provider and did not locate an approved wavier regarding the use of a camera and recording residents.

The provider did not ensure residents were free from recording.