STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011595	A. BUILDING: _____ B. WING _____	R-C 01/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OAKWOOD MANOR	**2675 OMRO RD OSHKOSH, WI 54904**

(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 01/21/2025, Surveyor conducted a verification visit at Oakwood Manor. Two (2) of 10 previous deficiencies were uncorrected. A total of 3 new deficiencies were identified. Census: 17 Under statutory provisions of WI Stat. Ch. 50 a $200 revisit fee is being assessed.	{N 000}		
N 230	83.19 Orientation Before an employee performs any job duties, the CBRF shall provide each employee with orientation training which shall include all of 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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Caregiver G or Caregiver I received orientation training prior to performing job duties. This is a repeat deficiency. See Statement of Deficiency VD2Z11, dated 08/29/2022. Findings include:	N 230		

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

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N 230	Continued From page 1 Surveyor reviewed Caregiver G and Caregiver I's record to review for compliance with orientation training requirements. Caregiver G was hired on 08/01/2024. Caregiver G's record did not contain evidence of training in any of the 6 required orientation training topics; 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. Caregiver I was hired on 09/11/2024. Caregiver I's record did not contain evidence of training in any of the 6 required orientation training topics; 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. Surveyor interviewed Administrator A and Manager H on 01/21/2025 at 2:08 PM. Both confirmed Surveyor's review of the record. Manager H said orientation consists of 3-4 days of shadowing a more experienced caregiver. Manager H said the only documentation of orientation is the policy/procedure sign off, but s/he did not have evidence of that for either	N 230		

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N 230	Continued From page 2 Caregiver G or Caregiver I.	N 230		
{N 243}	83.21(1)-(3) All employee training. The CBRF shall provide, obtain or otherwise ensure adequate training for all employees in all of the following: 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. 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. Client Group. In a CBRF serving more than one client group, employees shall receive training for each client group. 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	{N 243}		

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{N 243}	Continued From page 3 behavior, resident supervision, and changes in condition. Challenging behaviors training shall be completed within 90 days after starting employment. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Caregiver G received training in client group and challenging behaviors within 90 days after starting employment. This is a repeat deficiency being cited for the third time. See Statement of Deficiency (SOD) VD2Z11, dated 08/29/2022 and SOD 57G211, dated 07/10/2024. Findings include: Surveyor reviewed Caregiver G's record on 01/21/2025 at 1:40 PM for compliance with training requirements. Caregiver G was hired on 08/01/2024. Caregiver G's record did not contain evidence of training in client group or challenging behaviors. Caregiver G's record also did not include evidence of an exemption to the training requirements. Surveyor interviewed Administrator A and Manager H on 01/21/2025 at 2:08 PM. Both confirmed Surveyor's review of the record.	{N 243}		
{N 277}	83.25 Continuing education	{N 277}		

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{N 277}	Continued From page 4 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 Caregiver C and Caregiver F received 15 hours of continuing education in all required topics. This is a repeat deficiency being cited for the third time. See Statement of Deficiency (SOD) VD2Z11, dated 08/29/2022 and SOD 57G211, dated 07/10/2024. Findings include: Surveyor reviewed Caregiver C and Caregiver F's record on 01/21/2025 at 1:40 PM to review for compliance with continuing education training. Caregiver C was hired on 03/14/2019. Caregiver E's record only contained evidence of 5 hours of continuing education training and did not contain evidence of training in the topics of fire safety or first aid. Caregiver F was hired on 10/04/2021. Caregiver	{N 277}		

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{N 277}	Continued From page 5 F's record only contained evidence 4.5 hours of continuing education training and did not contain evidence of training in the topics of fire safety or first aid. Surveyor interviewed Administrator A and Manager H on 01/21/2025 at 2:08 PM. Both confirmed Surveyor's review of the record.	{N 277}		