STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019419	A. BUILDING: _____ B. WING _____	08/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PORT OF HOPE	226 N SPRING ST PORT WASHINGTON, WI 53074

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N 000	Initial Comments On 08/07/2023, Surveyor conducted a probationary survey at Port of Hope. Additional information was gathered through 08/10/2023. As a result of the survey, six (6) deficiencies were identified. Census: 6	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 1 of 2 employees reviewed (Caregiver C) was screened for communicable disease within 90 days before the start of employment, including tuberculosis. Findings include: On 08/07/2023, Surveyor reviewed Caregiver C's employee file. Caregiver C was hired on 07/25/2023. At approximately 12:30 PM,	N 220		

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

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N 220	Continued From page 1 Surveyor interviewed Licensee A and asked for evidence Caregiver C had been screened for clinically apparent communicable disease including tuberculosis. Licensee A stated everything was in the employee file. Surveyor observed a tuberculosis test dated 03/30/2023, but not within the 90 days before the start of employment. Licensee A acknowledged s/he did not have any other documentation showing Caregiver C had been screened for clinically apparent communicable disease, including tuberculosis testing within 90 days before the start of employment. The provider did not ensure 1 of 2 staff were screened for communicable disease, including tuberculosis, within 90 days before the start of employment.	N 220		
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	N 230		

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N 230	Continued From page 2 provider did not ensure 2 of 2 employees (Caregiver B and Caregiver C) reviewed obtained all orientation training as required prior to performing any job duties. Findings include: The facility is licensed to provide services for up to 8 residents who may be physically disabled, developmentally disabled, advanced age, emotionally disturbed/mental illness, terminally ill and/or traumatic brain injury. On 08/07/2023, Surveyors reviewed staff records for Caregiver B, who was hired on 07/10/2023, and Caregiver C, who was hired on 07/25/2023. Caregiver B and Caregiver C were the only staff working on 08/07/2023 when Surveyor arrived at the facility. Caregiver B's employee file had no evidence Caregiver B had all required orientation upon hire and before performing any job duties. There was no evidence Caregiver B was orientated in assessed needs and individual services, prevention and reporting of resident abuse, neglect and misappropriation of resident property, emergency and disaster plan and evacuation procedures, CBRF policies and procedures, and recognizing and responding to resident changes of condition. Caregiver C's employee file had no evidence Caregiver C had all required orientation upon hire and before performing any job duties. There was no evidence Caregiver C was orientated in assessed needs and individual services, prevention and reporting of resident abuse, neglect and misappropriation of resident property, emergency and disaster plan and evacuation	N 230		

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N 230	Continued From page 3 procedures, CBRF policies and procedures, and recognizing and responding to resident changes of condition. On 08/07/2023 at 12:30 PM, Surveyor interviewed Licensee A. Licensee A stated s/he believed Caregiver B and Caregiver C had completed all required training. Licensee A stated s/he would send the information to Surveyor. Surveyor stated Licensee A could fax or email the records by the end of the day on 08/07/2023. On 08/09/2023 at 8:53 AM, Surveyor interviewed Licensee A. Licensee A stated s/he did not have orientation records. The provider did not ensure 2 of 2 staff received all orientation training as required, prior to performing any job duties.	N 230		
N 302	83.28(4)(a) Resident health screening and documentation Resident health screening. 1. Within 90 days before or 7 days after admission, a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse shall screen each person admitted to the CBRF for clinically apparent communicable disease, including tuberculosis, and document the results of the screening. 2. Screening for tuberculosis and all immunizations shall be conducted using centers for disease control and prevention standards. 3. The CBRF shall maintain the screening documentation in each resident ' s record.	N 302		

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N 302	Continued From page 4 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents (Resident 1 and Resident 2) were screened within 90 days before or 7 days after admission for clinically apparent communicable diseases including tuberculosis. Findings include: On 08/07/2023 at approximately 12:00 PM, Surveyors reviewed Resident 1 and Resident 2's records. Resident 1 was admitted on 06/07/2023 and Resident 2 was admitted on 06/06/2023. Resident 1's record did not contain evidence of a health screening for communicable disease. Resident 2's record did not contain evidence of a health screening for communicable disease including evidence of tuberculosis test. On 08/07/20/2023 at approximately 12:30 PM, Surveyor interviewed Licensee A. Licensee A acknowledged the screening for communicable disease including evidence of tuberculosis was not in Resident 1 or Resident 2's record. The provider did not ensure all residents were screened within 90 days before or 7 days after admission for clinically apparent communicable diseases including tuberculosis.	N 302		
N 346	83.32(3)(b) Rights of Residents: Confidentiality In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights:	N 346		

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N 346	Continued From page 5 Confidentiality. Confidentiality of health and personal information and records, and the right to approve or refuse release of that information to any individual outside the CBRF, except when the resident is transferred to another facility or as required by law or third-party payment contracts and except as provided in s.146.82(2) and (3), Stats. The CBRF shall make the record available to the resident or the resident ' s legal representative for review. Copies of the record shall be made available within 30 days, if requested in writing, at a cost no greater than the cost of reproduction. This Rule is not met as evidenced by: Based on observation and interview the provider did not ensure resident information was kept secured and confidential. Surveyor observed multiple sources of resident private health information posted in common resident areas, and unsecured from unauthorized access in the common area of the facility. Findings Include: On 08/07/2023, at approximately 9:00 AM, Surveyor entered the facility with Caregiver B and Caregiver C. Surveyor observed the following documents on a board in the dining room: * Resident Get-Ups - identified each resident's name, what cares the resident received and their schedule for therapies and day programs. * All Staff memo stated, "Please remember to charge [Resident 3's] Dexcom and heart monitor." A dry erase board with a monthly calendar listed resident therapies, resident follow-up	N 346		

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N 346	Continued From page 6 appointments, and resident dialysis dates. On 08/07/2023 at approximately 11:00 AM, Surveyor observed a Resident Shower Schedule posted in the public bathroom identifying resident shower days and what staff need to do for each resident on their shower day. Surveyor observed an unsecured binder on top of a file cabinet in the dining room with drug sheets for each resident's medication. The area was observed with residents sitting in the kitchen/living room. On 08/07/2023 at approximately 12:30 PM, Surveyor interviewed Licensee A. Licensee A acknowledged the areas identified with resident information, and verified the information was not stored securely or confidentially.	N 346		
N 535	83.48(1)(b) Smoke and heat detectors per NFPA 72. Smoke and heat detectors shall be installed and maintained in accordance with NFPA 72 National Fire Alarm Code and the manufacturer ' s recommendation. Smoke detectors powered by the CBRF ' s electrical system shall be tested by CBRF personnel according to manufacturer ' s recommendation, but not less than once every other month. CBRFs shall maintain documentation of tests and maintenance of the detection system. This Rule is not met as evidenced by: Based on observation and interview the provider did not test the community based residential facility's (CBRF) smoke detectors that were powered by the CBRF's electrical system every other month.	N 535		

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N 535	Continued From page 7 Findings include: On 08/07/2023 at approximately 12:00 PM, Surveyor requested the provider's smoke detector test documentation for 2023 from Licensee A. Licensee A stated s/he was unaware of the every other month requirement and confirmed the smoke detectors had not been tested since 01/11/2023 when they were issued a license.	N 535		
N 544	83.48(4)(d) Smoke detector in common use rooms Pursuant to s. 50.035(2)(b), Stats., all facilities shall have at least one smoke detector located at each of the following locations: In each common use room, including a living room, dining room, family room, lounge and recreation room, but excluding a kitchen, bathroom or laundry room. This Rule is not met as evidenced by: Based on observation and record review, the provider did not have a smoke detector in the storage and housekeeping room. Findings include: The facility is licensed to provide services for up to 8 residents who may be physically disabled, developmentally disabled, advanced age, emotionally disturbed/mental illness, terminally ill and/or traumatic brain injury. On 08/07/2023, Surveyor toured the facility accompanied by Caregiver B. Surveyor observed a storage room/employee area that did not have a smoke detector installed as required.	N 544		

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N 544	Continued From page 8 On 08/07/2023 at approximately 12:30 PM, Surveyor interviewed Licensee A. Licensee A stated s/he will call the alarm company to have a smoke detector installed. The provider did not have smoke detectors in all areas required by code.	N 544		