STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017321	A. BUILDING: _____ B. WING _____	02/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RESIDENCE BY RENNES	**1150 LOIS ST DE PERE, WI 54115**

(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 An abbreviated survey was conducted on 02/21/2024 with information gathered through 02/22/2024 at Residence by Rennes. As a result of this survey 2 deficiencies were identified. Census: 24	N 000		
N 239	83.20(2)(a)-(d) Department-approved training courses. Standard Precautions. All employees who may be occupationally exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions before the employee assumes any responsibilities that may expose the employee to such material. Fire safety. Within 90 days after starting employment, all employees shall successfully complete training in fire safety. First aid and choking. Within 90 days after starting employment, all employees shall successfully complete training in first aid and procedures to alleviate choking. Medication administration and management. Any employee who manages, administers or assists residents with prescribed or over-the-counter medications shall complete training in medication administration and management prior to assuming these job duties. This Rule is not met as evidenced by: Based on record review and staff interviews the	N 239		

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
	0017321	A. BUILDING: _____ B. WING _____	02/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RESIDENCE BY RENNES	1150 LOIS ST DE PERE, WI 54115

(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 239	Continued From page 1 provider did not ensure that 1 out of 2 staff reviewed had completed training within 90 days of hire in approved courses in Standard Precautions, Fire Safety, and First Aid and Choking. CG (Caregiver) - A was hired on 02/09/2023 and had no completion in First Aid and Choking training and had not completed Standard Precautions and Fire Safety training until 01/22/2024. Findings include: On 02/21/2024, Surveyor reviewed employee records for training. The employee's record showed CG - A was hired on 02/09/2023. CG - A had evidence of completing the training on 01/22/2024 for Standard Precautions and Fire Safety over 11 months after hire. CG - A had no evidence of completion for First Aid and Choking. In an interview with Surveyor on 02/21/2024 at approximately 1:00 PM, VPCS (Vice President of Clinical Services) - C verified the dates for the training for CG - A were correct and that the trainings had not been done within 90 days as required. VPCS - C verified CG - A was not exempt from these trainings and that an audit had been done which verified the trainings had not been completed timely as required. ADM (Administrator) - B confirmed CG - A was working on the floor before getting the approved training in Standard Precautions.	N 239		
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	N 277		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017321	A. BUILDING: _____ B. WING _____	02/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RESIDENCE BY RENNES	1150 LOIS ST DE PERE, WI 54115

(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 2 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 staff interviews the provider did not ensure 1 out of 2 employees reviewed completed 15 hours of continuing education including training in Medications and Fire Safety and First Aid. Findings include: On 02/21/2024, Surveyor reviewed employee files for required training. CG (Caregiver) - D was hired on 01/06/2020. There was no evidence of any exemptions for continuing education. CG - D's training record for 2022 showed only 8 hours of training and did not include Medication training and Firesafety including First Aid. CG - D's training record for 2023 showed only 12 hours of training and did not include Medication training and Fire Safety including First Aid. CG - D's training record showed initial training in the approved Medication Administration course but no update on the training in 2022 and 2023. During an interview with Surveyor on 02/21/2024 at approximately 1:00 PM, ADM (Administrator) - B confirmed CG - D passes medications. In an email to Surveyor on 02/22/2024 VPCS (Vice President of Clinical Services) - C confirmed no	N 277		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017321	A. BUILDING: _____ B. WING _____	02/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RESIDENCE BY RENNES	**1150 LOIS ST DE PERE, WI 54115**

(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 3 further training had been found for CG - D.	N 277		