STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	510031	A. BUILDING: _____ B. WING _____	C 07/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AFFINITY HOUSE	3042 KILBOURNE AVE EAU CLAIRE, WI 54703

(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 07/14/2023, Surveyor conducted an abbreviated survey at Affinity House. Data collection continued through 07/21/2023. Three deficiencies were identified. Census: 16	N 000		
N 219	83.17(1) Licensee conduct caregiver background check Caregiver background check. At the time of hire, employment or contract and every 4 years after, the licensee shall conduct and document a caregiver background check following the procedures in s. 50.065, Stats., and ch. DHS 12. A licensee shall not employ, contract with or permit a person to reside at the CBRF if the person has been convicted of the crimes or offenses, or has a governmental finding of misconduct, found in s. 50.065, Stats., and ch. DHS 12, Appendix A, unless the person has been approved under the department ' s rehabilitation process as defined in ch. DHS 12. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a complete background check was completed following the procedures in s. 50.065, Stats., for 3 of 3 employees reviewed who did not have the Department of Justice (DOJ) report results available when the provider contracted with another agency to conduct background checks. Findings include:	N 219		

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

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N 219	Continued From page 1 On 07/14/2023, Surveyor requested background check information for Substance Abuse Counselor (SAC) B, Support Staff (SS) C and SS D. SAC B had a hire date of 07/27/2022. The record contained a report from the contracted agency that read, "State Criminal Court Search Results No Reportable Records Found." The actual DOJ report was not available for review. SS C had a hire date of 02/14/2023. The record contained a report from the contracted agency that read, "State Criminal Court Search Results No Reportable Records Found." The actual DOJ report was not available for review. SS D had a hire date of 12/16/2021. The record contained a report from the contracted agency that read, "County Criminal Records Search Results," with a search date of 03/10/2021. The report was not the actual DOJ report. The search results showed the following information: -Misdemeanor A, Bail Jumping. Disposition: Guilty. Disposition Date: 08/17/2018. -Misdemeanor U, Possess Drug Paraphernalia. Disposition: Guilty. Disposition Date 08/17/2018. -Misdemeanor A. Battery. Disposition: Guilty. Disposition Date 08/17/2018. -Felony I. Possession of Methamphetamine. Disposition: Deferred Prosecution. Disposition Date: 08/17/2018. SS D's record contained a caregiver background check result that was conducted by the contracted agency. The results were available for review. The top of the caregiver background check results from the contracted agency read,	N 219		

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N 219	Continued From page 2 "State Criminal Court Search- Please see County records for primary source verification." The actual DOJ report was not available for review. On 07/21/2023 at approximately 1:45 PM, Surveyor discussed the concern DOJ reports were not available for SAC B, SS C and SSD with Administrator A. Administrator A stated s/he would look into getting the actual report from the contracted agency to maintain in employee records.	N 219		
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.	N 239		

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N 239	Continued From page 3 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 employees obtained all department approved training as required. Support Staff (SS) C did not have training in fire safety within 90 days after starting employment. SS C, and Substance Abuse Counselor (SAC) B did not have training in first aid and choking within 90 days after starting employment. SS C and SS D, who had responsibilities that could create exposure to blood, body fluids or other moist body substances, did not have training in standard precautions prior to assuming these duties. SAC B, SS C and SS D, who had responsibilities for medication administration, did not have training in medication administration and management prior to assuming these duties. This provider is licensed to serve up to 18 residents in the client groups correctional clients, and alcohol/drug dependent. Findings include: On 07/14/2023, Surveyor conducted a review of 3 employees to verify compliance with department approved training requirements. Surveyor requested training records from Administrator A for SAC B, SS C and SS D. FIRE SAFETY	N 239		

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N 239	Continued From page 4 The record for SS C, hired 02/14/2023, did not contain evidence of training or evidence of meeting an exemption for fire safety. On 07/21/2023, at approximately 1:45 PM, Surveyor interviewed Administrator A. Administrator A confirmed the provider did not have evidence SS C completed or met an exemption for fire safety training. On 07/21/2023, Surveyor verified SS C was not on the Community-Based Care and Treatment training registry for fire safety. FIRST AID AND CHOKING The record for SAC B, hired 07/27/2022, and SS C, hired 02/14/2023, did not contain evidence of training or evidence of meeting an exemption for first aid and choking. On 07/21/2023 at approximately 1:45 PM, Surveyor interviewed Administrator A. Administrator A confirmed the provider did not have evidence SAC B or SS C completed or met an exemption for first aid and choking training. On 07/21/2023, Surveyor verified SAC B and SS C were not on the Community-Based Care and Treatment training registry for first aid and choking. MEDICATION MANAGEMENT The record for SAC B, hired 07/27/2022, SS C, hired 02/14/2023, and SS D, hired 12/16/2021, did not contain evidence of training or evidence of meeting an exemption for medication management. On 07/21/2023 at approximately 1:45 PM, Surveyor interviewed Administrator A. Administrator A confirmed SAC B, SS C and SS	N 239		

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N 239	Continued From page 5 D were responsible for medication management duties. Administrator A confirmed the provider did not have evidence SAC B, SS C and SS D completed, or met an exemption for, medication management training prior to assuming these job duties. Administrator A informed Surveyor s/he was not aware this course was required as staff did not actually administer medications and only provided supervision. Administrator A confirmed staff did manage all medications and were responsible for recording the date, time and amount taken for each resident. On 07/21/2023, Surveyor verified SAC B, SS C and SS D were not on the Community-Based Care and Treatment training registry for medication administration. STANDARD PRECAUTIONS The record for SS C, hired 02/14/2023, and SS D, hired 12/16/202, did not contain evidence of training or evidence of meeting an exemption for standard precautions. On 07/21/2023, at approximately 1:45 PM, Surveyor interviewed Administrator A. Administrator A confirmed SS C and SS D perform job tasks that may expose the employee to blood or other bodily fluids. Administrator A confirmed the provider did not have evidence SS C or SS D completed or met an exemption for standard precaution training prior to assuming these job duties. On 07/21/2023, Surveyor verified SS C and SS D were not on the Community-Based Care and Treatment training registry for standard precautions. On 07/21/2023 at approximately 2:00 PM, Administrator A stated s/he just started reviewing	N 239		

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N 239	Continued From page 6 the registry to identify staff who did not have the required training. Administrator A stated classes were offered the first week in August and informed Surveyor staff missing any required trainings would be signed up at that time to meet the requirements. Administrator A confirmed staff did have the potential to be exposed to blood or other bodily fluids, even though staff did not provide personal cares.	N 239		
N 404	83.37(1)(e) Medication regimen, administration review. Medication Regimen Review. 1. If residents ' medications are administered by a CBRF employee, the CBRF shall arrange for a pharmacist or a physician to review each resident ' s medication regimen. This review shall occur within 30 days before or 30 days after the resident ' s admission, whenever there is a significant change in medication, and at least every 12 months. 2. At least annually, the CBRF shall have a physician, pharmacist, or registered nurse conduct an on-site review of the CBRF ' s medication administration and medication storage systems. 3. The CBRF shall obtain a written report of findings under subds. 1. and 2., and address any irregularities for appropriate action. When the review is done by someone other than the prescribing practitioner, the prescribing practitioner shall receive a copy of the report when there are irregularities identified with the resident's medication regimen, which may need physician involvement to address. This Rule is not met as evidenced by: Based on record review and interview, the	N 404		

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N 404	Continued From page 7 provider did not ensure that at least annually, the CBRF (community based residential facility) had a physician, pharmacist, or registered nurse conduct an on-site review of the CBRF's medication storage system. Findings include: On 07/14/2023 at approximately 10:30 AM, Surveyor interviewed Substance Abuse Counselor (SAC) B. asked about medication administration, and requested to see medication storage. SAC B stated there were two medication binders available which showed all medications taken by each resident, and staff record the date, time and amount given. Surveyor observed the medication storage area which was located in the locked office. SAC B stated the residents took their own medications and staff supervised and managed medications in a secured cabinet. On 07/19/2023 at approximately 12:30 PM, Surveyor requested annual medication regimen reviews for 2021 and 2022 via email from Administrator A. On 07/19/2023 at 2:02 PM, Administrator A replied via email and stated, "We do not administer medications; we only monitor residents taking their medications." On 07/21/2023 at approximately 1:45 PM, Surveyor discussed the requirement for the review of medication storage systems with Administrator A. Administrator A stated s/he was not aware of the requirement since the staff did not administer medications. Administrator A informed Surveyor they would rectify the issue and get a review of the medication storage system completed.	N 404		

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