STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0009330	A. BUILDING: _____ B. WING _____	C 09/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELIZABETH RESIDENCE NORTH	9329 S 48TH ST FRANKLIN, WI 53132

(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 09/06/2023, Surveyor conducted a standard survey and complaint investigation at Elizabeth Residence North. As a result, 3 deficiencies were identified. One of 3 was a repeat deficiency (see Statement of Deficiency GVBZ13, dated 09/09/2021). The complaint was unsubstantiated. Census: 32	N 000		
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	N 243		

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

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N 243	Continued From page 1 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 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 1 of 2 employees reviewed, obtained all training as required within 90 days after starting employment. Caregiver B did not have training in resident rights within 90 days after starting employment. Caregiver B did not have training in client group within 90 days after starting employment. Caregiver B did not have training in challenging behaviors within 90 days after starting employment. Findings include: The provider is licensed as a class CNA (non-ambulatory) CBRF (community-based residential facility) able to serve up to 33 residents within advanced aged and irreversible dementia/Alzheimer's.	N 243		

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N 243	Continued From page 2 On 08/28/2023, at 12:00 PM, Surveyor reviewed Caregiver B's employee record and identified the following: Resident Rights Caregiver B was hired on 02/28/2023. Caregiver B's record did not contain evidence of training or evidence of meeting an exemption for resident rights. Recognizing, Preventing, Managing and Responding to Challenging Behaviors Caregiver B was hired on 02/28/2023. Caregiver B's record did not contain evidence of training or evidence of meeting an exemption for challenging behaviors training. Client Group Caregiver B was hired on 02/28/2023. Caregiver B's record did not contain evidence of training or evidence of meeting an exemption for client group training. On 09/06/2023, at 11:00 AM, Surveyor interviewed Administrator A. Administrator A confirmed staff were required to have completed all training within 90 days. Administrator A reported s/he reviewed the training documentation after Surveyor requested the record and identified Caregiver B was missing training. Administrator A reported since Surveyor's onsite visit, Caregiver B had completed all required training.	N 243		
N 277	83.25 Continuing education	N 277		

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N 277	Continued From page 3 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 1 of 1 employee completed at least 15 hours of continuing education in 2021. Caregiver C received 5 hours of continuing education in 2021. Caregiver C did not receive training in medications, prevention and reporting of abuse, neglect and misappropriation or fire safety and emergency procedures, including first aid. This is a repeat deficiency. See Statement of Deficiency GVBZ13, dated 09/09/2021. Findings include: On 08/28/2023, at 12:00 PM, Surveyor reviewed Caregiver C's employee record. Caregiver C was hired on 10/14/2019. Caregiver C received the following trainings in 2021: standard precautions, client group related training, resident rights, body mechanics and dietary. Caregiver C received a total of 5 hours of continuing education hours in 2021. Caregiver C did not receive training in	N 277		

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N 277	Continued From page 4 medications, prevention and reporting of abuse, neglect and misappropriation or fire safety and emergency procedures, including first aid. On 09/06/2023, at 11:00 AM, Surveyor interviewed Administrator A. Administrator A confirmed the requirements for continuing education training. Administrator A reported a former administrator was responsible for ensuring all staff received continuing education during 2021.	N 277		
N 507	83.46(1)(f) Combustibles. Combustible materials shall not be placed within 3 feet of any furnace, boiler, water heater, fireplace or other similar equipment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure combustible materials were not placed within 3 feet of 1 of 1 furnace. There were wooden shelves on either side of the furnace. On the south side of the furnace were bags of cement mix, plastic pails, and cardboard boxes. On the north side of the furnace were plastic brackets covered in plastic and wood shelving. Findings include: On 08/28/2023, at 10:45 AM, Surveyor toured the basement. Surveyor observed the furnace. The furnace was situated between wooden shelves on both sides of the furnace. The wooden shelf, on the south side of the furnace, measured approximately 18 inches from the furnace. This shelf stored bags of concrete mix. There were also 4 plastic pails, approximately 22 inches away from the furnace. Inside of the pails were	N 507		

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N 507	Continued From page 5 cardboard boxes and another half bag of concrete mix. On the north side of the furnace, approximately 10 inches from the furnace, were hard plastic brackets wrapped in clear plastic. Next to the brackets were more shelving units, that appeared to be made of oriented strand board plywood. These shelves were 12 inches away from the furnace. On 08/28/2023, at 10:50 AM, Surveyor interviewed Administrator A. Administrator A reported s/he was unaware of the code which required combustibles to be stored at least 3 feet from the furnace. Administrator A reported s/he would have maintenance start working on removing the shelving units and items from the furnace area.	N 507		