STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015950	A. BUILDING: _____ B. WING _____	R-C 09/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANCHOR COMMUNITIES LLC	209 FOREST ST FOX LAKE, WI 53933

(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 09/05/2024, Surveyors conducted a standard licensing survey, 3 complaints and a verification visit at Anchor Communities, a CBRF located in Fox Lake, WI. As a result of the survey, 3 violations of Chapter DHS 83 were issued. One complaint was substantiated Two complaints were unsubstantiated. Three violations are repeat violations from previous Statement of Deficiency (SOD) 65LL13 dated 05/21/2024, 65LL12 dated 02/01/2024, 4ZY313 dated 05/17/2023, 4ZY312 dated 01/09/2022, 4ZY311 dated 01/09/2022. Three violations from previous SOD 65LL13 were corrected. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 9	{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	{N 239}		

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

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{N 239}	Continued From page 1 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 interview, the provider did not ensure 2 of 3 employees reviewed had obtained all department approved training as required. One of 3 employee records, (Caregiver P), who had responsibilities that would create exposure to blood, body fluids or other most body substances, did not contain evidence of training in standard precautions prior to assuming these duties. Two of 3 employee records, (Caregivers P and Q), who had responsibilities for medication administration, did not contain evidence of training in medication administration and management prior to assuming these duties. This is a repeat violation. See statement of deficiency (SOD) 65LL13, dated 05/21/2024, SOD 65LL12, dated 02/01/024, SOD 4ZY313, dated 05/17/2023, SOD 4ZY312, dated 08/03/2022, and SOD 4ZY311, dated 01/19/2022.	{N 239}		

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{N 239}	Continued From page 2 Findings include: On 09/05/2024, Surveyor conducted a review of 3 employee records to verify compliance with department approved training requirements. Surveyor requested training records from Administrator D for Caregivers P, Q, and R. Surveyor stated evidence of meeting the training requirements could include a CBRF training certificate obtained prior to 2009, evidence the caregiver is currently on the CBRF training registry, or evidence of meeting an exemption for the training requirement. Standard Precautions The record for Caregiver P, hired 07/10/2024, did not contain evidence of training or evidence of meeting an exemption for standard precautions. At 11:40 AM, Surveyor interviewed Administrator D. Administrator D confirmed Caregiver P works frequently. The staff schedule also supported that. As a caregiver s/he performs job tasks that may expose him/her to blood or other bodily fluids. Administrator D could not locate evidence Caregiver P had completed or met an exemption for standard precaution training prior to assuming these job duties. On 09/05/2024, Surveyor verified Caregiver P was not on the CBRF training registry for standard precautions. Medication Administration The record for Caregivers P, hired 07/10/2024, and Q, hired 06/13/2024, did not contain evidence of training or evidence of meeting an exemption for medication administration. At 11:40 AM, Surveyor interviewed Administrator D. Administrator D confirmed Caregiver Q is responsible for medication administration duties	{N 239}		

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{N 239}	Continued From page 3 at times. This was also reflected on the staff schedule. Administrator D could not locate evidence Caregivers P and Q had completed or met an exemption for medication management training prior to assuming these job duties. On 09/05/2024, Surveyor verified Caregivers P and Q were not on the CBRF training registry for medication administration. On 09/05/2024 at 11:40 AM, Surveyors interviewed Administrator D. Administrator D stated s/he believed Caregivers P and Q had all required training for the tasks they had been performing. Administrator D could not locate the files and said s/he would need to talk with the provider's house manager. Surveyors gave Administrator D until 09/06/2024 at noon to provide further information. On 09/06/2024, Administrator D emailed surveyors, but did not provide further information. Administrator D stated s/he understood the deadline and was not able to meet it.	{N 239}		
N 452	83.41(3)(b) Food safety. Food safety. Whether food is prepared at the CBRF or off-site, the CBRF shall store, prepare, distribute and serve food under sanitary conditions for the prevention of food borne illnesses, including food prepared off-site, according to all of the following: 1. The CBRF shall refrigerate all foods requiring refrigeration at or below 40°F. Food shall be covered and stored in a sanitary manner. 2. The CBRF shall maintain freezing units at 0°F or below. Frozen foods shall be packaged, labeled and dated. 3. The CBRF shall hold hot foods at 140°F or above and shall hold cold foods at 40°F or below until	N 452		

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N 452	Continued From page 4 serving. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure food was stored in safe sanitary conditions to prevent food borne illnesses. The walk-in cooler was visibly dirty, there were opened food items not properly sealed or dated, and there was expired food. This is a repeat violation from previous Statement of Deficiency (SOD) 65LL12 dated 02/01/2024. Findings include: On 09/05/2024 at 8:55 AM, Surveyors toured the kitchen and observed the following: Surveyors observed in the walk-in cooler: -An opened tray of ground beef not sealed or dated. -A loaf of Artisans Hawaiian bread, with an expiration date of August 11, 2024. -Discoloration with a mold-like substance to the lower wall behind the food storage rack and along the edges of the cooler where the wall and floor meet. -Other dried food substances on the floor of the cooler under the storage racks. Surveyors observed in the residential sized fridge: -Two packages of premium black forest ham sandwich meat, not dated. The packaging states	N 452		

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N 452	Continued From page 5 "Use within 7 days after opening". -One package of premium hickory smoked turkey breast sandwich meat, not dated and not properly sealed shut. The packaging states "Use within 7 days after opening". At 11:40 AM Surveyors interviewed Administrator D about the concerns identified above. Administrator D acknowledged the significance of food sanitation and safety. Administrator D stated the shelves from the walk-in cooler will be moved to complete a thorough clean.	N 452		
N 481	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observations and interview, the provider did not ensure the living environment was clean and homelike. This is a repeat violation from previous Statement of Deficiency (SOD) 65LL12 dated 02/01/2024. Findings include: On 07/15/2024, the Department received a complaint alleging concerns with insects and cleanliness in the facility. On 09/05/2024, Surveyors toured the facility and	N 481		

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N 481	Continued From page 6 observed the following: At approximately 8:57 AM, Surveyor observed Resident 3's bathroom. The wall next to the cabinet mirror had 4 holes in the drywall. The floor in the bathroom had an approximately 3ft x 3ft section covered in urine. The toilet paper holder was missing. The right side of the wall entering the bathroom had black streak marks going the length of the wall. The bedroom contained a pungent odor of urine. At approximately 8:58 AM, Surveyor observed Resident 1's bedroom. Surveyor observed an abundance of wires hanging from the ceiling that would not enter a wire covering case. The bathroom's toilet seat was discolored with a section of paint missing. At approximately at 9:03 AM, Surveyor observed Resident 5's bedroom. The bedroom was missing at least 2 electric outlet covers. Surveyor observed multiple stains in the carpet. At approximately 9:16 AM, inside the community shower room, Surveyor observed a small insect crawl up through the shower drain and crawl around the shower room. At approximately 9:31 AM, Surveyor interviewed and observed Resident 6's bedroom. Resident 6 reported seeing what appeared to be roaches throughout his/her room. Resident 6 stated the provider had a pest control company come out but insects are still seen. Surveyor observed stains throughout the carpet. Surveyor observed glue insect traps in the corners of the room. Surveyor observed dead insects within the traps. At approximately 10:28 AM, Surveyor observed	N 481		

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N 481	Continued From page 7 Resident 7's bedroom. Surveyor observed loose tobacco spread across the carpet. The bedroom had a pungent odor of urine. At approximately 11:36 AM, Surveyor interviewed and observed Resident 8's bedroom. The laminate flooring is peaking and buckling in the middle of the room. Resident 8 reported s/he had tripped over the uneven flooring and his/her wheelchair often gets caught. On 09/05/2024 at 12:30 PM, Surveyor conducted an exit conference and shared findings with Administrator D. Administrator D stated the roaches are coming from a down stairs apartment that is not associated with the community based residential facility (CBRF). Administrator D stated a pest control company had been hired and been treating the insects weekly since end of July 2024. Administrator D acknowledged an understanding of the above concerns and stated s/he would work with staff to get resident rooms clean/homelike.	N 481		