STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014485	A. BUILDING: _____ B. WING _____	06/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE PLACE RCAC	749 E OSHKOSH ST RIPON, WI 54971

(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
U 000	INITIAL COMMENTS On 06/19/2024, Surveyors conducted an abbreviated survey at Prairie Place RCAC. As a result of the survey two (2) deficiencies were identified. Census: 39	U 000		
U 134	89.23(4)(d)1. SERVICES PROVIDER QUALIFICATIONS. Staff training. All facility staff shall have training in safety procedures, including fire safety, first aid, universal precautions and the facility's emergency plan, and in the facility's policies and procedures relating to tenant rights. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 staff reviewed (Caregiver B and Caregiver C) received training in all required topics. Findings include: On 06/19/2024, Surveyors requested employee records for Caregiver B and Caregiver C to verify compliance with training requirements. Caregiver B was hired 06/30/2023. Caregiver B's training records did not contain documentation to confirm s/he received training in first aid, fire safety, the facility's emergency plan, universal	U 134		

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

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	0014485	A. BUILDING: _____ B. WING _____	06/19/2024

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U 134	Continued From page 1 precautions or in the facility's procedures relating to tenant rights. Caregiver C was hired 05/11/2020. Caregiver C's file did not contain documentation to confirm s/he received training in first aid, fire safety, the facility's emergency plan or universal precautions. On 06/19/2024 at 10:10 AM Surveyors interviewed Licensee A. Licensee A confirmed Surveyors' review of the staff files and stated s/he did not have additional training records or other information to confirm the 2 staff members received training in all required topics.	U 134		
U 137	89.23(4)(d)2.c. SERVICES PROVIDER QUALIFICATIONS. Staff training. Staff providing residential care apartment complex services to tenants shall have documented training or experience in the following areas: c. Assigned duties and responsibilities, including the needs and abilities of individual tenants for whom staff will be providing care. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 caregivers received the required training. Caregiver B and Caregiver C were hired as Dietary staff and transferred to caregivers. Caregiver B and Caregiver C did not	U 137		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014485	A. BUILDING: _____ B. WING _____	06/19/2024

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U 137	Continued From page 2	U 137		

receive training in the assigned duties and responsibilities, including the needs and abilities of individual tenants for whom staff will be providing care.

Findings include:

On 06/19/2024, Surveyors requested Caregiver B and Caregiver C's record from Licensee A. Surveyors reviewed staff records and identified the following:

Caregiver B was hired 06/30/2023. Caregiver B's job description signed 06/30/2023 was a Dietary Aide position description. Caregiver B's record did not contain evidence of receiving training in the assigned duties and responsibilities, including the needs and abilities of individual tenants for whom staff will be providing care.

Caregiver C was hired 05/11/2020. Caregiver C's job description signed 05/11/2020 was a Dietary Aide position description. Caregiver C's record did not contain evidence of receiving training in the assigned duties and responsibilities, including the needs and abilities of individual tenants for whom staff will be providing care.

On 06/19/2024 at 10:10 AM, Surveyors interviewed Licensee A. Licensee A stated Caregiver B was hired 06/30/2023 as a Dietary Aide and transferred 01/06/2024 to a caregiver position; Caregiver C was hired 05/11/2020 as a Dietary Aide and transferred 09/29/2020 to a caregiver position. Licensee A acknowledged s/he did not have documentation Caregiver B and Caregiver C were oriented and trained upon transferring positions. Licensee A stated Administrator D confirmed s/he was aware Caregiver C had not signed a new job

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U 137	Continued From page 3 description, and Licensee A stated s/he knew Caregiver B had not signed a new job description.	U 137		