STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010429	A. BUILDING: _____ B. WING _____	R 08/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELIZABETH RESIDENCE SOUTH	9355 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 08/15/2024 with information gathered through 08/16/2024, Surveyors conducted a standard survey, complaint investigation and verification visit. Four deficiencies identified. All deficiencies from SOD #TT9H11, dated 12/06/2023 were corrected. Complaint unsubstantiated. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 31	{N 000}		
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 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 (Caregiver Q) received at least 15 hours per calendar year of continuing education in calendar year 2023. Caregiver Q did not have any	N 277		

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

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N 277	Continued From page 1 evidence of continuing education in 2023. Findings include: On 08/15/2024 at approximately 9:30 AM, Surveyors reviewed Caregiver Q's record. Caregiver Q was hired on 12/16/2022. Surveyors did not see evidence of Caregiver Q's continuing education for calendar year 2023. On 08/15/2024 at approximately 11:45 AM, Surveyors interviewed Administrator A. Administrator A confirmed Caregiver Q did not have any continuing education in calendar year 2023. Administrator A stated s/he was responsible for ensuring staff completed the continuing education but s/he started in the middle of last year so s/he knew some of the employee files were not complete.	N 277		
N 387	83.35(3)(b) Service plan development: parties involved Development. The CBRF shall involve the resident and the resident ' s legal representative, as appropriate, in developing the individual service plan and the resident or the resident ' s legal representative shall sign the plan acknowledging their involvement in, understanding of and agreement with the plan. If a resident has a medical prognosis of terminal illness, a hospice program or home health care agency, as identified in s. HFS 83.38(2) shall, in cooperation with the CBRF, coordinate the development of the individual service plan and its approval under s. HFS 83.38 (2) (b). The resident ' s case manager, if any, and any health care providers, shall be invited to participate in the development of the service plan.	N 387		

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N 387	Continued From page 2 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the resident and/or the resident's legal representative, as appropriate, were involved in developing the individual service plan (ISP) and signed the plan acknowledging their involvement in, understanding of, and agreement with the plan for 1 of 2 resident records reviewed (Resident 1). Findings include: On 08/15/2024 at 9:15 AM, Surveyors reviewed Resident 1's record. Resident 1 was admitted on 11/16/2020. Resident 1 had an activated Health Care Power of Attorney (POA). Resident 1's ISP, dated 04/16/2024, was not signed or dated by Resident 1's POA. On 08/15/2024, at 11:00 AM, Surveyors interviewed Administrator A. Administrator A stated s/he was not sure why the most recent care plan was not signed. Administrator A stated the nurse in the building was responsible for that task and s/he should have had Resident 1's POA sign off on the ISP.	N 387		
N 392	83.35(4) Resident satisfaction evaluation. Satisfaction evaluation. At least annually, the CBRF shall provide the resident and the resident ' s legal representative the opportunity to complete an evaluation of the resident ' s level of satisfaction with the CBRF ' s services. The evaluation shall be completed on either a	N 392		

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N 392	Continued From page 3 department form or a form developed by the CBRF and approved by the department. This Rule is not met as evidenced by: Based on record review and interview, the provider did not provide the resident and/or the resident's legal representative for 1 of 1 resident reviewed (Resident 1) the opportunity to complete an evaluation of the resident's level of satisfaction with the Community-Based Residential Facility's (CBRF) services at least annually. Findings include: On 08/15/2024 at approximately 9:30 AM, Surveyors requested to review Resident 1's record and identified the following: -Resident 1 was admitted to the facility on 11/16/2020. -Resident 1 had an activated power of attorney. -Resident 1's file did not contain evidence of a satisfaction survey was provided for calendar year 2021, 2022, and 2023. On 08/15/2024 at approximately 11:00 AM Surveyors interviewed Administrator A. Administrator A stated, "To be frank, I didn't know this was a requirement until you brought it to my attention today." Administrator A stated s/he had not done any of these for the residents and would make sure to send them out as soon as possible for calendar year 2024.	N 392		
N 394	83.35(5)(b) Annual evaluation of evacuation limits Evaluation update. The CBRF shall evaluate each resident ' s mental or physical capability to respond to a fire alarm at least annually or when	N 394		

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N 394	Continued From page 4 there is a change in the resident ' s mental or physical capability to respond to a fire alarm. This Rule is not met as evidenced by: Based on record review and staff interview, the provider did not evaluate 1 of 1 resident reviewed, at least annually for his/her mental or physical capability to respond to a fire alarm. Resident 1 was not assessed annually for 2 of 2 calendar years reviewed (2022 and 2023). Findings include: On 08/15/2024, Surveyors reviewed Resident 1's record. Resident 1 was admitted to the facility on 11/16/2020. Surveyors could not find evidence of Resident 1's annual evacuation assessment for calendar years 2022 and 2023 in Resident 1's record. On 08/15/2024 at approximately 11:30 AM, Surveyors interviewed Administrator A. Administrator A stated the nurse was responsible for conducting the assessment and if it was not in Resident 1's record, then it was not completed.	N 394		