STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010672	A. BUILDING: _____ B. WING _____	R 09/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WHISPERING PINES	**800 COLLEGE ST SPOONER, WI 54801**

(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
{M 000}	INITIAL COMMENTS On 08/29/2023, Surveyor conducted a verification visit at Whispering Pines. Data was collected through 09/06/2023. One violation was identified and is a repeat violation. See Statement of Deficiency (SOD) 8G6S11, dated 06/14/2022. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 3.	{M 000}		
{M 246}	88.04(5)(b) TRAINING-8 HOURS ANNUALLY Except as provided in pars. (c) and (d), the licensee and each service provider shall complete 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training is received. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 staff completed standard precautions continuing education training in 2022. This is a repeat violation. See Statement if Deficiency (SOD) 8G6S11, dated 06/14/2022. Findings include:	{M 246}		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{M 246}	Continued From page 1 The provider is licensed to care for 4 residents in the client groups advanced aged and developmentally disabled. On 08/29/2023 at approximately 9:30 AM, Surveyor requested the continuing education training records of Caregiver A and Licensee B. Caregiver A stated Licensee B was on vacation, sometimes difficult to reach, and s/he was not sure if the staff records were on site. At approximately 10:00 AM, Licensee B called the program and informed Caregiver A that the continuing education training was completed online. Caregiver A stated the documents would be electronically sent as soon as Licensee B emailed them to him/her. On 08/30/2023 at approximately 4:00 PM, Surveyor reviewed continuing education training documentation for Caregiver A and Licensee B. The records did not contain evidence of standard precautions training. On 09/06/2023 from 8:49 AM to 8:55 AM, Surveyor interviewed Caregiver A. Caregiver A stated s/he would need to contact Licensee B to obtain the standard precautions continuing education records. Caregiver A stated s/he was pretty sure s/he had standard precautions training in 2022 and that the training was online, but s/he had no documentation. As of 11:25 AM, Surveyor had not received documentation of continuing education in standard precautions for Caregiver A or Licensee B. The provider did not ensure standard precautions continuing education training was completed in 2022.	{M 246}		

Wisconsin Department of Health Services

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