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 11/04/2024

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 10/31/2024, Surveyor conducted a standard survey and verification visit at Whispering Pines. Data was collected through 11/04/2024. Eight violations were identified. Two of 8 were repeat violations. See Statement of Deficiency (SOD) 8G6S12, dated 09/06/2023, and 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 232	88.04(2)(g)1 HEALTH SCREENING FOR STAFF The licensee shall obtain documentation from a physician, a registered nurse or a physician's assistant indicating that the licensee and any service provider has been screened for illness detrimental to residents, including for tuberculosis. The documentation is to be completed within 90 days before the start of providing service. The documentation shall be kept confidential except that the licensing agency shall have access to the documentation for verification. This Rule is not met as evidenced by: Based on record review and interview, the provider did not obtain documentation from a physician, a registered nurse or a physician's assistant, indicating the licensee and any service provider had been screened for illness detrimental to residents, including for tuberculosis	M 232		

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

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M 232	Continued From page 1 (TB). This is a repeat violation. See Statement of Deficiency (SOD) 8G6S11, dated 06/14/2022. Findings include: The provider is licensed to care for 4 residents in the client groups advanced aged and developmentally disabled. On 10/31/2024 at approximately 11:00 AM, Surveyor asked Caregiver A if s/he had access to the employee records. Caregiver A stated that Caregiver B had access to all the employee records and s/he did not. Caregiver A stated Licensee C also had access but s/he was out of town. Caregiver A was unable to contact Licensee C despite several attempts. At 11:45 AM, Caregiver B entered the program. Caregiver B was unable to locate any records for Caregiver A and spent a significant amount of time paging through records. At approximately 11:55 AM, Surveyor interviewed Caregiver B who stated s/he did have access to the licensee's attached and locked apartment where the records were kept but s/he had been unable to locate Caregiver A's record. Caregiver A stated s/he knew Caregiver A had a file. On 11/04/2024, Surveyor received a fax communication from the provider that included a document that indicated Caregiver A was hired on 11/22/2022. The document read that a communicable disease screen had been completed on 11/21/2022 and a TB test was completed on 11/04/2022, but there was no medical documentation to support this.	M 232		

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M 232	Continued From page 2 The provider did not ensure staff were screened for communicable disease including TB.	M 232		
M 235	88.04(2)(h) COMPLY WITH OSHA The licensee and all service providers involved in the operation of the adult family home shall comply with the universal precautions contained in the U.S. Occupational Safety and Health Administration Standard 29 CFR 1910.1030 for the control of blood-borne pathogens. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure all service providers involved in the operation of the adult family home complied with the universal precautions contained in the U.S. Occupational Safety and Health Administration Standard 29 CFR 1910.1030 for the control of blood-borne pathogens. Findings include: The provider is licensed to care for 4 residents in the client groups advanced aged and developmentally disabled. On 10/31/2024 at approximately 11:00 AM, Surveyor requested access to staff records. Caregiver A stated s/he did not have access to staff records and reached out to Caregiver B and Licensee C. At 11:45 AM, Caregiver B entered the program.	M 235		

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M 235	Continued From page 3 Surveyor requested the record for Caregiver A, hired 11/22/2022, and Caregiver B, hired 01/28/2013. Caregiver B was unable to locate any record for Caregiver A, including training on standard precautions. Caregiver B was unable to locate his/her completed standard precautions training for 2023. On 11/04/2024, at approximately 11:55 AM, Surveyor interviewed Caregiver B, who stated s/he did have access to the attached apartment where the records were kept. Caregiver B stated Licensee C may have moved Caregiver B's record into the locked garage and s/he did not have access. Caregiver B stated s/he was not sure s/he completed training in standard precautions in 2023. On 11/04/2024, Surveyor received a fax communication from the provider that included Caregiver A training documents but there was no evidence of training in standard precautions. The provider did not ensure staff Caregiver A or Caregiver B received training in standard precautions.	M 235		
M 244	88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS The licensee and each service provider shall complete 15 hours of training approved by the licensing agency related to health, safety and welfare of residents, resident rights and treatment appropriate to residents served prior to or within 6 months after starting to provide care. This training shall include training in	M 244		

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M 244	Continued From page 4 fire safety and first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure staff completed 15 hours of training approved by the licensing agency related to health, safety and welfare of residents, resident rights, and treatment appropriate to residents served, prior to or within 6 months after starting to provide care, including training in fire safety and first aid. Findings include: The provider is licensed to care for 4 residents in the client groups advanced aged and developmentally disabled. On 10/31/2024 at approximately 11:00 AM, Surveyor requested access to staff records. Caregiver A stated s/he did not have access to staff records and there was only 1 other staff employed, plus the owner who lived in the attached apartment. At 11:45 AM, Caregiver B entered the program. Surveyor requested the record for Caregiver A, hired 11/22/2022. Caregiver B was unable to locate any record for Caregiver A. On 11/04/2024, from 7:29 AM to 7:42 AM, Surveyor interviewed Licensee C, who stated s/he did not know why Caregiver A's record was not available on the day of the survey. Licensee C stated the records may be in the locked garage because s/he moved them to complete background checks.	M 244		

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M 244	Continued From page 5 On 11/04/2024, Surveyor received a fax communication from the provider. Caregiver A's record included approximately 1 hour of task specific training but did not include training in standard precautions, fire safety, first aid medication management, and resident rights. The provider did not ensure staff Caregiver A received 15 hours of training within 6 months of hire.	M 244		
{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 reviewed, completed continuing education training in standard precautions in 2023. This is a repeat violation. See Statement of Deficiency (SOD) 8G6S12, dated 09/06/2023, and SOD 8G6S11, dated 06/14/2022. Findings include: The provider is licensed to care for 4 residents in	{M 246}		

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{M 246}	Continued From page 6 the client groups advanced aged and developmentally disabled. On 10/31/2024 at approximately 11:00 AM, Surveyor requested the records for Caregiver A, hired 11/22/2022, and Caregiver B, hired 01/28/2013. Caregiver A was working on the day of the survey and stated s/he did not have access to the staff records but Caregiver B did have access. At approximately 11:45 AM, Caregiver B arrived. Caregiver B was unable to locate Caregiver A's training records. Caregiver B stated all his/her training records were kept on his/her personal phone. Caregiver B was unable to provide documentation of his/her training in standard precautions. From 7:29 AM to 7:42 AM, Surveyor interviewed Licensee C, who stated s/he did not know why staff were unable to locate Caregiver A's record and that s/he could have moved it to the locked garage. Licensee C stated Caregiver A was going to quit multiple times. Licensee C stated s/he had been thinking of closing, but the residents had been living there for a long time. Surveyor indicated that the staff records were to be accessible at the time of survey. Licensee stated, "Just go ahead and fine me." On 11/04/2024, Surveyor received a fax communication from the provider that included training records for Caregiver A. The records did not include documentation of any continuing education training in 2023. The provider did not ensure continuing education training was completed in 2023.	{M 246}		

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M 424	Continued From page 7	M 424		
M 424	88.06(3)(f) REVIEW OF ISP The individual service plan shall be reviewed at least once every 6 months by the licensee, the resident or the resident's guardian, the service coordinator, if any, the designated representative, if any, the placing agency with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This review is to determine continued appropriateness of the plan and to update the plan as necessary. A plan shall be updated, in writing, whenever the resident's needs or preferences change substantially or when requested by the resident or the resident's guardian. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents reviewed had individual service plans (ISP) reviewed at least once every 6 months. The provider is licensed to care for 4 residents in the client groups advanced aged and developmentally disabled. On 10/31/2024 at approximately 11:00 AM, Surveyor requested the records for Resident 1, admitted 04/15/2021, and Resident 2, admitted 10/16/2011. Caregiver A was unable to locate ISPs completed in 2024.	M 424		

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M 424	Continued From page 8 At approximately 11:30 AM, Surveyor asked Caregiver A how s/he knew what care to provide. Caregiver A stated, "Things are pretty basic or I call [Caregiver B]." Caregiver A spent additional time looking for ISPs and located Resident 2's ISP, dated 04/13/2023. Surveyor located Resident 1's ISP, dated 12/15/2023. At 11:56 PM, Surveyor interviewed Caregiver B, who stated s/he would send the current ISPs, once they were located, on 11/01/2024 . On 11/04/2024 from 7:29 AM to 7:42 AM, Surveyor interviewed Licensee C, who stated s/he was responsible for updating the ISPs and the current ISPs should be in the residents' charts. On 11/04/2024 at 2:26 PM, Surveyor received faxed documents that included Resident 1's ISP, dated 12/15/2023, and Resident 2's ISP, dated 04/13/2023. They were the same ISPs Surveyor had previously reviewed. The provider did not ensure ISPs were updated every 6 months.	M 424		
M 464	88.07(3)(d) MEDICATION- WRITTEN ORDER Before the licensee or service provider dispenses or administers a prescription medication to a resident, the licensee shall obtain a written order from the physician who prescribed the medication specifying who by name or position is permitted to administer the medication, under what circumstances and in what dosage the medication is to be administered.	M 464		

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M 464	Continued From page 9 The licensee shall keep the written order in the resident's file. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure there was a written order authorizing the provider to administer medications, for 2 of 2 residents reviewed. Findings include: The provider is licensed to care for 4 residents in the client groups advanced aged and developmentally disabled. On 10/31/2024 at approximately 11:00 AM, Surveyor reviewed Resident 1 and Resident 2's record but was unable to locate a written order authorizing the provider to administer medications. At approximately 12:37 PM, Surveyor interviewed Caregiver B, who indicated there was a change in Resident 1's ability when taking medications. Surveyor inquired about an order to administer Resident 1's medications and Caregiver B responded that s/he did not think they had one for Resident 1 or Resident 2. Caregiver B stated s/he did not believe s/he had ever seen an authorization. At approximately 11:56 PM, Caregiver B indicated that if s/he located the written orders for medication administration, s/he would forward the documents by noon the following day. As of 11/04/2024, Surveyor had not received written orders authorizing the provider to	M 464		

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M 464	Continued From page 10 administer Resident 1 and Resident 2's medications.	M 464		
M 510	88.09(1)(d)11 RESIDENT FUNDS Records maintained by the licensee of the resident's finances, including written authorization from the resident of resident's guardian to control the resident's funds. This Rule is not met as evidenced by: Based on interview and record review, the provider did not maintain records for 2 of 2 residents reviewed, including written authorization from the resident or resident's guardian, to control the resident's funds. Findings include: The provider is licensed to care for 4 residents in the client groups developmentally disabled and advanced aged. On 10/31/2024, Surveyor conducted a record review of Resident 1 and Resident 2. Resident 1 was admitted on 04/15/2021, and Resident 2 was admitted 10/16/2011. The records did not contain a written record of finances or a written authorization from the resident or resident's guardian, to control the resident's funds. At approximately 11:20 AM, Surveyor interviewed Caregiver A, who stated s/he did not have access to the lock box where resident funds were kept, and that Caregiver B and Licensee C had access. At approximately 11:45 AM, Surveyor interviewed Caregiver B who stated they did not need to track	M 510		

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M 510	Continued From page 11 the money kept in the lock box and they had not kept any records for 12 years. Caregiver B stated s/he had never seen a document that authorized the provider to control resident money. Caregiver B stated Resident 1 received $100.00 a month and Resident 2 received $175.00 a month for spending. Caregiver B stated that when the residents had needs or went on an activity, Caregiver B or Licensee C would take money out of the lock box. The provider did not maintain records of resident funds, including a written authorization to control resident funds.	M 510		
M 540	88.09(2)(c) Location and Retention Period Location and retention period. Service provider and licensee records shall be available at the adult family home for review by the licensing agency. A service provider's record shall be available while the service provider is employed by the home and for at least 3 years after ending employment. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure staff records were available at the adult family home for review by the licensing agency. Findings include: The provider is licensed to care for 4 residents in the client groups advanced aged and developmentally disabled.	M 540		

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M 540	Continued From page 12 On 10/31/2024 at approximately 11:00 AM, Surveyor requested staff records for Caregiver A and Caregiver B. Caregiver A stated s/he did not have access to the records and Caregiver B had access. Caregiver A attempted to contact Licensee C multiple times without success. Caregiver A stated Licensee C was out of town. At approximately 11:45 AM, Caregiver B entered the facility. Caregiver B was able to locate his/her own training record and stated that all his/her continuing education training documents were kept on his/her personal phone and not in his/her record. Caregiver B was unable to locate any of Caregiver A's records. Caregiver B indicated s/he did have access to all the staff records but Caregiver A's was missing. At approximately 12:00 PM, Surveyor requested all training records by noon the following day. On 11/04/2024 from 11:50 AM to 12:01 PM, Surveyor interviewed Caregiver B, who stated s/he did have access to the provider's locked apartment but Caregiver A's record was not there and could be in the locked garage. Caregiver B stated s/he did not have a key for the garage. Caregiver B stated s/he had not spoken to Licensee C since the survey had begun, but s/he had called. From 7:29 AM to 7:42 AM, Surveyor interviewed Licensee C who stated s/he did not know why Caregiver B's binder of training records was not available. Licensee C stated s/he was "pretty sure" s/he left a key to his/her locked apartment, and someone must have taken the keys, or they were lost. Licensee C stated s/he may have pulled Caregiver A's record because s/he was	M 540		

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M 540	Continued From page 13 working on background checks and it was possible the record was locked in the garage. On 11/04/2024 at 2:26 PM, Surveyor received Caregiver A's records by fax. Surveyor found multiple training documents were missing. The provider did not ensure staff records were available.	M 540		