STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015627	A. BUILDING: _____ B. WING _____	C 09/07/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHORES OF SHEBOYGAN ASSISTED LIVING I	3319 SUPERIOR AVE SHEBOYGAN, WI 53081

(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 08/30/2023, with information gathered through 09/07/2023, Surveyor conducted 1 complaint investigation and an abbreviated survey at Shores of Sheboygan Assisted Living II, a CBRF in Sheboygan. Two deficiencies were identified. One of 1 complaint was unsubstantiated. Census: 24	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 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.	N 239		

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

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N 239	Continued From page 1	N 239		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 1 of 3 employees obtained all department approved training as required.

Caregiver B did not have training in fire safety within 90 days after starting employment.

Caregiver B did not have training in first aid and choking within 90 days after starting employment.

Caregiver B, who had responsibilities that would create exposure to blood, body fluids or other moist body substances, did not have training in standard precautions prior to assuming these duties.

Findings include:

On 08/30/2023, Surveyor conducted a review of 3 employees to verify compliance with department approved training requirements. Surveyor requested training records from Administrator A for Caregiver B.

Fire Safety

The record for Caregiver B, hired 03/27/2023, did not contain evidence of training or evidence of meeting an exemption for fire safety. On 08/30/2023, at approximately 12:00 p.m., Surveyor interviewed Administrator A. Administrator A confirmed the provider did not have evidence Caregiver B completed or met an exemption for fire safety training.

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N 239	Continued From page 2 On 08/31/2023, Surveyor verified Caregiver B was not on the Community-Based Care and Treatment training registry for fire safety. First Aid and Choking The record for Caregiver B, hired 03/27/2023, did not contain evidence of training or evidence of meeting an exemption for first aid and choking. On 08/30/2023, at approximately 12:00 p.m., Surveyor interviewed Administrator A. Administrator A confirmed the provider did not have evidence Caregiver B completed or met an exemption for first aid and choking training. On 08/31/2023, Surveyor verified Caregiver B was not on the Community-Based Care and Treatment training registry for first aid and choking. Standard Precautions The record for Caregiver B, hired 03/27/2023, did not contain evidence of training or evidence of meeting an exemption for standard precautions. On 08/30/2023, at approximately 12:00 p.m., Surveyor interviewed Administrator A. Administrator A confirmed Caregiver B performed job tasks that may expose the employee to blood or other bodily fluids. Administrator A confirmed the provider did not have evidence Caregiver B completed or met an exemption for standard precaution training prior to assuming these job duties. On 08/31/2023, Surveyor verified Caregiver B was not on the Community-Based Care and Treatment training registry for standard precautions.	N 239		

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N 239	Continued From page 3 On 08/31/2023 at approximately 5:00 p.m., Administrator A updated Surveyor and stated the provider identified that Caregiver B had not had all required department approved trainings completed during Surveyor's 08/30/2023 visit, so trainings had been arranged immediately. Administrator A stated the provider's new business office manager was now taking responsibility of the "on boarding" process for new employees to ensure trainings were complete.	N 239		
N 525	83.47(2)(d) Fire drills. Fire drills. 1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of the drill and the CBRF ' s total evacuation time. The CBRF shall record residents having an evacuation time greater than the time allowed under s. HFS 83.35(5) and the type of assistance needed for evacuation. Fire evacuation drills may be announced in advance. 2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleeping hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the employees scheduled to work during the residents ' normal sleeping hours. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure fire drills were conducted at least quarterly, included the total evacuation time and included 1 drill that simulated the	N 525		

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N 525	Continued From page 4 conditions during usual sleep hours. Findings include: On 08/30/2023 at approximately 9:00 a.m., Surveyor requested the provider's environmental records, including fire drills, from Administrator A. On 08/30/2023 at approximately 12:00 p.m., Surveyor reviewed documentation that indicated 1 fire drill had taken place in the past 2 years. The drill was dated 05/19/2023 at 1:35 p.m. Surveyor reviewed concern with Administrator A that documentation did not indicate fire drills had occurred at least quarterly. Administrator A stated s/he would review his/her records further. On 9/01/2023 at approximately 1:45 p.m., Surveyor received documentation from Administrator A that indicated the following: - Fire Drill, dated 06/22/2022 at 1:00 p.m. - No evacuation time listed. - Emergency Drill, dated 10/14/2022 at 10:10 - Type of drill not specified, AM vs PM not specified and no evacuation time listed. On 09/05/2023 at approximately 4:00 p.m., Surveyor reviewed concern with Administrator A that the provider's documentation indicated fire drills were not conducted at least quarterly, did not include at least 1 drill annually that simulated conditions during normal sleep hours and did not document evacuation time. Administrator A acknowledged concern by replying, "Okay."	N 525		