STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	410094	A. BUILDING: _____ B. WING _____	C 12/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TARFA TERRACE	54 W ARNDT ST FOND DU LAC, WI 54935

(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 12/12/2023, Surveyor conducted 2 complaint investigations at Tarfa Terrace. Two deficiencies were identified. One complaint was substantiated. One complaint was unsubstantiated. Census: 26	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 1 employee reviewed obtained all department approved training as required.

Caregiver D did not have training in First Aid and Choking within 90 days after starting employment.

Findings include:

On 12/08/2023, Surveyor reviewed Caregiver D's record to verify compliance with department approved training requirements. Surveyor requested training records from Administrator A for Caregiver D.

First Aid and Choking

The record for Caregiver D, hired 06/27/2023, did not contain evidence of training or evidence of meeting an exemption for First Aid and Choking.

A review of the provider's staff schedule dated 06/25/2023-12/07/2023 indicated Caregiver D worked alone on 25 occasions without receiving training in First Aid and Choking.

On 12/08/2023, Surveyor verified Caregiver D was not on the Community-Based Care and Treatment training registry for first aid and choking.

On 12/08/2023 at 1:23 PM, Surveyor interviewed Administrator A, Nurse B, and Director of Nursing (DON) C. DON C acknowledged department approved training should have been completed in

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N 239	Continued From page 2 90 days. Nurse B noted a new on boarding process that will be starting soon has staff completing all department training before being scheduled on the floor. Cross Reference: N0397 DHS 83.36(1)(b) Qualified Staff In Charge, On Duty And Awake	N 239		
N 397	83.36(1)(b) Qualified staff in charge, on duty and awake. The CBRF shall ensure all of the following: 1. An administrator or other designated qualified resident care staff in charge is on the premises of the CBRF daily to ensure the CBRF is providing safe and adequate care, treatment and services. 2. At least one qualified resident care staff is present in the CBRF when one or more residents are present in the CBRF. 3. At least one qualified resident care staff is on duty and awake if at least one resident in the CBRF is in need of supervision, intervention or services on a 24-hour basis to prevent, control or improve the resident ' s constant or intermittent mental or physical condition that may occur or may become critical at any time including residents who are at risk of elopement, who have dementia, who are self-abusive, who become agitated or emotionally upset or who have changing or unstable health conditions that require close monitoring. 4. At least one qualified resident care staff is on duty and awake if the evacuation capability of at least one resident is 4 minutes or more. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure at least one qualified	N 397		

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N 397	Continued From page 3	N 397		

resident care staff was present during the 3rd shift (10pm-6am) on 51 occasions between 06/25/2023-12/07/2023.

Findings include:

On 09/12/2023, the Department received a complaint alleging concerns with staffing on the 3rd shift.

On 12/08/2023, Surveyor conducted a complaint investigation and reviewed staff records. The following was found:

DHS Chapter 83 defines "Qualified resident care staff" as an employee who has successfully completed all of the applicable training and orientation under subch. IV.

The provider is licensed as a Class CNA (non-ambulatory) facility and can serve up to 32 residents in the following client groups: advanced age and irreversible dementia/Alzheimer's.

-Caregiver D was hired 06/27/2023, had not received training in First Aid and Choking. Surveyor verified on the CBRF training registry, Caregiver D had not received training in First Aid and Choking or met an exemption.

Surveyor reviewed the provider's staff schedule, which indicated Caregiver D was the only staff member present during the 3rd shift (10pm-6am) on the following dates:
07/16/2023, 07/19/2023, 07/24/2023, 07/28/2023, 07/30/2023, 08/01/2023, 08/02/2023, 08/11/2023, 08/12/2023, 08/20/2023, 08/25/2023, 08/27/2023, 09/01/2023, 09/07/2023, 09/15/2023, 09/16/2023, 09/18/2023, 09/19/2023, 09/21/2023, 09/28/2023, 10/02/2023, 10/03/2023, 10/06/2023, 10/10/2023,

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N 397	Continued From page 4 10/18/2023. -Agency Staff E had an unknown hire date. Surveyor verified on the CBRF training registry, Agency Staff E had not received training in Fire Safety and First Aid and Choking or met an exemption for either. Surveyor reviewed the provider's staff schedule, which indicated Agency Staff E was the only staff member present during the 3rd shift (10pm-6am) on the following dates: 06/25/2023, 06/26/2023, 06/30/2023, 07/10/2023. -Agency Staff F had an unknown hire date. Surveyor verified on the CBRF training registry, Agency Staff F had not received training in Fire Safety and First Aid and Choking or met an exemption for either. Surveyor reviewed the provider's staff schedule, which indicated Agency Staff F was the only staff member present during the 3rd shift (10pm-6am) on the following dates: 07/09/2023, 07/11/2023. -Agency Staff G had an unknown hire date. Surveyor verified on the CBRF training registry, Agency Staff G had not received training in Fire Safety and First Aid and Choking or met an exemption for either. Surveyor reviewed the provider's staff schedule, which indicated Agency Staff G was the only staff member present during the 3rd shift (10pm-6am) on the following dates: 07/29/2023, 08/05/2023. -Caregiver H was hired 08/07/2023, had not received training in Fire Safety and First Aid and	N 397		

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N 397	Continued From page 5	N 397		

Choking. Surveyor verified on the CBRF training registry, Caregiver H had not received training in Fire Safety and First Aid and Choking or met an exemption for either.

Surveyor reviewed the provider's staff schedule, which indicated Caregiver H was the only staff member present during the 3rd shift (10pm-6am) on the following dates:
09/20/2023, 09/22/2023, 09/27/2023, 09/29/2023, 10/01/2023, 10/11/2023, 10/15/2023, 10/29/2023.

-Caregiver I was hired 08/29/2023, had not received training in Medication Administration. Surveyor verified on the CBRF training registry, Caregiver I had not received training in Medication Administration or met an exemption.

Surveyor reviewed the provider's staff schedule, which indicated Caregiver I was the only staff member present during the 3rd shift (10pm-6am) on the following dates:
09/25/2023, 10/09/2023, 10/25/2023, 10/28/2023, 11/04/2023, 11/05/2023, 11/12/2023, 11/13/2023, 11/15/2023.

-Caregiver J was hired 09/19/2023, had not received training in Medication Administration. Surveyor verified on the CBRF training registry, Caregiver J had not received training in Medication Administration or met an exemption.

Surveyor reviewed the provider's staff schedule, which indicated Caregiver J was the only staff member present during the 3rd shift (10pm-6am) on the following dates:
11/02/2023.

On 12/08/2023 at 1:23 PM, Surveyor interviewed Administrator A, Nurse B, and Director of Nursing

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N 397	Continued From page 6 (DON) C regarding the above concerns. DON C stated s/he teaches the CBRF courses and thought staff had 90 days to complete training regardless of working alone or not. Surveyor reviewed the definition of qualified resident care staff per DHS Chpt 83 and the provider's management team disagreed that training had to be completed prior to 90 days regardless of working alone or not. Surveyor noted whenever one or more residents are present in the CBRF at least 1 qualified resident care staff is present at all times and to be determined a qualified resident care staff all training had to be completed. Nurse B stated Resident 1 requires medication to be administered by staff during the 3rd shift at 4am. Nurse B noted they meet this requirement if staff are not trained in medication administration, by having a nurse from the attached skilled nursing facility (SNF) come over to administer medication. Administrator A and Nurse B confirmed the provider is sharing staff between the CBRF and SNF depending on resident needs. Administrator A stated the facility has a rotating on-call system when management is not in the building so resident needs are always met. Administrator A stated some of the staff on the schedule are from agency companies, so s/he would need additional time to reach out to the companies for copies of their training. Surveyor noted evidence of all training completed would need to be submitted no later than 12/11/2023 at 4:00 PM. On 12/11/2023 at 1:52 PM, Administrator A sent the Surveyor an email noting s/he heard back from one of the two agencies who had staff working by themselves on the dates we were discussing, and they didn't have their CBRF certifications. Administrator A stated the agency company responded it's not normal practice for	N 397		

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N 397	Continued From page 7 them to get staff their CBRF certifications, as typically they are working in SNF's. Administrator A noted the provider plans to use their own employees as much as possible, properly certified of course, to ensure we always meet CBRF requirements. Cross Reference: N0239 DHS 83.20(2)(a-d) Department Approved Training	N 397		