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 _____	R-C 07/10/2024

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 07/09/2024 with additional information gathered through 07/10/2024, Surveyor conducted a verification visit, complaint investigation and standard survey at Tarfa Terrace. All previous deficiencies were corrected. One (1) of 1 complaint was unsubstantiated. As a result of the survey, 1 of 2 deficiencies was identified as a repeat deficiency (see statement of deficiency (SOD) 9TDE12, dated 11/14/2022; SOD 9TDE11, dated 05/19/2021; and SOD L6NT11, dated 10/11/2018). Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 27	{N 000}		
N 302	83.28(4)(a) Resident health screening and documentation Resident health screening. 1. Within 90 days before or 7 days after admission, a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse shall screen each person admitted to the CBRF for clinically apparent communicable disease, including tuberculosis, and document the results of the screening. 2. Screening for tuberculosis and all immunizations shall be conducted using centers for disease control and prevention standards. 3. The CBRF shall maintain the screening documentation in each resident ' s record.	N 302		

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

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N 302	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 resident records reviewed (Resident 1) were screened for communicable disease including tuberculosis within 7 days after admission. Findings include: On 07/09/2024 at approximately 12:55 PM, Surveyor reviewed Resident 1's record accompanied by Assistant Executive Director A. Surveyor noted Resident 1 was admitted to the facility on 01/09/2024. When Surveyor inquired about Resident 1's screening for communicable disease including tuberculosis, Assistant Executive Director A stated s/he could not locate it in the electronic file. Assistant Executive Director A stated s/he would attempt to locate the documentation and would follow up with Surveyor. Surveyor requested the documentation be provided by 10:00 AM on 07/10/2024. On 07/10/2024 at 10:41 AM, Surveyor sent a follow up email to Assistant Executive Director A and Executive Director B inquiring about Resident 1's screening for communicable disease including tuberculosis. On 07/10/2024 at 11:57 AM, Surveyor received a follow up email from Assistant Executive Director A confirming s/he did not have documentation Resident 1 was screened for communicable disease including tuberculosis. The provider did not ensure 1 of 2 residents reviewed (Resident 1) were screened for communicable disease including tuberculosis within 7 days after admission.	N 302		

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N 389	Continued From page 2	N 389		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure individual service plans (ISP) were signed by the resident or resident's legal representative for 2 of 2 resident records reviewed. This is a repeat deficiency. See statement of deficiency (SOD) 9TDE12, dated 11/14/2022; SOD 9TDE11, dated 05/19/2021; and SOD L6NT11, dated 10/11/2018. Findings include: The facility is licensed to provide services for up to 32 residents in the client groups of irreversible dementia/Alzheimer's and advanced aged. Findings Include:	N 389		

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N 389	Continued From page 3 On 07/09/2024, Surveyor reviewed resident records accompanied by Assistant Executive Director A and identified the following: Resident 1 was admitted to the facility on 01/09/2024 and was his/her own person. Resident 1's record included an ISP, dated 03/04/2024, but the ISP was not signed by Resident 1. Resident 2 was admitted to the facility on 05/11/2024 and was his/her own person. Resident 2's record included an ISP, with a date initiated of 05/15/2024, but the ISP was not signed by Resident 2. Assistant Executive Director A acknowledged the ISPs for Resident 1 and Resident 2 were not signed. Surveyor asked Assistant Executive Director A if there were any signed copies of Resident 1 and Resident 2's ISPs, but s/he stated s/he did not know and would need to check. Surveyor requested the information be provided by 10:00 AM on 07/10/2024. On 07/10/2024 at 10:41 AM, Surveyor sent a follow up email to Assistant Executive Director A and Executive Director B inquiring about Resident 1 and Resident 2's signed ISPs. On 07/10/2024 at 2:21 PM, Surveyor received a follow up email from Assistant Executive Director A confirming s/he was not able to locate any signed ISPs for Resident 1 or Resident 2. Assistant Executive Director A stated they had a meeting today and Resident 1 and Resident 2 were able to sign their ISPs.	N 389		