STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017895	A. BUILDING: _____ B. WING _____	C 11/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EAGLE RIDGE SENIOR LIVING	101 RIDGE RD OSCEOLA, WI 54020

(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 11/12/2024, Surveyor conducted a standard survey and complaint investigation at Eagle Ridge Senior Living. Data was collected through 11/13/2024. Four violations were identified. One of 4 violations is a repeat deficiency. See Statement of Deficiency (SOD) HHRQ11, dated 02/11/2024 The complaint was unsubstantiated. Census. 30.	N 000		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 3 staff sampled were screened for communicable disease, including tuberculosis (TB), upon hire. This is a repeat violation. See Statement of	N 220		

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

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N 220	Continued From page 1 Deficiency (SOD) HHRQ11, dated 02/11/2024. Findings include: The provider is licensed to care for 35 residents in the client groups irreversible dementia/Alzheimer's disease, traumatic brain injury, physically disabled, advanced aged, and terminally ill. On 11/12/2024, Surveyor reviewed 3 staff files. Caregiver D was hired 05/22/2024. Caregiver D's file did not contain evidence s/he was screened for communicable disease, including TB, within 90 days before hire. On 11/13/2024 at 9:50 AM, Surveyor received an email communication from Administrator B that read, "[Caregiver D] ...I cannot find [his/her] TB test. I spoke to [Registered Nurse (RN) C] ... [s/he] stated it was completed." At approximately 3:20 PM, Surveyor interviewed Administrator B, who stated s/he was unable to locate documentation of Caregiver D's communicable disease screen, including TB, and had reached out to RN C by phone. The provider did not ensure all staff were screened for communicable disease, including TB, upon hire.	N 220		
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	N 302		

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N 302	Continued From page 2	N 302		

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.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 4 of 4 residents sampled were screened for communicable disease, including tuberculosis (TB), within 90 days before or 7 days after admission.

Findings include:

The provider is licensed to care for 35 residents from the client groups irreversible dementia/Alzheimer's disease, traumatic brain injury, physically disabled, advanced aged, and terminally ill.

On 11/12/2024, Surveyor reviewed 3 staff files.
-Resident 2 was admitted 09/05/2024. Resident 1's record did not contain evidence s/he was screened for communicable disease but did contain evidence a TB test was completed.
-Resident 3 was admitted 11/01/2024. Resident 1's record did not contain evidence s/he was screened for communicable disease but did contain evidence a TB test was completed on 11/04/2024, 3 days after admission.
-Resident 4 was admitted 10/05/2023. Resident

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N 302	Continued From page 3 4's record did contain a communicable disease screen signed by Health Care Coordinator (HCC) E, but the form did not indicate Resident 4 was free from communicable disease. Resident 4's record did not include evidence a TB test was completed. -Resident 5 was admitted on 10/05/2023. Resident 5's record did contain a communicable disease screen signed by Health Care Coordinator (HCC) E, but the form did not indicate Resident 5 was free from communicable disease. Resident 5's record did not include evidence a TB test was completed. On 11/13/2024 from 1:18 PM to 2:04 PM, Surveyor interviewed Administrator B who stated HCC E was no longer an employee. The HCC, hired after HCC E, had been let go after 2 months. Administrator B stated multiple documents had been moved which made locating paperwork "very difficult." The provider did not ensure all residents were screened for communicable disease, including TB, within 90 days before or 7 days after admission.	N 302		
N 393	83.35(5)(a) Initial evaluation of evacuation limitations. Initial evaluation. The CBRF shall evaluate each resident within 3 days of the resident ' s admission to determine whether the resident is able to evacuate the CBRF within 2 minutes in an unsprinklered CBRF and 4 minutes in a sprinklered CBRF without any help or verbal or physical prompting, and what type of limitations that resident may have that prevent the resident from evacuating the CBRF within the applicable	N 393		

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N 393	Continued From page 4 period of time. A form provided by the department shall be used for the evaluation. The resident ' s evaluation shall be retained in the resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 4 of 4 residents sampled were screened for communicable disease, including tuberculosis (TB), within 90 days before or 7 days after admission. Findings include: The provider is licensed to care for 35 residents from the client groups irreversible dementia/Alzheimer's disease, traumatic brain injury, physically disabled, advanced aged, and terminally ill. On 11/12/2024, Surveyor reviewed 3 staff files. -Resident 2 was admitted 09/05/2024. Resident 1's record did not contain evidence s/he was screened for communicable disease but did contain evidence a TB test was completed. -Resident 3 was admitted 11/01/2024. Resident 1's record did not contain evidence s/he was screened for communicable disease but did contain evidence a TB test was completed on 11/04/2024, 3 days after admission. -Resident 4 was admitted 10/05/2023. Resident 4's record did contain a communicable disease screen signed by Health Care Coordinator (HCC) E, but the form did not indicate Resident 4 was free from communicable disease. Resident 4's record did not include evidence a TB test was completed. -Resident 5 was admitted on 10/05/2023. Resident 5's record did contain a communicable	N 393		

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N 393	Continued From page 5 disease screen signed by Health Care Coordinator (HCC) E, but the form did not indicate Resident 5 was free from communicable disease. Resident 5's record did not include evidence a TB test was completed. On 11/13/2024 from 1:18 PM to 2:04 PM, Surveyor interviewed Administrator B who stated HCC E was no longer an employee. The HCC, hired after HCC E, had been let go after 2 months. Administrator B stated multiple documents had been moved which made locating paperwork "very difficult." The provider did not ensure all residents were screened for communicable disease, including TB, within 90 days before or 7 days after admission.	N 393		
N 439	83.39(1) Infection control program. The licensee shall establish and follow an infection control program based on current standards of practice to prevent the development and transmission of communicable disease and infection. This Rule is not met as evidenced by: Based on observation and interview, the provider did not follow an infection control program based on current standards of practice to prevent the development and transmission of communicable disease and infection. Findings include: On 11/12/2024 at approximately 1:40 PM,	N 439		

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N 439	Continued From page 6 Surveyor observed Caregiver A administer medications to Resident 1. -Caregiver A informed Surveyor that Resident 1 needed a medication that was locked in the medication room. Surveyor observed Caregiver A enter the locked medication room, use hand sanitizer, unlock the medication cart, and remove Resident 1's bubble pack of lorazepam. Caregiver A popped the medication directly into his/her hands and put them in a medication cup. -Caregiver A locked up the medication cart, exited the medication room with the medication cup, and entered Resident 1's bedroom. -Surveyor observed Caregiver A wash his/her hands, don gloves, unlock the medication cabinet in the bathroom, and remove 3 bubble packs of medications: acetaminophen, buspirone, and olanzapine. Surveyor observed Caregiver A pop the 3 medications from the bubble pack directly into his/her gloved hands. -Caregiver A removed an orange soda bottle from the refrigerator and poured a portion into a plastic cup. -Resident 1 was lying in his/her bed, covered with blankets. Caregiver A removed the blankets and assisted him/her with sitting up. Caregiver A's gloved hands were touching Resident 1 in multiple areas of his/her clothing and bedding. -Caregiver A kneeled in front of Resident 1 and removed 2 pills with his/her gloved hands from the medication cup and attempted to put them in Resident 1's mouth but s/he would not take them. Caregiver A made multiple attempts to administer the medications before Resident 1 took them. Between each attempt, Resident 1 was touching Caregiver A's arms and gloved hands. Surveyor asked Caregiver A if s/he was taught to pop medications from bubble packs directly into his/her hands and s/he stated s/he had not been	N 439		

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N 439	Continued From page 7 trained to do so. Surveyor asked Caregiver A if s/he was aware how many surfaces s/he touched with his/her gloved hands before and during administration of Resident 1's medications. Caregiver A stated s/he could see that this was not the correct procedure. At approximately 2:30 PM, Surveyor interviewed Administrator B, who stated staff were not taught to pop medications from bubble packs directly into their hands. Surveyor stated s/he observed Caregiver A touch multiple surfaces with his/her gloved hands and then touched Resident 1's medication and mouth with the same gloved hands. Administrator B stated Registered Nurse (RN) C was currently completing yearly medication training and s/he would ensure these issues were addressed. The provider did not ensure staff followed their infection control program.	N 439		