STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016823	A. BUILDING: _____ B. WING _____	C 03/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WISTERIA HAUS ASSISTED LIVING	**2741 45TH STREET TWO RIVERS, WI 54241**

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N 000	Initial Comments On 02/28/2024, Surveyor conducted an abbreviated survey and one (1) complaint investigation at Wisteria Haus Assisted Living. Additional information was gathered through 03/05/2024. As a result of the survey, four (4) deficiencies were identified, the complaint was unsubstantiated. Census: 15	N 000		
N 230	83.19 Orientation Before an employee performs any job duties, the CBRF shall provide each employee with orientation training which shall include all of the following: (1) Job responsibilities; (2) Prevention and reporting of resident abuse, neglect and misappropriation of resident property; (3) Information regarding assessed needs and individual services for each resident for whom the employee is responsible; (4) Emergency and disaster plan and evacuation procedures under s. HFS 83.47(2); (5) CBRF policies and procedures; (6) Recognizing and responding to resident changes of condition. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure prior to performing job duties, 1 of 2 employees (Caregiver B) was provided with orientation training. Orientation training includes, (1) Job responsibilities; (2) Prevention and reporting of resident abuse, neglect and misappropriation of resident property; (3) Information regarding assessed needs and individual services for each resident for whom the employee is responsible; (4) Emergency and	N 230		

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

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N 230	Continued From page 1 disaster plan and evacuation procedures (5) CBRF policies and procedures; (6) Recognizing and responding to resident changes of condition. Findings include: The facility is licensed to provide services for up to 17 residents who are advanced aged. On 02/28/2024, Surveyor requested Caregiver B's employee records from Administrator A. Administrator A provided Surveyor with Caregiver B's employee record. Caregiver B had a hire date of 08/16/2023. Caregiver B's employee file had no evidence Caregiver B had all required orientation upon hire and before performing any job duties. There was no evidence Caregiver B was orientated in prevention and reporting of resident abuse, neglect and misappropriation; community based residential facility (CBRF) policies and procedures; information regarding assess needs and individual services; emergency and disaster and evacuation procedures; and change in condition. On 02/28/2024 at approximately 10:15 AM, Surveyor interviewed Administrator A regarding employee orientation. Administrator A confirmed s/he used to have an orientation checklist, however it was old and no longer utilized the checklist. Administrator A stated s/he reviews information with new hires and then new hires mentor with a staff person. Administrator A was unable to provide documentation showing Caregiver B had the required orientation prior to performing his/her job duties. Administrator A confirmed Caregiver B was scheduled and working.	N 230		

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N 230	Continued From page 2 On 02/29/2024 at 9:53 AM, Surveyor received a fax from Administrator A. Administrator A faxed Surveyor a blank New Employee Documentation Checklist that s/he updated. Cross reference DHS 83.21(1)-(3) All Employee Training	N 230		
N 243	83.21(1)-(3) All employee training. The CBRF shall provide, obtain or otherwise ensure adequate training for all employees in all of the following: Resident rights. Training shall include general rights of residents including rights as specified under s. DHS 83.32(3). Training shall be provided as applicable under ss. 50.09 and 51.61 and chs. 54, 55, and 304, Stats., and ch. DHS 94, depending on the legal status of the resident or service the resident is receiving. Specific training topics shall include house rules, coercion, retaliation, confidentiality, restraints, self-determination, and the CBRF ' s complaint and grievance procedures. Residents ' rights training shall be completed within 90 days after starting employment. Client Group. Training shall be specific to the client group served and shall include the physical, social and mental health needs of the client group. Specific training topics shall include, as applicable: characteristics of the client group served, activities, safety risks, environmental considerations, disease processes, communication skills, nutritional needs, and vocational abilities. Client group specific training shall be completed within 90 days after starting employment. Client Group. In a CBRF serving more than one	N 243		

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N 243	Continued From page 3 client group, employees shall receive training for each client group. Recognizing, preventing, managing, and responding to challenging behaviors. Specific training topics shall include, as applicable: elopement, aggressive behaviors, destruction of property, suicide prevention, self-injurious behavior, resident supervision, and changes in condition. Challenging behaviors training shall be completed within 90 days after starting employment. 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 training as required within 90 days after starting employment. Caregiver B did not have training in recognizing, preventing, managing and responding to challenging behaviors within 90 days after starting employment. Caregiver B did not have training in required client groups within 90 days after starting employment. Findings include: On 02/28/2024, Surveyor requested Caregiver B's employee record from Administrator A. Administrator A provided Caregiver B's employee record. Recognizing, Preventing, Managing and Responding to Challenging Behaviors	N 243		

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N 243	Continued From page 4 The record for Caregiver B hired 08/16/2023, did not have training in challenging behaviors within 90 days after starting employment. There was no documentation provided for Caregiver B showing s/he had Recognizing, Preventing, Managing and Responding to Challenging Behaviors within 90 days of hire. Client Group The record for Caregiver B hired 08/16/2023, did not have client group training within 90 days after starting employment. There was no documentation provided for Caregiver B showing they had Client Group training within 90 days of hire. The provider did not ensure Caregiver B obtained all training as required within 90 days after starting employment. Cross reference DHS 83.19 Orientation	N 243		
N 419	83.37(3)(c) Medication storage: locked cabinet. Administered by facility. The CBRF shall keep medicine cabinets locked and the key available only to personnel identified by the CBRF. This Rule is not met as evidenced by: Based on observation and staff interview, the provider did not ensure residents medications were securely stored in the community-based resident facility (CBRF). Findings include:	N 419		

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N 419	Continued From page 5 The facility is licensed to provide services for up to 17 residents who are advanced aged. On 02/28/2024, Surveyor entered the facility at approximately 10:00 AM. Surveyor observed the medication area off the kitchen at 12:30 PM. The door to the kitchen was not able to be locked and the key for the medication cabinet was hanging on the wall. Surveyor interviewed Caregiver B. Caregiver B stated the med keys were hanging on the wall. Caregiver B confirmed the kitchen was not lockable. Surveyor observed the kitchen unattended and residents walking around the facility and sitting in the dining room area for meals and activities during the survey visit. On 02/28/2024 at 1:00 PM, Surveyor interviewed Administrator A. Administrator A stated the pharmacy audits the med cabinet annually. Administrator A acknowledged the kitchen was unlockable and that the med cabinet key hung on the wall next to the med cabinet. Administrator A stated residents should not go into the kitchen, but confirmed the door was unlocked and residents could go into the kitchen. Administrator A stated s/he has the key on the wall to ensure staff did not take the med cabinet key home with them at the end of their shift. Surveyor reviewed the code with Administrator A and stated, "The CBRF shall keep medicine cabinets locked and the key available only to personnel identified by the CBRF." Administrator A acknowledged and stated s/he would move the key. The provider did not keep all medications locked/secured.	N 419		
N 526	83.47(2)(e) Other evacuation drills.	N 526		

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N 526	Continued From page 6 Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure tornado, flooding, or other disaster evacuation drills were conducted at least semi-annually. Findings Include: The facility is licensed to provide services for up to 17 residents who are advanced aged. On 02/28/2024, at approximately 1:00 PM, Surveyor reviewed the provider's drills for tornado, flooding, or types of emergencies. Surveyor noted only one tornado drill was completed for 2022 and 2023, dated 08/25/2022 and 08/31/2023. On 02/28/2024, at approximately 1:15 PM, Surveyor interviewed Administrator A. Administrator A stated s/he did not have a drill completed for the 1st half of 2022 and 2023. The provider did not ensure other drills were conducted at least semi-annually.	N 526		