STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017309	A. BUILDING: _____ B. WING _____	C 06/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS TOUCH ASSISTED LIVING	394 ANGELS TOUCH CT DE PERE, WI 54115

(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 06/20/2025 with additional information obtained through 06/25/2025, Surveyor conducted (2) complaint investigations at Angels Touch Assisted Living in DePere. As a result, 1 complaint was unsubstantiated, 1 complaint was substantiated, and 1 new deficiency was identified. Census: 21	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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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N 239	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 employees (Caregiver A) obtained all department approved training as required. Caregiver A, 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 06/20/2025, at approximately 10:45 AM, Surveyor conducted a review of 2 employees to verify compliance with department approved training requirements. Caregiver A was hired on 04/09/2025. Caregiver A's record did not contain evidence of training or evidence of meeting an exemption for Standard Precautions. Caregiver A did not receive training in Standard Precautions before assuming job responsibilities. On 06/20/2025, Surveyor verified Caregiver A was not on the Community-Based Care and Treatment training registry for Standard Precautions. On 06/20/2025, at 11:56 AM, Surveyor interviewed Administrator B. Administrator B confirmed the code requirement. Administrator B acknowledged Caregiver A was required to have Standard Precautions training due to the job responsibilities but did not complete the training.	N 239		