STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013334	A. BUILDING: _____ B. WING _____	03/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW MANOR	**68290 N DISTRICT ST IRON RIVER, WI 54847**

(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 03/18/2024, Surveyor conducted an abbreviated survey at Willow Manor. Data was collected through 03/19/2024. Six deficiencies were identified. Census: 7	N 000		
N 238	83.20(1)(b) Training documentation requirements. The CBRF shall maintain documentation of the training in par. (a), including the trainer approval number, the name of the employee, training topic and the date training was completed. This Rule is not met as evidenced by: Based on record review and interview, the provider did not maintain documentation of standard precaution training for 1 of 2 staff sampled (Caregiver B). Findings include: On 03/18/2024, Surveyor reviewed Caregiver B's training record. Caregiver B was hired on 09/07/2023. His/her file did not include evidence of training in standard precautions or a qualifying training exemption. Surveyor reviewed the Wisconsin Community-Based Care and Treatment Training Registry. The Registry did not provide evidence that Caregiver B completed a course in standard precautions. At 11:15 AM, Surveyor interviewed Administrator A. Administrator A stated Caregiver B completed	N 238		

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

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N 238	Continued From page 1 standard precautions at a training center called the Challenge Center, but s/he did not have evidence of this training. At 11:56 AM, Administrator A and Surveyor interviewed Person D with the Challenge Center. Person D stated the person responsible for submitting training documentation to the Registry quit. Person D said s/he realized this person was not submitting documentation to the Registry after s/he quit so Person D was working on it submitting the documents to the Registry. Person D said s/he submitted a stack of standard precaution training documentation to the Registry about a month ago and Caregiver B's training was included in this lot. Person D said s/he would check with the Registry to see why Caregiver B's account was not updated to include successful completion of the standard precautions course. At 12:30 PM, Surveyor requested Administrator A send evidence of Caregiver B's standard precaution training to Surveyor via email. On 03/19/2024 at 1:17 PM, Surveyor received an email from Administrator A stating s/he had not received additional training documentation from the Challenge Center for Caregiver B. At 1:45 PM, Surveyor interviewed Caregiver B. Caregiver B stated s/he completed standard precaution training at the Challenge Center soon after s/he was hired. Caregiver B discussed topics included in the course but could not recall when it occurred or who his/her instructor was.	N 238		
N 283	83.26(1) Documentation of required employee training	N 283		

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N 283	Continued From page 2 The CBRF shall maintain documentation of all employee training under s. DHS 83.21 and task specific training under s. DHS 83.22 and shall include the name of the employee, the name of the instructor, the dates of training, a description of the course content, and the length of the training. This Rule is not met as evidenced by: Based on record review and interview, the provider did maintain documentation of training completion for 2 of 2 caregivers sampled. Caregiver B's and Caregiver C's records did not include documentation of training on the provider's client group, challenging behaviors, or provision of cares. Findings include: The provider is licensed to care for 8 residents in the client group advanced aged. On 03/18/2024 at 9:45 AM, Administrator A provided Surveyor with a brief overview of the residents. Administrator A indicated most residents were independent with their care needs but some required staff assistance. Administrator A stated Resident 2 had dementia. Surveyor reviewed 2 employee records. Caregiver B was hired on 09/07/2023 and Caregiver D was hired on 06/06/2023. Neither record included evidence of training on the provider's client group, challenging behaviors, or provisions of care. At 11:15 AM, Surveyor interviewed Administrator A. Administrator A stated staff completed client group, challenging behavior, and provision of	N 283		

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N 283	Continued From page 3 care training during on-the-floor orientation training and during in-service training throughout the year but s/he did not maintain documentation of these trainings. Administrator A stated s/he provided staff with education monthly and they were able to take the information home and work on it at their own pace. Administrator A stated s/he would revise his/her training system to ensure each required topic was documented as it was completed. On 03/19/2024 at 1:45 PM, Surveyor interviewed Caregiver B. Caregiver B stated s/he completed training on the provider's client group, challenging behaviors, and care tasks at a training center called the Challenge Center soon after hire. Caregiver B stated s/he also received training on these topics during his/her on-the-floor training. Caregiver B stated s/he did not have prior experience as a hired caregiver and s/he felt his/her training adequately prepared him/her for the job.	N 283		
N 284	83.26(2) Orientation, continuing education documented Employee orientation and hours of continuing education shall be documented in the employee ' s file. This Rule is not met as evidenced by: Based on record review and interview, the provider did not maintain documentation of orientation training for 2 of 2 staff sampled (Caregiver B and Caregiver C). Findings include: On 03/18/2024, Surveyor reviewed 2 employee	N 284		

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N 284	Continued From page 4 records. Caregiver B was hired on 09/07/2023 and Caregiver D was hired on 06/06/2023. Both records included a training calendar showing the caregivers were scheduled for at least 6 days of orientation within 1 month of hire. Neither record included evidence of orientation training completion. At 11:15 AM, Surveyor interviewed Administrator A. Administrator A stated orientation training included shadowing experienced staff on the floor. Administrator A said the trainers reviewed the provider's policies, individual resident needs, resident changes in condition, and shift-related tasks. Administrator A stated staff completed abuse/neglect training at a training center called the Challenge Center. Administrator A stated staff were not able to do hands-on tasks until they completed all orientation topics. Administrator A said s/he did not have a system that ensured orientation was documented, but s/he would create one. On 03/19/2024 at 1:45 PM, Surveyor interviewed Caregiver B. Surveyor asked Caregiver B if s/he recalled training on each of the required orientation topics. Caregiver B stated s/he completed training on abuse and neglect at the Challenge Center during a class on resident rights (according to his/her record, this was completed on 10/26/2023), and training on the provider policies and resident changes in condition during his/her on-the-job training with experienced care staff.	N 284		
N 409	83.37(1)(j) Proof-of-use record. Proof-of-use record. The CBRF shall maintain a proof-of-use record for schedule II drugs, subject	N 409		

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N 409	Continued From page 5 to 21 USC 812 (c), and Wisconsin ' s uniform controlled substances act, ch. 961, Stats, that contains the date and time administered, the resident ' s name, the practitioner ' s name, dose, signature of the person administering the dose, and the remaining balance of the drug. The administrator or designee shall audit, sign and date the proof-of-use records on a daily basis. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not maintain a proof-of-use record for scheduled II drugs. Resident 1's hydromorphone was not audited on a daily basis between 12/04/2023 and 03/18/2024. Findings include: On 03/18/2024 at 10:42 AM, Surveyor observed and reviewed the provider's medication systems with Caregiver E. Caregiver E showed Surveyor the provider's narcotic supply, which included hydromorphone prescribed to Resident 1 with directions to take a 1/2 tablet (1mg) as needed for pain and shortness of breath. The pharmacy label indicated the hydromorphone medication card originally contained a supply of 30 2mg tablets packaged in 1mg unit doses on 12/04/2023. There were originally 60 unit doses (half tablets) packaged by the pharmacy. Surveyor observed the medication card to have 59 half tablets. The card was missing 1 dose. Caregiver E stated staff recorded each time a narcotic was administered. If a narcotic was not administered, staff did not review the count. Caregiver E showed Surveyor the proof-of-use	N 409		

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N 409	Continued From page 6 record for Resident 1's hydromorphone. The record did not have any entries; there was no documentation to explain where the missing dose went. At approximately 10:50 AM, Surveyor interviewed registered nurse and administrator, Administrator A. Administrator A stated s/he prepped the missing dose for nighttime staff on 03/17/2024 and put the prepped medication in the provider's general medication cabinet. Administrator A stated there was no record of the medication being administered and the prepared medication was not in Resident 1's medication supply. Administrator A could not explain what happened to the medication. Administrator A stated s/he reviewed the narcotic medication supply on a monthly basis. Administrator A said nobody audited the supply on a daily basis but s/he could start doing this if it was necessary. Administrator A confirmed Resident 1's hydromorphone supply was delivered to the facility on 12/04/2023. Cross reference: N0424 DHS 83.37(3)(g) Medication Storage: Controlled Substances	N 409		
N 423	83.37(3)(g) Medication storage: controlled substances. Controlled substances. The CBRF shall provide separately locked and securely fastened boxes or drawers or permanently fixed compartments within the locked medications area for storage of schedule II drugs subject to 21 USC 812 (c), and	N 423		

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N 423	Continued From page 7 Wisconsin ' s uniform controlled substances act, ch. 961, Stats. This Rule is not met as evidenced by: Based on observation and interview, the provider did not store Resident 1's hydromorphone (schedule II narcotic) medication in a separately locked and securely fastened compartment within the locked medication area, on 03/17/2024. Findings include: On 03/18/2024 at 10:42 AM, Surveyor observed the provider's narcotic supply, which included hydromorphone prescribed to Resident 1. One dose was missing from the supply and there was no documentation to explain where the medication went. At approximately 10:50 AM, Surveyor interviewed registered nurse and administrator, Administrator A. Administrator A stated Resident 1 required the medication to be dissolved in a syringe. Administrator A stated s/he prepped a dose for nighttime staff on 03/17/2024 and put the syringe in the provider's general medication cabinet. Administrator A stated s/he realized as s/he was discussing the situation that s/he made an error; by storing the medication in Resident 1's general medication supply, the prepared narcotic medication was not in pharmacy packaging or stored in a separately locked, securely fastened compartment. Cross reference: N0409 DHS 83.37(1)(j) Proof-Of-Use Record	N 423		

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N 526	Continued From page 8	N 526		
N 526	83.47(2)(e) Other evacuation drills. 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 2 evacuation drills (other than fire) were conducted annually in 2022 or 2023. Findings include: The provider is licensed to care for 8 residents in the client group advanced aged. On 03/18/2024, Surveyor reviewed the provider's evacuation drills for 2022 and 2023. The provider conducted 1 "other" evacuation drill each year. At approximately 10:00 AM, Surveyor interviewed Administrator A. Administrator A stated the provider conducted 1 severe weather drill and at least 4 fire drills annually. No other evacuation drills were conducted in 2022 or 2023.	N 526		