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 _____	R-C 01/28/2025

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 01/28/2025, Surveyor conducted a verification visit at Willow Manor. Two violations were identified. One of 2 violations was a repeat deficiency. See Statement of Deficiencies (SOD) C6IH11, dated 03/19/2024. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 8	{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 and interview, the provider did not ensure 1 of 2 staff sampled, Licensed Practical Nurse (LPN) A, completed Department-approved fire safety training. Findings include: On 01/28/2025, Surveyor reviewed LPN A's training record. LPN A was hired on 01/04/2024. His/her record did not include evidence s/he completed Department-approved fire safety training. His/her record did not include evidence of an exemption to this training requirement. Surveyor reviewed the Wisconsin Training Registry and did not find a record for LPN A, suggesting s/he had not completed any Department-approved trainings. At 9:15 AM, Surveyor interviewed Administrator C. Administrator C stated LPN A had not completed any Department-approved trainings. S/he stated s/he believed his/her LPN license exempted LPN A from these training requirements. Registered Nurse (RN) B consulted the provider's training schedule and stated s/he could have LPN A complete the course by the end of February 2025.	N 239		
{N 284}	83.26(2) Orientation, continuing education documented Employee orientation and hours of continuing education shall be documented in the employee ' s file.	{N 284}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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WILLOW MANOR	**68290 N DISTRICT ST IRON RIVER, WI 54847**

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{N 284}	Continued From page 2 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 employees sampled had documented orientation training. This is a repeat violation. See Statement of Deficiencies (SOD) C6IH11, dated 03/19/2024. Findings include: On 01/28/2025, Surveyor reviewed training records for the 2 most recently hired employees. Licensed Practical Nurse (LPN) A was hired on 01/04/2024. His/her record did not include evidence s/he completed orientation training. At approximately 9:15 AM, Surveyor interviewed Registered Nurse (RN) B. RN B confirmed LPN A's record did not have evidence of orientation training. RN B stated LPN A had assumed the role of trainer and was responsible for orienting new employees. Surveyor discussed with RN B and Administrator C the requirement for all employees to have documented orientation training prior to assuming their job responsibilities. RN B and Administrator C stated they understood, and they would revise their system.	{N 284}		