STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017758	A. BUILDING: _____ B. WING _____	08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SV NORTH OCONTO 1	425 PECOR ST OCONTO, WI 54153

(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 08/21/2024 with additional information gathered through 08/29/2024, Surveyor conducted an abbreviated survey at SV North Oconto 1. Five deficiencies were identified. Census: 7	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 Caregiver D received orientation in each of the required topics. Caregiver D was not oriented in prevention and reporting of resident abuse, neglect and misappropriation of property, assessed needs and individual services for residents, emergency and disaster plan and evacuation procedures, CBRF Policies and Procedures, and recognizing and responding to resident changes of condition.	N 230		

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

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N 230	Continued From page 1 Findings include: The facility is licensed to provide services for up to 8 residents who may be physically disabled, terminally ill, advanced aged and/or have irreversible dementia/Alzheimer's. On 08/21/2024, Surveyor reviewed Caregiver D's record and noted s/he was hired on 10/01/2019. Caregiver D's record did not contain documentation to verify Caregiver D had been oriented in prevention and reporting of resident abuse, neglect and misappropriation of property, assessed needs and individual services for residents, emergency and disaster plan and evacuation procedures, CBRF Policies and Procedures, and recognizing and responding to resident changes of condition. On 08/21/2024 at approximately 12:30 PM, Surveyor interviewed Licensed Practical Nurse (LPN) F and inquired whether there was additional evidence that Caregiver D was oriented in the required trainings. LPN F acknowledged Caregiver D's record did not contain the required orientation trainings. LPN F stated due to new policies implemented Caregiver D was given the required trainings but had not completed and returned the trainings. On 08/26/2024 at approximately 1:44 PM, Surveyor interviewed Executive Director G who indicated additional trainings were held offsite. Executive Director G stated s/he would send additional trainings via email. As of 08/29/2024, no additional evidence of Caregiver D's orientation trainings was provided to Surveyor.	N 230		

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N 277	Continued From page 2	N 277		
N 277	83.25 Continuing education The administrator and resident care staff shall receive at least 15 hours per calendar year of continuing education beginning with the first full calendar year of employment. Continuing education shall be relevant to the job responsibilities and shall include, at a minimum, all of the following: (1) Standard precautions; (2) Client group related training; (3) Medications; (4) Resident rights; (5) Prevention and reporting of abuse, neglect and misappropriation; (6) Fire safety and emergency procedures, including first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 employees (Caregiver D and Caregiver E) reviewed received continuing education relevant to the job responsibilities per year. Caregiver D was hired on 10/01/2019. Caregiver D did not receive standard precautions, client group, resident rights, prevention and reporting of abuse, neglect, and misappropriation, and fire safety and emergency procedures including first aid training in 2022. Caregiver E was hired on 02/01/2022. Caregiver E did not receive education relevant to the job responsibilities including fire safety and emergency procedures including first aid in 2023. Caregiver E's record contained evidence that Caregiver E completed Findings include:	N 277		

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N 277	Continued From page 3 The facility is licensed to provide services for up to 8 residents who may be physically disabled, terminally ill, advanced aged and/or have irreversible dementia/Alzheimer's. On 08/21/2024, Surveyor reviewed Caregiver D's record and noted s/he was hired on 10/01/2019. Caregiver D's record did not contain evidence that Caregiver D had received continued education training in 2022 in the following required topics; standard precautions, medications, prevention and reporting abuse, neglect and misappropriation, fire safety and emergency procedures including first aid. On 08/21/2024, Surveyor reviewed Caregiver E's record and noted s/he was hired on 02/01/2022. Caregiver E's record did not contain evidence that Caregiver E had received continued education training in 2023 in the following required topics; fire safety and emergency procedures including first aid. On 08/26/2024 at approximately 1:45 PM, Surveyor interviewed Executive Director G who indicated additional continuing education trainings were held offsite and s/he would send them via email. As of 08/29/2024, no additional evidence of Caregiver D and Caregiver E's continuing education training was provided to Surveyor.	N 277		
N 396	83.36(1)(a) Adequate staff to meet resident needs. The CBRF shall provide employees in sufficient numbers on a 24-hour basis to meet the needs of the residents.	N 396		

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N 396	Continued From page 4 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure there were employees in sufficient numbers on a 24-hour basis to meet the needs of the residents. Findings include: SV North Oconto 1 has had a regular Class CNA (non-ambulatory) CBRF license since 10/01/2020 for the capacity of 8 residents who may be physically disabled, terminally ill, advanced age and/or have irreversible dementia/Alzheimer's disease. The facility is located on the same grounds as a sister facility (SV North Oconto 2). At the time of survey, 7 residents resided in the facility. On 08/21/2024 at approximately 10:46 AM, Surveyor entered the facility and observed residents were attending an in-house church service, led by a local volunteer. Surveyor was greeted by Caregiver A at approximately 10:59 AM. Caregiver A stated s/he was assisting with cares when Surveyor arrived and s/he would get a manager to assist with the survey process. On 08/21/2024 at approximately 11:01 AM, Surveyor observed Caregiver A leave the facility and enter the sister facility across the parking lot. Surveyor observed Caregiver A and House Manager B re-enter the facility at approximately 11:04 AM. On 08/21/2024 at approximately 12:01 PM, Surveyor interviewed Resident 1. Resident 1 stated the response time to his/her call button would occasionally be longer when Caregiver C was working the night shift as s/he would often leave the facility and go to the sister facility to	N 396		

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N 396	Continued From page 5 assist new staff with training. On 08/21/2024 at approximately 1:36 PM, Surveyor interviewed Caregiver A. Caregiver A stated 1 staff worked from 5 AM to 5 PM and 1 staff worked from 5 PM to 5 AM. Caregiver indicated s/he felt that 1 staff member for the residents was adequate, but the sister facility would ask for help due to the high acuity of resident cares and falls. Caregiver A stated facility staff will assist staff in the other facility when requested. On 08/24/2024 at approximately 1:41 PM, Surveyor interviewed Executive Director G and Administrator H who acknowledged a resident care staff must be present in the facility on a 24-hour basis. Administrator H indicated staff will be re-educated to address the concern.	N 396		
N 420	83.37(3)(d) Medication storage: refrigeration Refrigeration. Medications stored in a common refrigerator shall be properly labeled and stored in a locked box. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure medications stored in a common area refrigerator were stored in a locked box or a locked location. Findings include: On 08/21/2024 at approximately 12:01 PM, Surveyor and Caregiver A toured the kitchen and observed a refrigerator. Surveyor opened the refrigerator door and observed a box containing Resident 2's Liraglutide Injection Pens. Surveyor	N 420		

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N 420	Continued From page 6 found no evidence of a lock box and noted the refrigerator did not have the ability to lock. On 08/21/2024 at approximately 12:03 PM, Surveyor interviewed Caregiver A who stated the medication was prescribed to Resident 2 and indicated the medication was stored in the common kitchen refrigerator. On 08/24/2024 at approximately 1:59 PM, Surveyor interviewed Executive Director G who acknowledged the unlocked refrigerated medication and stated it would be addressed promptly.	N 420		
N 531	83.47(4)(a) Fire extinguishers: type and inspection. At least one portable dry chemical fire extinguisher with a minimum 2A, 10-B-C rating shall be provided on each floor of the CBRF. All fire extinguishers shall be maintained in readily usable condition. Inspections of the fire extinguisher shall be done by a qualified professional one year after initial purchase and annually thereafter. Each fire extinguisher shall be provided with a tag documenting the date of inspection. This Rule is not met as evidenced by: Based on record review, observation and interview, the provider did not ensure inspections of the fire extinguishers were conducted annually by a qualified professional. Findings include: On 08/21/2024 at approximately 11:15 AM, Surveyor toured the facility and observed 3 fire	N 531		

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N 531	Continued From page 7 extinguishers mounted with tags attached to each fire extinguisher. Surveyor observed 3 of 3 sampled fire extinguishers tags were dated 03/2023. On 08/21/2024, Surveyor reviewed facility inspection records. Facility inspection records contained documentation of the most recent fire extinguisher inspection dated 03/17/2023. On 08/24/2024 at approximately 2:03 PM, Surveyor interviewed Executive Director G who acknowledged the annual fire extinguisher inspection had not been conducted in 2024 yet.	N 531		