STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016346	A. BUILDING: _____ B. WING _____	R-C 05/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIL MEADOW RIDGE	2657 SANDRA ROSE LANE NEW FRANKEN, WI 54229

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{N 000}	Initial Comments On 04/30/2025, Surveyor conducted a standard survey, 1 complaint investigation, and a verification visit at HIL Meadow Ridge. Additional information was gathered through 05/02/2025. The complaint was unsubstantiated, and all previous deficient practices were corrected. As a result of the survey, 4 deficient practices were identified. Under statutory provisions, a $200 revisit fee is being assessed for the follow-up licensing visit. Census: 7	{N 000}		
N 205	83.14(2)(j) Not permit a condition of substantial risk. The licensee may not permit the existence or continuation of any condition which is or may create a substantial risk to the health, safety or welfare of any resident. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider allowed for the continuation of a condition of risk that created a potential for harm and risked the safety of the residents. The provider did not replace a water heater that was known to emit an odor similar to natural gas. The staff were told the odor was not gas therefore they had not been unable to discern when there was a gas leak. When a potential gas leak was brought to the provider's attention it was subsequently dismissed by staff and administration and not treated as an emergency until it was discovered during the state survey process as an emergency.	N 205		

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

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N 205	Continued From page 1 Findings include: Observations 04/30/2025: 11:30 AM- Surveyor toured the facility with Manager B. 11:35 AM- Manager B opened the North utility room and Surveyor observed an odor of natural gas within the room. Manager B recognized the smell of natural gas and immediately went to Director A to inform him/her. 11:37 AM- Caregiver D stated, "Oh that's just the water heater. It just smells like that. We have had people put here a few times and they said its not gas." Director A corroborated Caregiver D's statements but could not give specifics on when or who had been at the facility to inspect the odor and did not have any paperwork to verify. Manager B stated s/he had just been in the North utility room the week prior to replace the furnace filters and that the room had not smelled so strong as it did today. Director A stated, "It's the water heater, Culligan has been here and it is scheduled to be replaced next week." Director A proceeded to make a phone call to the regional office to find documentation of the past inspections. The report of the smell of natural gas was not being treated as a gas emergency. Surveyor stated to the provider that the smell of natural gas could be an emergency and inquired about the facility's emergency procedure. 11:40 AM- Surveyor reviewed the emergency procedure provided. The document did not have a procedure specific to gas and stated to call 911 in the event of an emergency. The plan had an incorrect gas provider listed as the emergency	N 205		

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N 205	Continued From page 2 number. Director A called Administrative Assistant E. 11:45 AM- Administrative Assistant E called WPS (10 minutes after the provider was first alerted to the gas findings.) 11:50 AM- Director A stated WPS instructed the provider to evacuate the residents. During the evacuation, Director A stated to the residents that they were "doing a drill." 11:58 AM- All resident were evacuated. 12:01 PM- WPS arrived at the facility. 12:03 PM -Surveyor observed the combustible gas detector began ticking faster (indicating detection) at 4 areas within the room; 1 at a pipe joint near the top of the furnace, 1 at a pipe joint near the bottom of the furnace, 1 at a pipe joint near the bottom of the water heater, and 1 at the top of the water heater within an air space between the water heater and an upper pipe. The WPS gas professional acknowledged the detector began to tick upwards at all 4 spaces but stated (s/he) could not make a determination of if 3/4 spots constituted gas leaks as the reading was not strong enough in those areas. The WPS gas professional confirmed there was a gas leak at the pipe joint near the bottom of the furnace with a reading of .07 ambient air. 12:06 PM- The WPS gas professional advised the residents could re-enter the facility and that s/he would fix the lower pipe joint on the furnace where s/he confirmed there was a natural gas leak. Interviews:	N 205		

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N 205	Continued From page 3 On 04/30/2025, Surveyor interviewed Director A at approximately 12:15 PM. Director A stated the provider had called multiple times in the recent past about the smell in the North Utility room and had been advised more than once that it was not gas. Director A stated s/he would look into finding documentation of all the times they had previously called. Director A acknowledged even if there had been paperwork noting they had been advised it was not the smell of gas, it would create a condition of risk as one would not be able to distinguish when there is a gas leak. On 05/01/2025 at 9:30 AM, Surveyor received an e-mail from Director A regarding the past inspections and directives they had received. The most recent call to WPS had been 4 years prior in 2021 (date unspecified.) The local fire department had been called in 2024 (date unspecified) and had determined it was not a gas leak but an odor from the water heater. Director A stated they would be replacing the water heater the next week. The provider was aware there was an odor that was similar enough to natural gas that the caregivers had called to have it inspected in 2024. The provider was advised by the local fire department the odor was from a water heater in 2024 and the provider had not yet replaced the water heater for at least 5 months. The staff had been advised of the odor being from a water heater. By not replacing the odorous water heater, the provider allowed a prolonged condition of risk to occur where staff would ignore the smell as they were told by the provider it was not gas. The gas leak found on 04/30/2025 during the survey was not treated as an emergency until the surveyor had to direct that it was an	N 205		

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N 205	Continued From page 4 emergency. On 05/02/2025 at 10:25 AM, Surveyor interviewed Manager B. Manager B acknowledged even if the facility had paperwork noting the smell was determined not to be gas in 2024, it would still create a condition of risk as then the staff would not be able to differentiate or determine when a gas leak was occurring, as was evidenced and observed on 04/30/2025. Cross Reference N0230 DHS 83.19 Orientation N0239 DHS 83.20(2)(a)-(d) Department-Approved Training Courses N0277 DHS 83.25 Continuing Education	N 205		
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 C obtained all	N 230		

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N 230	Continued From page 5 orientation training prior to assuming the job responsibilities. Caregiver C, who had responsibilities for providing care for the residents, did not have training in individual needs and services, emergency and evacuation procedures, and change in condition training prior to assuming these duties. Findings include: On 04/30/2025, Surveyor conducted a review of 1 employee record to verify compliance with orientation training requirements. Surveyor requested training records from Director A for Caregiver C. On 05/01/2025, Surveyor reviewed the record for Caregiver C, hired 01/02/2025, noted training required to be completed before assuming the responsibility, including individual needs and services, emergency and evacuation procedures, and change in condition, were completed by Caregiver C on 02/27/2025. On 05/01/2025 at 4:18 PM, Surveyor received an e-mailed statement from Director A confirming Caregiver C's first day at the facility working with residents was on 01/03/2025. On 05/02/2025 at 10:25 AM, Surveyor interviewed Manager B. Manager B confirmed Caregiver C had been working at the facility and had assumed the responsibilities for individual needs and services, emergency and evacuation procedures, and changes in condition prior to 02/27/2025. Manager B stated the initial training had been scheduled to be completed prior to assuming the job responsibilities however Caregiver C had not completed the orientation	N 230		

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N 230	Continued From page 6 training until 02/27/2025. Cross Reference N0239 DHS 83.20(2)(a)-(d) Department-Approved Training Courses N0277 DHS 83.25 Continuing Education	N 230		
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. This Rule is not met as evidenced by: Based on record review and interview, the	N 239		

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N 239	Continued From page 7	N 239		

provider did not ensure 1 employee obtained all department approved training as required.

Caregiver C did not have training in fire safety within 90 days after starting employment.

Findings include:
On 04/30/2025, Surveyor conducted a review of 2 employees to verify compliance with department approved training requirements. Surveyor requested training records from Director A for Caregiver C.

Fire Safety
On 05/01/2025, Surveyor reviewed the record for Caregiver C, hired 01/02/2025. The record did not contain evidence of training or evidence of meeting an exemption for fire safety. Surveyor verified Caregiver C was not on the Community-Based Care and Treatment training registry for fire safety.

On 05/01/2025, at 4:18 PM, Surveyor received an e-mailed statement from Director A:

"[Caregiver C] did take all CBRF courses other than Fire Safety. [S/he] was scheduled for course on 4.28.25 (verification of enrollment in the cancelled class attached) but the class was cancelled by our trainer. [Caregiver C] is rescheduled to take next scheduled course May 12th at 9am."

Director A confirmed the provider did not have evidence Caregiver C completed or met an exemption for fire safety training.

The course was not initially scheduled by the provider to be completed within 90 days after starting employment as is required. As of

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N 239	Continued From page 8 05/01/2025, Caregiver C is scheduled to be trained 130 days after beginning employment. Cross Reference N0230 DHS 83.19 Orientation N0277 DHS 83.25 Continuing Education	N 239		
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 Caregiver D received all required continuing education training for 2024. In 2024, Caregiver D did not receive training including standard precautions, medications, resident rights, prevention and reporting of abuse, neglect and misappropriation, and fire safety and emergency procedures including first aid. Findings include: On 04/30/2025, Surveyor conducted a review of 1	N 277		

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N 277	Continued From page 9	N 277		

employee record to verify compliance with continuing education training requirements. Surveyor requested training records from Director A for Caregiver D.

On 05/01/2025, Surveyor reviewed the record for Caregiver D, hired 06/08/2023. The record noted 5 of 6 of the topics required for annual continuing education training were not completed. Caregiver D did not have training including the topics of standard precautions, medications, resident rights, prevention and reporting of abuse, neglect and misappropriation, and fire safety and emergency procedures including first aid for 2024.

05/01/2025 at 1:56 PM, after review of the initial records sent for Caregiver D, Surveyor emailed Director A and requested documentation of Caregiver D's 2024 training in standard precautions, medications, resident rights, abuse, fire safety and first aid. Director A was given until 05/02/2025 to submit any additional documentation or evidence that Caregiver D completed training in the required topics for 2024.

On 05/01/2025 at 4:19 PM, Director A emailed Surveyor, "Regarding [Caregiver D's] 2024 courses, I have attached the form that meant to send yesterday which includes the courses [s/he] took along with the duration of each training session. Refresher B listed for 7 hours (certificate attached). I have not been able to locate any additional continuing education for 2024 for [Caregiver D.]"

On 05/02/2025, Surveyor reviewed the additional records received and noted of the continuing education training in 2024, there was still no documentation of training in the topics of

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N 277	Continued From page 10 standard precautions, medications, resident rights, prevention and reporting of abuse, neglect and misappropriation, and fire safety and emergency procedures including first aid. Cross Reference N0230 DHS 83.19 Orientation N0239 DHS 83.20(2)(a)-(d) Department-Approved Training Courses	N 277		