STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016044	A. BUILDING: _____ B. WING _____	C 11/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENHAVEN INC DBA GRAND OAKS CBRF	614 E OAK ST GLENWOOD CITY, WI 54013

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N 000	Initial Comments On 11/06/2023, Surveyor conducted a complaint investigation and licensing survey at Glenhaven Inc DBA Grand Oaks CBRF. Data was collected through 11/09/2023. The complaint was unsubstantiated. Six violations were identified. Census: 9	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

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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 caregivers sampled (Caregiver E) completed Department approved fire safety training within 90 days of hire. Findings include: On 11/06/2023, Surveyor reviewed Caregiver E's record. Caregiver E was hired on 07/01/2023. His/her record did not include evidence of fire safety training or a training exemption. On 11/06/2023, Surveyor searched the Wisconsin Community-Based Care and Treatment Training Registry and did not find evidence that Caregiver E completed fire safety training. On 11/09/2023 at 2:00 PM, Surveyor interviewed Registered Nurse (RN) A and Administrator B. RN A stated s/he and Administrator B spoke with human resources (HR). HR confirmed Caregiver E was hired more than 90 days ago and s/he did not complete fire safety training.	N 239		
N 302	83.28(4)(a) Resident health screening and documentation Resident health screening. 1. Within 90 days before or 7 days after admission, a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse shall screen each person admitted to the CBRF for clinically apparent communicable disease, including tuberculosis, and document the results of the screening. 2. Screening for tuberculosis and all immunizations shall be conducted using centers	N 302		

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N 302	Continued From page 2 for disease control and prevention standards. 3. The CBRF shall maintain the screening documentation in each resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents sampled (Resident 1 and Resident 2) were screened for communicable disease including tuberculosis within 7 days after admission. Findings include: On 11/06/2023, Surveyor reviewed resident records. Resident 1 was admitted on 07/20/2021. Resident 2 was admitted on 07/12/2023. Resident 1 was determined to be free of communicable illness on 07/15/2021 and Resident 2 on 07/12/2023. Neither record included evidence of TB baseline testing. On 11/06/2023 at 1:53 AM, Surveyor interviewed Registered Nurse (RN) A. RN A reviewed Resident 1's record and stated s/he could not find evidence of a TB test. RN A stated s/he would review Resident 2's record. Surveyor requested RN A, Administrator B, and Assisted Living Director C send additional survey documentation by 10:00 AM on 11/07/2023. On 11/08/2023 at 2:53 PM, Surveyor received an email from RN A indicating s/he could not find evidence of TB tests for Resident 1 or Resident 2.	N 302		

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N 389	Continued From page 3	N 389		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 individual service plans (ISP) reviewed were signed by residents or their legal representatives, indicating their involvement and agreement with the ISP. Findings include: On 11/06/2023, Surveyor reviewed 2 resident records. Resident 1 was admitted on 07/20/2021. Resident 1's ISP, dated 02/15/2023, was not signed by anyone. Resident 2 was admitted on 07/12/2023. Resident 2's ISP, dated 08/14/2023, was not signed by anyone. On 11/06/2023 at approximately 2:00 PM,	N 389		

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N 389	Continued From page 4 Surveyor interviewed Registered Nurse (RN) A. RN A stated they obtained ISP signatures at admission. Surveyor asked if the provider obtained signatures from residents or their legal representatives when ISPs were changed or reviewed. RN A responded, "We don't have a great system to obtain signatures on care plans." On 11/08/2023 at 2:53 PM, Surveyor received an email from RN A that read, "We do not currently have signed/updated ISP's on file at this time for [Resident 2] and [Resident 1]. We are in the process of developing a Performance Improvement Project for this."	N 389		
N 393	83.35(5)(a) Initial evaluation of evacuation limitations. Initial evaluation. The CBRF shall evaluate each resident within 3 days of the resident ' s admission to determine whether the resident is able to evacuate the CBRF within 2 minutes in an unsprinklered CBRF and 4 minutes in a sprinklered CBRF without any help or verbal or physical prompting, and what type of limitations that resident may have that prevent the resident from evacuating the CBRF within the applicable period of time. A form provided by the department shall be used for the evaluation. The resident ' s evaluation shall be retained in the resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 residents sampled (Resident 2) was assessed for evacuation capabilities within 3 days of admission.	N 393		

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N 393	Continued From page 5 Findings include: On 11/06/2023, Surveyor reviewed Resident 2's record. Resident 2 was admitted on 07/12/2023. Resident 2's record did not include evidence of an evacuation assessment. At approximately 2:15 PM, Surveyor provided a list of items needed to complete the survey, including Resident 2's initial evacuation assessment, to Registered Nurse A, Administrator B, and Assisted Living Director C. On 11/07/2023, Surveyor received an evacuation assessment for Resident 2 dated 11/07/2023.	N 393		
N 439	83.39(1) Infection control program. The licensee shall establish and follow an infection control program based on current standards of practice to prevent the development and transmission of communicable disease and infection. This Rule is not met as evidenced by: Based on observation and interview, the provider did not follow an infection control program based on current standards of practice. Caregiver E did not don gloves when checking a resident's blood glucose or when administering insulin via subcutaneous injection. Findings include: The Centers for Disease Control and Prevention (CDC) hand hygiene guidance includes: "Glove Use... Wear gloves, according to Standard	N 439		

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N 439	Continued From page 6 Precautions, when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, non-intact skin, potentially contaminated skin or contaminated equipment could occur. Gloves are not a substitute for hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves, before touching the patient or the patient environment. Perform hand hygiene immediately after removing gloves." (Retrieved from https://www.cdc.gov/handhygiene/providers/index.html on 11/09/2023). On 11/06/2023 at 11:52 AM, Surveyor observed Caregiver E perform a finger prick test on Resident 3 to check his/her blood glucose and administer insulin. Caregiver E did not don gloves or perform hand hygiene immediately before or after the observed tasks. On 11/09/2023 at approximately 2:30 PM, Surveyor interviewed Registered Nurse (RN) A and Administrator B. RN A stated employees should don gloves during any task that had the potential for contact with bodily fluids. RN A stated staff were expected to wear gloves during blood glucose checks and insulin injections per standard infection control guidelines and the provider's infection control procedures.	N 439		
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.	N 526		

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N 526	Continued From page 7 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure at least 2 "other" evacuation drills were completed annually in 2021 or 2022. Findings include: On 11/06/2023, Surveyor reviewed the provider's evacuation drills for 2021 and 2022. The provider's records did not include evidence of "other" evacuation drills in either year. On 11/06/2023 at 9:35 AM, Surveyor interviewed Maintenance Director (MD) D. MD D stated s/he was responsible for organizing the provider's emergency drills. MD D stated s/he conducted fire evacuation drills and 1 severe weather drill annually.	N 526		