STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015554	A. BUILDING: _____ B. WING _____	R-C 01/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY TERRACE MINOCQUA I	8730 A PACKING PLANT RD MINOCQUA, WI 54548

(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 01/24/2024, Surveyor conducted a verification visit and complaint (x5) investigation at Country Terrace Minocqua I. Data collection continued through 01/30/2024. Three deficiencies were identified. One of the 3 deficiencies was a repeat violation. See Statement of Deficiency (SOD) DMXI13, dated 08/09/2023. Three of 4 deficiencies identified in SOD DMXI13 were corrected. One of 5 complaints was substantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 8	{N 000}		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes.	N 220		

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

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N 220	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Caregiver B completed a tuberculosis (TB) test within 90 days before the start of employment. Findings include: On 12/09/2023, the Department received a complaint alleging new hires had not had TB tests and standard precautions training. On 01/25/2024, Surveyor reviewed Caregiver B's record. Caregiver B had a hire date of 10/13/2023. Caregiver B's record did not have a documented TB test. On 01/25/2024 at 10:30 AM, Surveyor interviewed Director A. Director A verified Caregiver B's hire date and confirmed Caregiver B "worked the floor before having a TB test done on 11/02/2023." Administrator A reported that Caregiver B had his/her TB test on 11/02/2023 and never went back to have the test read. Director A noted that Caregiver B was supposed to have another TB test done but was out of town at the time the TB test was scheduled. Director A stated Caregiver B was terminated on 12/15/2023. The provider did not ensure Caregiver B completed a TB test within 90 days before starting employment.	N 220		
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	N 239		

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N 239	Continued From page 2 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 provider did not ensure Caregiver B completed standard precautions training prior to assuming responsibilities and potentially being exposed to bodily fluids. Findings include: On 12/09/2023, the Department received a complaint alleging new hires did not complete tuberculosis (TB) tests and standard precautions training. On 01/25/2024, Surveyor reviewed Caregiver B's	N 239		

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N 239	Continued From page 3 record. Caregiver B had a hire date of 10/13/2023. Caregiver B's training record indicated Caregiver B completed standard precautions training on 12/08/2023. According to provider work schedules, dated November 2023 and December 2023, Caregiver B worked multiple shifts before completing standard precautions training on 12/08/2023. On 01/25/2024 at 10:30 AM, Surveyor interviewed Director A. Director A verified Caregiver B's hire date and confirmed Caregiver B completed standard precaution's training on 12/08/2023. Director A reported that Caregiver B "worked the floor as a caregiver" before completing standard precautions training. Director A stated that Caregiver B was terminated on 12/15/2023.	N 239		
{N 399}	83.36(2) Maintain current written staffing schedule Staffing schedule. The CBRF shall maintain a current written schedule for staffing the CBRF. The schedule shall include each employee ' s full name, job assignment and time worked. This Rule is not met as evidenced by: Based on interview and record review, the provider did not maintain an accurate written schedule for staffing the community based residential facility (CBRF). This is a repeat deficiency. See Statement of Deficiency (SOD) DMXI13, dated 08/09/2023. Findings include:	{N 399}		

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{N 399}	Continued From page 4 The provider is licensed to care for up to 14 residents in the following client groups: physically disabled, irreversible dementia/Alzheimer's disease, terminally ill, and advanced age. The facility is connected to the provider's licensed CBRF, Country Terrace Minocqua II (side B). The two CBRFs (side A and side B) have a shared entrance, lounge area, dining room, and kitchen. On 01/24/2024 at 10:30 AM, Surveyor interviewed Director A. Surveyor asked Director A about staffing. Director A indicated 3 to 4 staff worked AM shift (6 AM - 2 PM), 3 staff worked PM shift (2 PM - 10 PM) and 2 to 3 staff worked NOC (overnight) shift (10 PM - 6 AM). Director A reported that staff worked on both sides (side A and side B) of the building. On 01/24/2024, Surveyor reviewed staff schedules for November and December 2023, and January 2024. The schedules indicated they were for facility #33. The schedules did not indicate if staff worked in Country Terrace Minocqua I (side A) or Country Terrace Minocqua II (side B). On 01/29/2024 at 2:00 PM, Surveyor interviewed Caregiver C. Caregiver C reported, "We work the whole building during our shifts." Caregiver C indicated that if 4 staff work, 2 staff work on side A and 2 staff work on side B; If 3 staff work, 2 staff work on side A and 1 staff works on side B. Caregiver C noted, "We cross over and help as needed." On 01/29/2024 at 3:01 PM, Director A confirmed the following via email: the schedule is set up for the whole building (not separated for side A or side B). If 4 staff work, 2 staff work on Side A and	{N 399}		

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{N 399}	Continued From page 5 one of the staff is a medication passer and 2 staff work on side B, and one of the staff is a medication passer. If 3 staff work, 1 of the staff work on side A and 2 staff work on side B and one of the staff is a medication passer. The provider did not maintain an accurate schedule to identify which staff were working in each CBRF.	{N 399}		