STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016957	A. BUILDING: _____ B. WING _____	C 11/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TREE OF LIFE GREENFIELD	**3171 S 100TH ST GREENFIELD, WI 53227**

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N 000	Initial Comments On 11/07/2024 with information gathered through 11/08/2024, Surveyor conducted a complaint investigation and standard survey at Tree of Life Greenfield, a Community-Based Residential Facility (CBRF) in Greenfield, WI. Eight deficiencies identified. Complaint unsubstantiated. Census: 6	N 000		
N 284	83.26(2) Orientation, continuing education documented Employee orientation and hours of continuing education shall be documented in the employee ' s file. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 caregivers reviewed for employee orientation and continuing education had their employee orientation and continuing education documented in his/her employee file. Caregiver B's and C's employee files did not include their employee orientation training and continuing education documentation. Findings include: Employee Orientation On 11/07/2024, Surveyor reviewed Caregiver B and Caregiver C's records. Caregiver B was hired on 01/14/2019. Caregiver C was hired on 01/02/2019.	N 284		

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

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N 284	Continued From page 1 Surveyor could not locate orientation training for Caregiver B and Caregiver C. On 11/07/2024 at approximately 11:45 AM, Surveyor interviewed Owner A. Owner A reported Caregiver B and Caregiver C had the training, but they did not document it. Owner A stated moving forward s/he will make sure to document all training completed by employees for their records. Continuing Education On 11/07/2024, at approximately 10:45 AM, Surveyor reviewed Caregiver B and Caregiver C's record. Caregiver B was hired on 01/14/2019. Caregiver C was hired on 01/02/2019. Surveyor did not see evidence of Caregiver B and Caregiver C's continuing education for calendar year 2023. On 11/07/2024 at approximately 11:45 AM, Surveyor interviewed Owner A. Owner A reported Caregiver B and Caregiver C had the training, but they did not document it. Owner A stated moving forward s/he will make sure to document all training completed by employees for their records.	N 284		
N 387	83.35(3)(b) Service plan development: parties involved Development. The CBRF shall involve the resident and the resident ' s legal representative, as appropriate, in developing the individual service plan and the resident or the resident ' s legal representative shall sign the plan acknowledging their involvement in, understanding of and agreement with the plan. If	N 387		

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N 387	Continued From page 2	N 387		

a resident has a medical prognosis of terminal illness, a hospice program or home health care agency, as identified in s. HFS 83.38(2) shall, in cooperation with the CBRF, coordinate the development of the individual service plan and its approval under s. HFS 83.38 (2) (b). The resident ' s case manager, if any, and any health care providers, shall be invited to participate in the development of the service plan.

This Rule is not met as evidenced by:
Based on record review and staff interview, the provider did not involve 1 of 1 resident reviewed (Resident 1) and the resident's legal representative, as appropriate, in developing the individual service plan (ISP) and did not have the plan signed acknowledging their involvement in, understanding of, and agreement with the plan.

Findings include:

On 11/07/2024, Surveyor reviewed Resident 1's record. Resident 1's record identified the following:

-Resident 1 was admitted to the facility on 04/03/2019 with diagnoses including diabetes type 2, pain, hypertension, high cholesterol, depression, edema, nerve pain, urinary incontinence, dementia and chronic urinary tract infections.
-Resident 1 was his/her own person.
-Resident 1's current ISP, dated 07/03/2024 and previous ISP dated 12/22/2023, had no resident signature.

On 11/07/2024 at approximately 12:30 PM,

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N 387	Continued From page 3 Surveyor interviewed Owner A and Owner B. Owner A stated s/he was not aware that ISP's needed to be signed. Owner A stated no resident in the facility has a signed ISP. Owner A stated moving forward s/he will make sure the ISP is signed by the resident if they are their own person and/or the guardian or power of attorney (POA) if they are not their own person.	N 387		
N 392	83.35(4) Resident satisfaction evaluation. Satisfaction evaluation. At least annually, the CBRF shall provide the resident and the resident ' s legal representative the opportunity to complete an evaluation of the resident ' s level of satisfaction with the CBRF ' s services. The evaluation shall be completed on either a department form or a form developed by the CBRF and approved by the department. This Rule is not met as evidenced by: Based on record review and staff interview, the provider did not provide 1 of 1 resident reviewed (Resident 1) and/or their legal representatives, an opportunity to complete an evaluation of the resident's level of satisfaction within the community-based residential facility (CBRF) services. Findings include: The facility is licensed as a class CNA (non-ambulatory) facility for 8 residents with programs in advanced age, physically disabled and irreversible dementia/Alzheimer's. On 11/07/2024 at approximately 10:30 AM, Surveyor reviewed Resident 1 records. Surveyor identified the following:	N 392		

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N 392	Continued From page 4 -Resident 1 was admitted on 04/03/2019 and was his/her own person. Resident 1's record did not contain evidence of an annual satisfaction survey provided for calendar years 2022 and 2023. On 11/07/2024 at approximately 11:00 AM, Surveyors interviewed Owner A. Owner A stated s/he did send out the survey but never received the results. Owner A stated s/he did not send out a letter with it so s/he did not have any evidence of sending the survey out.	N 392		
N 394	83.35(5)(b) Annual evaluation of evacuation limits Evaluation update. The CBRF shall evaluate each resident ' s mental or physical capability to respond to a fire alarm at least annually or when there is a change in the resident ' s mental or physical capability to respond to a fire alarm. This Rule is not met as evidenced by: Based on record review and staff interview, the provider did not evaluate 1 of 1 resident reviewed, at least annually for his/her mental or physical capability to respond to a fire alarm. Resident 1 was not assessed annually for 2 of 2 calendar years reviewed (2022 and 2023). Findings include: On 11/07/2024, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 04/03/2019. Surveyor could not find evidence of Resident 1's annual evacuation assessment for calendar years 2022 and 2023 in Resident 1's record. On 11/07/2024 at approximately 12:30 PM,	N 394		

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N 394	Continued From page 5 Surveyor interviewed Owner A. Owner A stated s/he was responsible for conducting the assessments but s/he thought it was only upon admission, so no residents had an annual evacuation assessment.	N 394		
N 416	83.37(2)(e) Other administration given or delegated by RN Other administration. Injectables, nebulizers, stomal and enteral medications, and medications, treatments or preparations delivered vaginally or rectally shall be administered by a registered nurse or by a licensed practical nurse within the scope of their license. Medication administration described under sub. (2)(e) may be delegated to non-licensed employees pursuant to s. N 6.03(3). This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure other administration, injectable's, were delegated by a Registered Nurse (RN) pursuant to the Nurse Practice Act [s. N 6.03(3)] and in accordance with accepted standards of practice for 2 of 2 unlicensed Caregivers reviewed (Caregiver B and Caregiver C). Findings include: Chapter N6.03(3) is the Standard of Practice for RNs and addresses the supervision and direction of delegated tasks. The RN may delegate a task based on the educational preparation and demonstrated abilities of the person supervised but must provide direction and assistance, and observe, monitor, and evaluate the effectiveness of the delegated tasks.	N 416		

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N 416	Continued From page 6 On 11/07/2024, Surveyor reviewed Caregiver B's and Caregiver C's records. Caregiver B was hired on 01/14/2019. Caregiver C was hired on 01/02/2019. Surveyor reviewed Caregiver B's and Caregiver C's RN delegation records. Caregiver B and Caregiver C did not have records of delegation. On 11/07/2024, at approximately 11:30 AM, Surveyor interviewed Owner A and Owner B about nurse delegation for the facility. Owner A stated s/he could not locate nurse delegation for Caregiver B and Caregiver C. Owner A stated s/he believes the RN did the training, but it is not documented by the current RN for the facility. Owner A stated Caregiver B and Caregiver C were medication passers and would have administered insulin.	N 416		
N 525	83.47(2)(d) Fire drills. Fire drills. 1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of the drill and the CBRF ' s total evacuation time. The CBRF shall record residents having an evacuation time greater than the time allowed under s. HFS 83.35(5) and the type of assistance needed for evacuation. Fire evacuation drills may be announced in advance. 2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleeping hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the employees scheduled to work during the residents ' normal sleeping hours.	N 525		

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N 525	Continued From page 7 This Rule is not met as evidenced by: Based on record review and interview, the provider did not conduct at least 1 fire evacuation drill annually that simulates the conditions during usual sleep hours for 1 of 1 year reviewed (2023). Findings include: On 11/07/2024, Surveyor reviewed fire evacuation drills for calendar year 2023. The provider completed fire drills on 03/12/2023, 06/08/2023 and 10/23/2023. On 11/07/2024, at approximately 11:00 AM, Surveyor interviewed Owner A. Owner A stated all the fire drills should be in the binder that s/he gave to Surveyor to review. Surveyor did not see a stimulated drill during usual sleep hours. Owner A stated they must have missed it for calendar year 2023 and moving forward will make sure it was completed for calendar year 2024.	N 525		
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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not conduct 1 of 2 required other evacuation drills at least semi-annually for calendar year 2023. Findings include:	N 526		

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N 526	Continued From page 8 On 11/07/2024, Surveyor requested to review other evacuation drills for calendar year 2023. There was only 1 other evacuation drill completed for calendar year 2023 on 06/23/2023. On 11/07/2024 at approximately 11:30 AM, Surveyor interviewed Owner A and Owner B and asked if there were any other evacuation drills conducted in calendar year 2023. Owner A stated s/he was in charge of the drills and s/he stated s/he did not see any other drill that was completed in 2023 but moving forward would make sure they are completed semi-annually.	N 526		
N 558	83.48(8)(b) Sprinkler system installation and maintenance Installation and maintenance. 1. All sprinkler systems shall be installed by a state licensed sprinkler contractor. All sprinkler systems shall be maintained, inspected and tested at least annually or at intervals determined by the requirements in NFPA 25. 2. In facilities with sprinklers, sprinkler heads shall be placed at the top of each linen or trash chute and in the rooms where the chutes terminates. 3. The sprinkler system flow alarm shall be connected to the CBRF ' s fire alarm system. This Rule is not met as evidenced by: Based on record review and staff interview, the provider did not ensure the sprinkler system was inspected for 1 of 1 calendar year (2023). Findings include: On 11/07/2024 at approximately 11:00 AM, Surveyor requested from Owner A the annual	N 558		

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N 558	Continued From page 9 sprinkler system inspection for calendar year 2023. Owner A gave Surveyors a binder which did not have the annual sprinkler system inspection for calendar year 2023. On 11/07/2024 at approximately 11:45 AM, Surveyor interviewed Owner A and Owner B. Owner B stated s/he did not have a copy of it and would have to contact the company they use for the documentation. Surveyor requested information to be sent no later than 4:00 PM on 11/07/2024. As of 11/08/2024 at 4:00 PM, Surveyors did not receive evidence of the annual sprinkler system inspection for calendar year 2023 from Owner B.	N 558		