STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010325	A. BUILDING: _____ B. WING _____	11/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY CASA	E8509 N REEDSBURG RD REEDSBURG, WI 53959

(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 11/25/2024, the bureau of assisted living Southern regional office conducted a standard survey at Country Casa a CBRF located in Reedsburg, WI. As a result of this survey, 5 violations of DHS Chapter 83 were identified Census: 3	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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure documentation was obtained 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 and screening for tuberculosis was conducted using centers for disease control and prevention standards within	N 220		

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

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N 220	Continued From page 1 90 days before the start of employment. On 11/25/2024, Surveyor reviewed 2 of 3 staff records which did not contain screening for tuberculosis (TB) using center for disease control (CDC) and prevention standard within 90 days of employment. FINDINGS INCLUDE: On 11/25/2024, Surveyor arrived at facility for a standard survey. On 11/25/2024, Surveyor reviewed Caregiver B's staff record. Caregiver B was hired on 02/24/2023. Caregiver B's staff record did not contain a screening for communicable disease, or a TB test as directed by CDC prevention standards. On 11/25/2024 at 8:20 AM, Surveyor discussed TB testing with Caregiver B. Caregiver B did not recall having a TB test before working at facility. On 11/25/2024, Surveyor reviewed Caregiver C's staff record. Caregiver C was hired on 06/10/2024. Caregiver C's staff record did not contain a screening for communicable disease, or a TB test as directed by CDC prevention standards. On 11/25/2024 at 9:35 AM, Surveyor discussed communicable disease screening and TB testing for employees with Administrator A. Administrator A stated s/he was not aware of the TB testing requirement. Administrator A acknowledged the facility had not maintained documentation of a communicable disease screening or TB test completed within 90 days of employment for Caregiver B and Caregiver C.	N 220		

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N 220	Continued From page 2 On 11/25/2024 at 10:10 AM, Surveyor sent Administrator A an email stating if staff had personal record of TB testing, it would be accepted until the end of the day. On 11/26/2024, Surveyor reviewed email from Administrator A. The email did not contain documentation of Caregiver B or Caregiver C's TB test results. CROSS REFERENCE: N0302 DHS Chapter 83.28(4)(a) Resident Health Screening & Documentation	N 220		
N 243	83.21(1)-(3) All employee training. The CBRF shall provide, obtain or otherwise ensure adequate training for all employees in all of the following: Resident rights. Training shall include general rights of residents including rights as specified under s. DHS 83.32(3). Training shall be provided as applicable under ss. 50.09 and 51.61 and chs. 54, 55, and 304, Stats., and ch. DHS 94, depending on the legal status of the resident or service the resident is receiving. Specific training topics shall include house rules, coercion, retaliation, confidentiality, restraints, self-determination, and the CBRF ' s complaint and grievance procedures. Residents ' rights training shall be completed within 90 days after starting employment. Client Group. Training shall be specific to the client group served and shall include the physical, social and mental health needs of the client group. Specific training topics shall include, as applicable: characteristics of the client group served, activities, safety risks, environmental	N 243		

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N 243	Continued From page 3 considerations, disease processes, communication skills, nutritional needs, and vocational abilities. Client group specific training shall be completed within 90 days after starting employment. Client Group. In a CBRF serving more than one client group, employees shall receive training for each client group. Recognizing, preventing, managing, and responding to challenging behaviors. Specific training topics shall include, as applicable: elopement, aggressive behaviors, destruction of property, suicide prevention, self-injurious behavior, resident supervision, and changes in condition. Challenging behaviors training shall be completed within 90 days after starting employment. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 employees reviewed, obtained all training as required within 90 days after starting employment. Caregiver B did not have training in resident rights within 90 days after starting employment. Caregiver B, Caregiver C and Caregiver D did not have training in recognizing, preventing, managing and responding to challenging behaviors within 90 days after starting employment. Caregiver B, Caregiver C and Caregiver D did not have training in required client groups within 90	N 243		

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N 243	Continued From page 4 days after starting employment. FINDINGS INCLUDE: On 11/25/2024, Surveyor conducted a review of 3 employees to verify compliance with all employee training requirements. Surveyor requested training records from Administrator A for Caregiver B, Caregiver C and Caregiver D. Resident Rights The record for Caregiver B, hired 02/24/2023 did not contain evidence of training or evidence of meeting an exemption for resident rights. On 11/25/2024, at approximately 9:35AM, Surveyor interviewed Administrator A. Administrator A confirmed the provider did not have evidence Caregiver B completed or met an exemption for resident rights training, within 90 days after starting employment. Recognizing, Preventing, Managing and Responding to Challenging Behaviors The record for Caregiver B, hired 02/24/2023, did not contain evidence of training or evidence of meeting an exemption for challenging behaviors training. The record for Caregiver C, hired 06/10/2024, did not contain evidence of training or evidence of meeting an exemption for challenging behaviors training. The record for Caregiver D, hired on 03/06/2006, did not contain evidence of training or evidence of meeting an exemption for challenging behaviors training. On 11/25/2024, at approximately 9:35 AM, Surveyor interviewed Administrator A. Administrator A confirmed the provider did not have evidence Caregiver B, Caregiver C or Caregiver D, completed or met an exemption for challenging	N 243		

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N 243	Continued From page 5 behaviors training, within 90 days after starting employment. Client Group The facility was licensed to provide care and services to residents within the client groups of developmentally disabled, emotionally disturbed and mental illness. The record for Caregiver B, hired 02/24/2023, did not contain evidence of training or evidence of meeting an exemption for client group training. The record for Caregiver C, hired 06/10/2024, did not contain evidence of training or evidence of meeting an exemption for client group training. The record for Caregiver D, hired 03/06/2006, did not contain evidence of training or evidence of meeting an exemption for client group training. On 11/25/2024, at approximately 9:35 AM, Surveyor interviewed Administrator A. Administrator A confirmed the provider did not have evidence Caregiver B, Caregiver C or Caregiver D, completed or met an exemption for client group training specific to developmentally disabled, emotionally disturbed and mental illness, within 90 days after starting employment.	N 243		
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 6 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 within 90 days before or 7 days after admission, a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse screened each resident admitted to the CBRF for clinically apparent communicable disease, including tuberculosis, and document the results of the screening, the screening for tuberculosis and all immunizations were conducted using centers for disease control and prevention standards, and documentation of the screening was maintained in each resident ' s record. From 11/25/2024 to 11/26/2024, Surveyor reviewed 2 of 2 resident records which did not contain documentation of not contain a screening for communicable disease, or a TB test as directed by CDC prevention standards. FINDINGS INCLUDE: On 11/25/2024, Surveyor arrived at facility for a standard survey. On 11/25/2024, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 06/03/2021. Resident 1's record did not contain documentation of a screening for communicable disease, or a TB test as directed by CDC	N 302		

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N 302	Continued From page 7 prevention standards. On 11/25/2024, Surveyor reviewed Resident 2's record. Resident 2 was admitted to the facility on 02/28/2024. Resident 2's record did not contain documentation of a screening for communicable disease, or a TB test as directed by CDC prevention standards. On 11/25/2024 at 9:35 AM, Surveyor discussed communicable disease screening and TB testing for Resident 1 and Resident 2 with Administrator A. Administrator A acknowledged the facility did not have documentation of screening for communicable disease, or a TB test as directed by CDC prevention standards for Resident 1 or Resident 2. On 11/25/2024 at 10:10 AM, Surveyor sent Administrator A an email stating if Resident 1 or Resident 2 had personal record of TB testing, it would be accepted by end of the day. On 11/26/2024, Surveyor reviewed an email from Administrator A. The email did not contain documentation of Resident 1's or Resident 2's TB test results. CROSS REFERENCE N0220 DHS Chapter 83.17(2)(a) Employees Screened For Communicable Disease	N 302		
N 381	83.35(1)(a) Pre-admission and ongoing assessments. Scope. The CBRF shall assess each resident ' s needs, abilities, and physical and mental condition before admitting the person to the CBRF, when there is a change in needs, abilities	N 381		

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N 381	Continued From page 8 or condition, and at least annually. The assessment shall include all areas listed under par. (c). This requirement includes individuals receiving respite care in the CBRF. For emergency admissions the CBRF shall conduct the assessment within 5 days after admission. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each resident's needs, abilities, and physical and mental condition were assessed at least annually. On 11/25/2024, Surveyor reviewed Resident 1 and Resident 2's records. Resident 1 and Resident 2's records did not contain documentation of an annual assessment of their needs, abilities, and physical and mental condition were assessed during the calendar year of 2023. Resident 1 and Resident 2's records did not have documentation of an annual assessment completed during 2024. On 11/25/2024 at 9:35 AM, Surveyor discussed the lack of annual assessments in resident records with Administrator A. Administrator A stated facility had not been affiliated with a registered nurse for approximately 12 months. FINDINGS INCLUDE: On 11/25/2024, Surveyor arrived at facility for a standard survey. On 11/25/2024, Surveyor reviewed Resident 1's facility record. Resident 1 was admitted to the	N 381		

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N 381	Continued From page 9	N 381		

facility on 06/03/2021. Resident 1 is diagnosed with but not limited to insulin dependent diabetes. Resident 1's record did not contain an assessment of his/her needs, abilities, and physical and mental condition completed in 2023 or 2024.

On 11/25/2024, Surveyor reviewed Resident 2's facility record. Resident 2 was admitted to the facility on 02/28/2023. Resident 2's record did not contain an assessment of his/her needs, abilities, and physical and mental condition completed in 2023 or 2024.

On 11/25/2024 at 9:00 AM, Surveyor discussed assessments with Caregiver B. Caregiver B stated Caregiver D normally completes assessments on residents. Caregiver B stated Caregiver D was not a registered nurse. Caregiver B stated facility did not have a registered nurse who delegated annual assessment to Caregiver D. Caregiver B denied meeting a registered nurse (RN) affiliated with the facility. Caregiver B stated Resident 1 completed his/her own blood sugar checks and subcutaneous insulin administration.

On 11/25/2024 at 9:25 AM, Surveyor discussed the lack of annual assessments in resident records with Administrator A. Administrator A stated facility had not been affiliated with a RN for approximately 12 months. Administrator A acknowledged Resident 1 and Resident 2 records did not contain annual assessment of their needs, abilities, and physical and mental condition completed in 2023 or 2024. Administrator A acknowledged assessments could only be completed by a RN, or a staff member delegated the task by an RN.

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N 488	Continued From page 10	N 488		
N 488	83.44(1)(c) Clothes dryers enclosed and vented Clothes dryers. The CBRF shall enclose any clothes dryer having a rated capacity of more than 37,000 Btu/hour in a one-hour fire resistive rated enclosure. If the clothes dryer requires a vent, the CBRF shall use dryer vent tubing that is of rigid material with a fire rating that exceeds the temperature rating of the dryer. The dryer vent tubing shall be clean and maintained. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a clothes dryer was using dryer vent tubing that is of rigid material. FINDINGS INCLUDE: On 11/25/2024, Surveyor arrived at facility for a standard survey. On 11/25/2024 at 10:08 AM, Surveyor toured the facility. Surveyor founding accordion (flexible) style vent tubing connected to the clothes dryer (Picture #1). On 11/25/2024 at 10:10 AM, Surveyor discussed the vent tubing connected to the clothes dryer with Caregiver B. Caregiver B acknowledged the dryer vent tubing was not of ridged material.	N 488		