STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013617	A. BUILDING: _____ B. WING _____	R-C 07/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARVINS MANOR IV	10 PLUIM DR WAUPUN, WI 53963

(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 07/22/2024, Surveyors conducted a verification visit at Marvins Manor IV for Statement of Deficiencies (SOD) OQN912 and FIM311. Eight deficiencies were identified. Eight of 8 deficiencies were repeat deficiencies identified in the following SODs: #FIM311, dated 01/24/2024, N196 83.14(2)(a), N219 83.17(1), N220 83.17(2)(a), N230 83.19, N239 83.20(2)(a)-(d), N243 83.21(1)-(3) and N419 83.37(3)(c) were repeat deficiencies. #0QN912, dated 04/17/2024, N481 83.43(1) was a repeat deficiency. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 4	{N 000}		
{N 196}	83.14(2)(a) Licensee ensures facility complies with laws The licensee shall ensure the CBRF and its operation comply with all laws governing the CBRF. This Rule is not met as evidenced by: Based on observation, record review and interview, the licensee did not ensure the community based residential facility (CBRF) and its operation complied with all laws governing the CBRF. On 07/22/2024, Surveyors conducted a verification visit at Marvins Manor IV for Statement of Deficiency (SOD) OQN912 and FIM311. Sixteen deficiencies were previously	{N 196}		

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

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{N 196}	Continued From page 1 identified. Eight of 16 deficiencies were identified as repeat violations, 2 of 8 deficiencies were identified being cited for a third time. This is a repeat deficiency. See Statement of Deficiency (SOD) FIM311, dated 01/24/2024. Findings Include: The facility is a 25-bed CBRF that serves individuals who may be terminally ill, advanced age, and/or have irreversible dementia/Alzheimer's. On 07/22/2024 at approximately 12:26 PM, Assistant B acknowledged they did not work on a plan of correction as they were working to relocate the residents and close the facility. N0219 DHS 83.17(1) Licensee Conduct Caregiver Background Check Based on record review and interview, the provider did not ensure 3 out of 3 employees (Caregiver C, Caregiver D and Caregiver E) reviewed had a complete caregiver background check done upon hire. This requirement is being cited for third time. See Statement of Deficiency (SOD) S7O211, dated 01/25/2023 and SOD FIM311, dated 01/24/2024. N0220 DHS 83.17(1)(a) Employees Screened For Communicable Disease Based on record review and interview, the provider did not obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating 1 of 3 employees reviewed were screened for clinically apparent communicable	{N 196}		

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{N 196}	Continued From page 2 disease within 90 days before the start of employment, including tuberculosis. This is a repeat deficiency. See Statement of Deficiency (SOD) FIM311, dated 01/24/2024. N0230 DHS 83.19 Orientation Based on record review and interview, the provider did not ensure 3 of 3 employees (Caregiver C, Caregiver D and Caregiver E) reviewed obtained all orientation training as required prior to performing any job duties. This is a repeat deficiency. See Statement of Deficiency (SOD) FIM311, dated 01/24/2024. N0239 DHS 83.20(2)(a)-(d) Department Approved Training Courses Based on interview and record review, the provider did not ensure 1 of 1 employee obtained all department approved training as required. This is a repeat deficiency. See Statement of Deficiency (SOD) FIM311, dated 01/24/2024. N0243 DHS 83.21(1)-(3) All Employee Training Based on interview and record review, the provider did not ensure 2 of 2 employees reviewed, obtained all training as required within 90 days after starting employment. This is a repeat deficiency. See Statement of Deficiency (SOD) FIM311, dated 01/24/2024. N419 DHS 83.37(3)(c) Medication Storage: Locked Cabinet Based on observation and staff interview, the provider did not ensure 4 of 4 residents' medications were securely stored.	{N 196}		

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{N 196}	Continued From page 3 This is a repeat deficiency. See Statement of Deficiency (SOD) FIM311, dated 01/24/2024. N0481 DHS 83.43(1) Environment Safe, Clean and Comfortable Based on observation and interview, the provider did not ensure a living environment that was safe, clean, comfortable and homelike for residents. This requirement is being cited for third time. See Statement of Deficiency (SOD) 0QN911, dated 12/27/2023 and SOD 0QN912, dated 04/17/2024. These actions affected 4 residents.	{N 196}		
{N 219}	83.17(1) Licensee conduct caregiver background check Caregiver background check. At the time of hire, employment or contract and every 4 years after, the licensee shall conduct and document a caregiver background check following the procedures in s. 50.065, Stats., and ch. DHS 12. A licensee shall not employ, contract with or permit a person to reside at the CBRF if the person has been convicted of the crimes or offenses, or has a governmental finding of misconduct, found in s. 50.065, Stats., and ch. DHS 12, Appendix A, unless the person has been approved under the department ' s rehabilitation process as defined in ch. DHS 12. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 out of 2 employees	{N 219}		

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{N 219}	Continued From page 4 (Caregiver C and Caregiver E) reviewed had a complete caregiver background check done upon hire. This requirement is being cited for third time. See Statement of Deficiency (SOD) S7O211, dated 01/25/2023 and SOD FIM311, dated 01/24/2024. Findings include: The facility is licensed to provide services for up to 25 residents who may be terminally ill, advanced aged and/or irreversible dementia/Alzheimer's. The census at time of survey was 4. According to The Wisconsin Caregiver Program Manual (P-00038), Wis. Stat. ch. 50, and Wis. Admin. Code ch. 12, a complete criminal background check (CBC), at minimum, consists of: 1) A completed DHS form F-82064, Background Information Disclosure (BID); 2) A response from the Department of Justice (DOJ); 3) A "Response to Caregiver Background Check" letter from the Department of Health Service, also referred to as the Integrated Background Information System (IBIS). On 07/22/2024, Surveyors requested employee files and caregiver background checks for Caregiver C and Caregiver E. Assistant B provided Surveyors with employee files. Caregiver C had a hire date of 02/01/2024. Caregiver C's record was reviewed, and Surveyor observed a completed BID, however no documentation that the provider completed the	{N 219}		

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{N 219}	Continued From page 5 DOJ and IBIS background. Caregiver E had a hire date of 01/25/2024. Caregiver E's record was reviewed, and Surveyor observed a completed BID, however no documentation that the provider completed the DOJ and IBIS background. On 07/22/2024 at 12:26 PM, Surveyor interviewed Assistant B. Assistant B stated they did not do plan of correction due to closing the facility. The provider did not ensure 2 out of 2 employees reviewed had a complete caregiver background check done upon hire.	{N 219}		
{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 obtain documentation from a	{N 220}		

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{N 220}	Continued From page 6 physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating 1 of 3 employees reviewed were screened for clinically apparent communicable disease within 90 days before the start of employment, including tuberculosis. This is a repeat deficiency. See Statement of Deficiency (SOD) FIM311, dated 01/24/2024. Findings include: On 07/22/2024, Surveyor requested Caregiver D's employee records from Licensee A. Caregiver D had a hire date of 06/03/2024. Caregiver D's record did not have documentation that Caregiver D had been screened for clinically apparent communicable disease within 90 days before the start of employment, including tuberculosis. Surveyor observed an annual screen completed on 06/03/2024 by Caregiver D. On 07/22/2024 at 12:26 PM, Surveyor interviewed Assistant B about the screening for clinically apparent communicable disease within 90 days of employment, including tuberculosis. Assistant B stated they did not do plan of correction due to closing the facility. Caregiver D was hired to help during relocating the residents and s/he was not screened by a physician, physician assistant, clinical nurse practitioner or licensed registered nurse for tuberculosis and communicable disease. On 07/22/2024, Surveyors reviewed department records and verified the provider did not have any approved waivers related to Employee Communicable Disease Screening.	{N 220}		

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{N 230}	Continued From page 7	{N 230}		
{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 3 of 3 employees (Caregiver C, Caregiver D and Caregiver E) reviewed obtained all orientation training as required prior to performing any job duties. This is a repeat deficiency. See Statement of Deficiency (SOD) FIM311, dated 01/24/2024. Findings include: The facility is licensed to provide services for up to 25 residents who may be terminally ill, advanced aged and/or irreversible dementia/Alzheimer's. On 07/22/2024, Surveyors requested Caregiver C, Caregiver D and Caregiver E's employee records from Licensee A.	{N 230}		

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{N 230}	Continued From page 8 Caregiver C had a hire date of 02/01/2024. Caregiver C's employee file had no evidence Caregiver C had all required orientation upon hire and before performing any job duties. There was no evidence Caregiver C was orientated in prevention and reporting of resident abuse, neglect and misappropriation; information regarding assess needs and individual services; and change in condition. Caregiver D had a hire date of 06/03/2024. Caregiver D's employee file had no evidence Caregiver D had all required orientation upon hire and before performing any job duties. There was no evidence Caregiver D was orientated in prevention and reporting of resident abuse, neglect and misappropriation; information regarding assess needs and individual services; and change in condition. Caregiver E had a hire date of 01/25/2024. Caregiver E's employee file had no evidence Caregiver E had all required orientation upon hire and before performing any job duties. There was no evidence Caregiver E was orientated in prevention and reporting of resident abuse, neglect and misappropriation; information regarding assess needs and individual services; and change in condition. On 07/22/2024 at 12:26 PM, Surveyor interviewed Assistant B regarding employee orientation. Assistant B stated they did not do plan of correction due to closing the facility. Cross reference DHS 83.20(2)(a)-(d) Department Approved Training Courses DHS 83.21(1)-(3) All Employee Training	{N 230}		

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{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 interview and record review, the provider did not ensure 1 of 1 employee obtained all department approved training as required. Caregiver C did not have training in first aid and choking within 90 days after starting employment. Caregiver C, who had responsibilities that would create exposure to blood, body fluids or other	{N 239}		

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{N 239}	Continued From page 10 moist body substances, did not have training in standard precautions prior to assuming these duties. This is a repeat deficiency. See Statement of Deficiency (SOD) FIM311, dated 01/24/2024. Findings include: On 07/22/2024, Surveyors conducted a review of 3 employees to verify compliance with department approved training requirements. Surveyor requested training records from Licensee A for Caregiver C. First Aid and Choking The record for Caregiver C, hired 02/01/2024, did not contain evidence of training or evidence of meeting an exemption for first aid and choking. On 07/22/2024, at 12:26 PM, Surveyors interviewed Assistant B. Assistant B stated Caregiver C had training prior to starting employment, however they were unable to obtain evidence Caregiver C completed or met an exemption for first aid and choking training. On 07/22/2024, Surveyor verified Caregiver C was not on the Community-Based Care and Treatment training registry for first aid and choking. Standard Precautions The record for Caregiver C, hired 02/01/2024, did not contain evidence of training or evidence of meeting an exemption for standard precautions. On 07/22/2024, at 12:26 PM, Surveyor interviewed Assistant B. Assistant B confirmed Caregiver C performs job tasks that may expose	{N 239}		

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{N 239}	Continued From page 11 the employee to blood or other bodily fluids. Caregiver C was working when Surveyors entered the building. Assistant B stated Caregiver C had training prior to starting employment, however they were unable to obtain evidence Caregiver C completed or met an exemption for standard precaution training prior to assuming these job duties. On 07/22/2024, Surveyors verified Caregiver C was not on the Community-Based Care and Treatment training registry for standard precautions. On 07/22/2024 at 12:26 PM, Assistant B stated they did not do plan of correction due to closing the facility. Cross reference DHS 83.19 Orientation DHS 83.21(1)-(3) All Employee Training	{N 239}		
{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	{N 243}		

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{N 243}	Continued From page 12 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 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 interview and record review, the provider did not ensure 2 of 2 employees reviewed, obtained all training as required within 90 days after starting employment. Caregiver E did not have training in resident rights within 90 days after starting employment. Caregiver C and Caregiver E did not have training	{N 243}		

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{N 243}	Continued From page 13 in recognizing, preventing, managing and responding to challenging behaviors within 90 days after starting employment. Caregiver C and Caregiver E did not have training in required client groups within 90 days after starting employment. This is a repeat deficiency. See Statement of Deficiency (SOD) FIM311, dated 01/24/2024. Findings include: On 07/22/2024, Surveyors conducted a review of 2 employees to verify compliance with all employee training requirements. Surveyor requested training records from Licensee A for Caregiver C and Caregiver E. Resident Rights The record for Caregiver E, hired 01/25/2024, did not contain evidence of training or evidence of meeting an exemption for resident rights. On 07/22/2024, at 12:26 PM, Surveyors interviewed Assistant B. Assistant B confirmed the provider did not have evidence Caregiver E completed or met an exemption for resident rights training. Recognizing, Preventing, Managing and Responding to Challenging Behaviors The record for Caregiver C, hired 02/01/2024, did not contain evidence of training or evidence of meeting an exemption for challenging behaviors training. The record for Caregiver E, hired 01/25/2024, did not contain evidence of training or evidence of meeting an exemption for challenging behaviors	{N 243}		

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{N 243}	Continued From page 14 training. On 07/22/2024 at 12:26 PM, Surveyor interviewed Assistant B. Assistant B confirmed the provider did not have evidence Caregiver C and Caregiver E completed or met an exemption for challenging behaviors training. Client Group The facility was licensed to provide care and services to residents within the client groups of terminally ill, advanced aged and/or irreversible dementia/Alzheimer's. The record for Caregiver C, hired 02/01/2024, did not contain evidence of training or evidence of meeting an exemption for client group training. The record for Caregiver E, hired 01/25/2024, did not contain evidence of training or evidence of meeting an exemption for client group training. On 07/22/2024, at 12:26 PM, Surveyors interviewed Assistant B. Assistant B confirmed the provider did not have evidence Caregiver C and Caregiver E completed or met an exemption for client group training specific to terminally ill, advanced aged and/or irreversible dementia/Alzheimer's. Cross reference DHS 83.19 Orientation DHS 83.20(2)(a)-(d) Department Approved Training Courses	{N 243}		
{N 419}	83.37(3)(c) Medication storage: locked cabinet. Administered by facility. The CBRF shall keep medicine cabinets locked and the key available only to personnel identified by the CBRF.	{N 419}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013617	A. BUILDING: _____ B. WING _____	R-C 07/22/2024

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{N 419}	Continued From page 15 This Rule is not met as evidenced by: Based on observation and staff interview, the provider did not ensure 4 of 4 residents' medications were securely stored. This is a repeat deficiency. See Statement of Deficiency (SOD) FIM311, dated 01/24/2024. Findings include: The facility is licensed to provide services for up to 25 residents who may be terminally ill, advanced aged and/or irreversible dementia/Alzheimer's. The census at time of survey was 4. On 07/22/2024, Surveyors entered the facility at approximately 10:15 AM. Surveyors observed the medication room with the door propped open and the medication cart unlocked at 10:15 AM. Sign posted on med room door stated to keep med room door locked at all times. Surveyors waited in medication room and Caregiver C returned 5 minutes after Surveyors entered med room. Caregiver C stated s/he was coming back to get medications for another resident. Caregiver C stated s/he knew the med room door and med cart was to be locked. Surveyors observed a resident sitting in the common living room near the med room and another resident walking with a walker. On 07/22/2024 at approximately 11:30 AM, Surveyors interviewed Licensee A. Surveyors shared observation of med room door propped open and the med cart unlocked. Licensee A acknowledged. On 07/22/2024 at 12:26 PM, Surveyors	{N 419}		

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{N 419}	Continued From page 16 interviewed Assistant B. Assistant B stated they did not do plan of correction due to closing the facility. The provider did not keep all medications locked/secured.	{N 419}		
N 481	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a living environment that was safe, clean, comfortable and homelike for residents. This requirement is being cited for third time. See Statement of Deficiency (SOD) 0QN911, dated 12/27/2023 and SOD 0QN912, dated 04/17/2024. Findings include: On 07/22/2024 at approximately 10:15 AM, Surveyors toured the facility and observed the following: * carpet in the entrance way stained * living room carpet stained, 2 different areas with stains approximately 12" in diameter * hallways to resident rooms stained and fraying carpet	N 481		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013617	A. BUILDING: _____ B. WING _____	R-C 07/22/2024

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N 481	Continued From page 17 On 07/22/2024 at approximately 12:26 PM, Surveyors spoke with Assistant B. Assistant B stated they did not do plan of correction due to closing the facility. The provider did not ensure a living environment that was safe, clean, comfortable and homelike for residents.	N 481		