STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015957	A. BUILDING: _____ B. WING _____	R-C 05/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WATERFORD AT WISCONSIN RAPIDS (THE)	**491 25TH ST N WISCONSIN RAPIDS, WI 54494**

(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 05/17/2024, Surveyor conducted a complaint investigation and verification visit at The Waterford at Wisconsin Rapids. Additional information was gathered through 05/20/2024. Three deficiencies were identified. Two deficiencies were repeat deficiencies. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Complaint was substantiated. Census 38	{N 000}		
{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 2 of 3 staff reviewed had received orientation training.	{N 230}		

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

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{N 230}	Continued From page 1 Findings include: This is a repeat deficiency from Statement of Deficiency (SOD) # FMFT14 dated 10/04/2023. Orientation training contains 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. On 05/17/2024, Surveyor requested Caregiver H and Caregiver I's facility file. The following was reviewed: Caregiver H was hired on 01/24/2024. Caregiver H did not have documentation of orientation training in the facility file. Caregiver I was hired on 01/16/2024. Caregiver I did not have documentation of orientation training in the facility file. On 05/17/2024, at approximately 3:00 PM, Surveyor shared findings with Executive Director C (ED-C). ED-C stated s/he was not sure why the orientation training was not in the file and asked if s/he could look for them and send them by 3:30 PM on 05/18/2024. Surveyor stated s/he could give ED-C until 3:30 PM on 05/18/2024, to get the documentation to Surveyor. As of 05/20/2024 at approximately 7:00 AM, Surveyor did not receive any documentation of	{N 230}		

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{N 230}	Continued From page 2 orientation training for Caregiver H and Caregiver I.	{N 230}		
N 247	83.22(1)-(4) Task specific training. The CBRF shall provide, obtain or otherwise ensure adequate training for employees performing job duties in all of the following: Assessment of residents. All employees responsible for resident assessment shall successfully complete training in the assessment of residents prior to assuming these job duties. Specific training topics shall include: assessment methodology, assessment of changes in condition, sources of assessment information, and documentation of the assessment. Individual service plan development. All employees responsible for service plan development shall successfully complete training in individual service plan development prior to assuming these job duties. Specific training topics shall include: identification of the resident ' s needs and desired outcomes, development of goals and interventions, service plan evaluation and review of progress. Provision of personal care. All employees responsible for providing assistance with activities of daily living shall successfully complete training prior to assuming these job duties. Specific training topics shall include, as appropriate: bathing, eating, dressing, oral hygiene, nail and foot care, toileting and incontinence care, positioning and body alignment, and mobility and transferring. Dietary training. All employees performing dietary duties shall complete dietary training within 90 days after assuming these job duties. Specific training topics shall include: determining nutritional needs, menu planning, food	N 247		

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N 247	Continued From page 3 preparation and food sanitation. This Rule is not met as evidenced by: Based on source record review and interview, the provider did not ensure 3 of 3 employees obtained all task specific training. Caregiver D, Caregiver H, and Caregiver I, who had responsibilities for providing assistance with activities of daily living, did not have training in the provision of personal care prior to assuming these duties. Findings include: On 05/17/2024, Surveyor conducted a review of 3 of 3 employees reviewed employees to verify compliance with task specific training requirements. Surveyor requested training records from Caregiver D, Caregiver H, and Caregiver I. Provision of Personal Care The record for Caregiver D, hired 04/25/2023, did not contain evidence of training or evidence of meeting an exemption for personal care training. The record for Caregiver H, hired 01/24/2024, did not contain evidence of training or evidence of meeting an exemption for personal care training. The record for Caregiver I, hired 01/16/2024, did not contain evidence of training or evidence of meeting an exemption for personal care training.	N 247		

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N 247	Continued From page 4 On 05/17/2024, at approximately 3:00 PM, Surveyor shared findings with Executive Director C (ED-C). ED-C stated s/he was not sure why the training was not in the file and asked if s/he could look for them and send them by 3:30 PM on 05/18/2024. Surveyor stated s/he could give ED-C until 3:30 PM on 05/18/2024, to get the documentation to Surveyor. ED-C confirmed Caregiver D, Caregiver H, and Caregiver I performed the duties of caregiver. As of 05/20/2024 at approximately 7:00 AM, Surveyor did not receive any documentation of training for Caregiver D, Caregiver H, and Caregiver I.	N 247		
N 415	83.37(2)(d) Documentation of medication administration. Documentation of medication administration. As required under s. DHS 83.42(1)(o), at the time of medication administration, the person administering the medication or treatment shall document in the resident record the name, dosage, date and time of medication taken or treatments performed and initial the medication administration record. Any side effects observed by the employee or symptoms reported by the resident shall be documented. The need for any PRN medication and the resident ' s response shall be documented. This Rule is not met as evidenced by: Based on record review and interview the provider did not ensure documentation of medication administration was completed including the person administering the medication	N 415		

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N 415	Continued From page 5 or treatment, the name, dosage, date and time of medication taken, or treatments performed and initials in the medication administration record (MAR). Findings include: On 05/17/2024, Surveyor reviewed Resident 4's facility file. The following was reviewed: March 2024's medication administration record showed 71 incidents where Resident 4's medication was not documented as given. April 2024's medication administration record showed 1 incident where Resident 4's medication was not documented as given. May 2024's medication administration record showed 10 incidents where Resident 4's medication was not documented as given. On 05/17/2024 at approximately 3:00 PM, Surveyor shared findings with Executive Director C (ED-C). ED-C stated the facility has regional nurses and would have to ensure the medication carts were being audited to catch these mistakes. ED-C stated s/he thought this was happening but agreed the documentation was a concern.	N 415		
{Z 019}	50.065(6)(am) Four Year Caregiver Background Requirement Every 4 years an entity shall require its caregivers and nonclient residents to complete a background information form that is provided to the entity by the Department.	{Z 019}		

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{Z 019}	Continued From page 6	{Z 019}		

This Rule is not met as evidenced by:
Based on record review and interview the provider did not ensure 2 of 3 caregivers reviewed had documentation of a 4 year background check that is provided to the entity by the Department.

Findings include:

This is a repeat deficiency from Statement of Deficiency (SOD) # FMFT14 dated 10/04/2023.

On 05/17/2024, Surveyor requested Caregiver H and Caregiver I's facility file. The following was reviewed:

Caregiver H was hired 01/24/2024. Caregiver H did not have a Department of Justice background check or an integrated background information system check in the facility file.

Caregiver I was hired on 01/16/2024. Caregiver I did not have a Department of Justice background check or an integrated background information system check in the facility file.

On 05/17/2024, at approximately 3:00 PM, Surveyor shared findings wtih Executive Director C (ED-C). ED-C stated s/he was not sure why the background checks were not in the file and asked if s/he could look for them and send them by 3:30 PM on 05/18/2024. Surveyor stated s/he could

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{Z 019}	Continued From page 7 give ED-C until 3:30 PM on 05/18/2024, to get the documentation to Surveyor. As of 05/20/2024 at approximately 7:00 AM, Surveyor did not receive any documentation of background checks for Caregiver H and Caregiver I.	{Z 019}		