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	0019325	A. BUILDING: _____ B. WING _____	02/22/2024

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VICTORIAN HOME	19700 W CLEVELAND AVE NEW BERLIN, WI 53146

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N 000	Initial Comments On 02/14/2024 with information gathered through 02/22/2024, Surveyor conducted a probationary survey at Victorian Home. Seven deficiencies were identified. Census: 7	N 000		
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:	N 239		

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

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N 239	Continued From page 1 Based on record review and interview, the provider did not ensure 1 of 2 employees reviewed obtained all department approved training as required. Caregiver B did not have training in Standard Precautions, First Aid and Choking, and Fire Safety within 90 days after starting employment. Findings include: On 02/14/2024, Surveyor reviewed employee records to verify compliance with department approved training requirements. Surveyor requested training records from Administrator A for Caregiver B. Standard Precautions The record for Caregiver B, hired 08/16/2023, did not contain evidence of training or evidence of meeting an exemption for Standard Precautions. On 02/14/2024 at 11:15 AM, Surveyor interviewed Administrator A. Administrator A confirmed Caregiver B assist residents with cares and activities of daily living. Surveyor checked the Wisconsin Nurse Aide Directory and Caregiver B is not a CNA. First Aid and Choking The record for Caregiver B, hired 08/16/2023, did not contain evidence of training or evidence of meeting an exemption for First Aid and Choking. Fire Safety The record for Caregiver B, hired 08/16/2023, did not contain evidence of training or evidence of	N 239		

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N 239	Continued From page 2 meeting an exemption for Fire Safety. On 02/14/2024, Surveyor verified Caregiver B was not on the Community-Based Care and Treatment training registry for standard precautions, first aid and choking, and fire safety. On 02/14/2024 at 11:15 AM, Surveyor interviewed Administrator A. Administrator A stated a CBRF trainer the provider used for their staff to complete Department approved training was recently fired for not uploading staff to the registry. Administrator A stated s/he suspects Caregiver B was one of those staff who was not uploaded to the registry, because we paid for him/her to attend the class. Administrator A stated s/he would check with the trainer's company to see if any evidence exists, but if not Caregiver B would be signed up for the above classes in the near future.	N 239		
N 454	83.42(1) Resident record maintained. The CBRF shall maintain a record for each resident at the CBRF. Each record shall include all of the following: (a) Resident ' s full name, sex, date of birth, admission date and last known address; (b) Name, address and telephone number of designated contact person, and legal representative, if any; (c) Medical, social, and, if any, psychiatric history; (d) Current personal physician, if any; (e) Results of the initial health screening under s. DHS 83.28(4) and subsequent health examinations under s. DHS 83.38(1)(g); (f)Admission agreement; (g) Documentation of significant incidents and illnesses, including the dates, times and circumstances; (h) Assessments completed as required under s.	N 454		

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N 454	Continued From page 3 DHS 83.35(1); (i) Individual service plan and resident satisfaction evaluation; (j) Documentation to accurately describe the resident's condition, significant changes in condition, changes in treatment and response to treatment; (k) Results of the annual resident evacuation evaluation; (l) Documentation of sensory impairment of the resident as required under s. DHS 83.48(7)(b); (m) Summary of discharge information as required under s.DHS 83.31(7); (n) Any department-approved resident-specific waiver, variance or approval; (o) Physician ' s orders or other authorized practitioner ' s written orders for nursing care, medications, rehabilitation services and therapeutic diets; (p) Current list of the type and dosage of medications or supplements; (q) Results of the quarterly psychotropic medication assessments as required in s. DHS 83.37(1)(h)1; (r) Documentation of administration of all medications, supplements, the person administering the medications or supplements, any side effects observed by the employee or symptoms reported by the resident, the need for PRN medications and the resident ' s response, refusal to take medication, omissions of medications, errors in the administration of medications and drug reactions; (s) Photocopy of any court order or other document authorizing another person to speak or act on behalf of the resident, or other legal documents as required which affect the care and treatment of a resident; (t) Documentation of all other services including rehabilitation services, treatments and therapeutic diets; (u) Completed notice of pre-admission assessment requirement under s. DHS 83.30; (v) Nursing care procedures and the amount of time spent each week by a registered nurse or licensed practical nurse in performing	N 454		

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N 454	Continued From page 4	N 454		

the nursing care procedures. Only time actually spent by the nurse with the resident may be included in the calculation of nursing care time; (w) Plans of care for terminally ill residents; (x) Date, time and circumstances of the resident's death, including the name of the person to whom the body is released.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 2 of 2 resident records reviewed were maintained.

Resident 3's record did not include documentation of the number of insulin units administered after checking his/her blood sugar and documentation between the provider and Resident 3's physician when his/her blood sugars went above 350. .

Resident 5's record did not include a self-administer medication assessment, pre-admission assessment, and evacuation assessment.

Findings include:

On 02/20/2024, Surveyor reviewed resident records and identified the following:

Example 1-Resident 3

Resident 3 admitted to the facility on 06/09/2023 with a diagnosis of type 2 diabetes. Resident 3 had an activated healthcare power of attorney that made decisions on his/her behalf.

Resident 3's individual service plan (ISP) with an unknown date documented as staff handle all

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N 454	Continued From page 5	N 454		

medications.

Resident 3's physician orders included: "Novolog Flex pen 100 unit/ml and the directions was to inject under skin 8 units subcutaneously 3x/day before meals plus sliding scale: BS 0-150=+0units, 151-200=+2units, 201-250= +3units, 251-300=+4units, 301-350=+6units, Over 350=+6units and call MD."

Surveyor reviewed Resident 3's December 2023, January 2024, and February 2024 medication administration record (MAR), which documented staff checking Resident 3's blood sugar 4x/day. The provider did not record the number of insulin units administered from December 2023-February 2024.

Resident 3's blood sugar was over 350 on the following dates, which should have triggered a call to his/her physician. 12/21/2023-356, 12/30/2023-389,01/03/2024-385, and 02/02/2024-353. The record did not document communication with Resident 3's physician.

Example 2-Resident 5

Resident 5 admitted to the facility on 10/05/2023 with diagnosis of developmental disability and type 2 diabetes. Resident 5 had a healthcare power of attorney that made decisions on his/her behalf.

Review of the record noted no self-administer medication assessment, pre-admission assessment, or evacuation assessment.

On 02/19/2024 at 7:08 AM, Surveyor received an email from Administrator A noting Resident 5's family wants him/her to administer his/her own

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N 454	Continued From page 6 meds to help his/her mind working. Administrator A noted Resident 5 is very high functioning and we do monitor that s/he takes them but since s/he does them his/herself, the charting is a little different. On 02/20/2024 at 10:19 AM, Surveyor sent Administrator A an email requesting Resident 5's self-administer medication assessment, pre-admission assessment, and evacuation assessment. Surveyor noted documentation would need to be submitted by 1:00 PM on 02/20/2024. As of 02/22/2024, Administrator A did not provide Resident 5's self-administer medication assessment, pre-admission assessment, and evacuation assessment. On 02/22/2024 at 9:24 AM, Surveyor interviewed Administrator A. Administrator A stated s/he had a lot going on with some of their other homes and did not have time to look for the above documentation. Administrator A acknowledged the above concerns and stated s/he would look in the resident records.	N 454		
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:	N 481		

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N 481	Continued From page 7 Based on observation and interview, the provider did not ensure the environment was safe, clean, and comfortable. Findings include: On 02/14/2024 at 8:51 AM, Surveyor toured the facility and observed the following: Behind the front door entrance as the door swings open, Surveyor observed a golf ball sized hole in the drywall. In the 1st bathroom, which contains a toilet and sink, Surveyor observed a brown ring on the floor that went the diameter of the toilet. Surveyor observed 1 spray bottle of Lysol on the grab bar above the toilet. One of 2 light bulbs were burnt out effecting the lighting and visibility in the room. In Resident 2's bathroom, Surveyor observed a brown ring on the floor that went the diameter of the toilet. Inside the toilet, observed 3 rust stains stuck to the toilet bowl. In Resident 3's bedroom, observed 2 of 4 light bulbs burnt out effecting the lighting and visibility in the room. Surveyor observed an empty room between Resident 3's and Resident 4's bedroom. The empty room's wall vent was covered in dust. In Resident 4's bedroom, observed the drywall towards the ceiling cracked and starting to peel. The bathroom toilet had many rust stains around the whole toilet. Two of 2 wall vents were covered in dust. In the main resident bathroom, Surveyor	N 481		

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N 481	Continued From page 8 observed 1 spray bottle of Lysol on the grab bar near the sink. The toilet had rust stains towards the top of the toilet bowl. The drywall behind the garbage can was damaged. The caulk behind the sink was cracked and peeling. The sink's drain had orange spots that appeared to be rust. The bathroom's toilet was covered in orange and black stains. In the basement near the facility's fire panel, Surveyor observed a 4ft x 8ft drywall section with water damaged towards the bottom and mold-like substance scattered across the bottom in small black dots. In the kitchen, the cabinet to the left of the sink had garbage items and brown stains in a dripping pattern on both sides of the cabinet. On 02/14/2024 at 11:15 AM, Surveyor interviewed Administrator A regarding the environment. Surveyor showed Administrator A the many toilets throughout the facility with rust stains, lights bulbs burnt out, and drywall section with water damage. Administrator A acknowledged the facility needed some repairs and cleaning. Administrator A stated s/he would work with staff to get the facility in compliance.	N 481		
N 511	83.46(3) Public water supply or well water test. Public water supply. The CBRF shall use a public water supply when available. If a public water supply is not available, the CBRF shall have a well that is approved by the state department of natural resources. The CBRF shall have the well water tested at least annually by the state laboratory of hygiene or other laboratory approved under ch. HFS 165. The CBRF shall	N 511		

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N 511	Continued From page 9 maintain documentation of annual testing results. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the well water was tested annually by the state laboratory of hygiene or other laboratory approved under ch. HFS 165. Findings include: The facility had a private well for water. On 02/14/2024, Surveyor requested safety reports to review, including the annual well water tests for 2023. On 02/14/2024 at 9:55 AM, Surveyor interviewed Administrator A. Administrator A stated s/he completed a change of ownership (CHOW) on 06/09/2023. Administrator A looked through safety reports on his/her laptop and showed the Surveyor a well water report dated 09/06/2022. Administrator A stated s/he did not have the well water tested in 2023. Administrator A stated s/he would work on getting this completed.	N 511		
N 530	83.47(3) Fire inspection. Fire inspection. The CBRF shall arrange for an annual inspection by the local fire authority or certified fire inspector and shall retain fire inspection reports for 2 years. This Rule is not met as evidenced by: Based on record review and interview, the provider did not arrange for annual inspection by the local fire authority or certified fire inspector.	N 530		

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N 530	Continued From page 10 The facility had not had a fire inspection completed in 2023. Findings include: On 02/14/2024, Surveyor reviewed safety records and identified the following: Surveyor unable to locate evidence a fire inspection was completed in 2023. On 02/14/2024 at 9:55 AM, Surveyor interviewed Administrator A. Administrator A stated s/he completed a change of ownership (CHOW) on 06/09/2023. Administrator A stated the previous licensee provided a fire inspection dated 03/03/2022. Surveyor noted another fire inspection would be due in March 2023 or shortly after CHOW was completed. Administrator A acknowledged the fire inspection was not completed in 2023 and s/he would reach out to New Berlin Fire Department to get fire inspection scheduled.	N 530		
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.	N 558		

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N 558	Continued From page 11 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the sprinkler system was maintained, inspected and tested at least annually or at intervals determined by the requirements in NFPA 25. This had the potential to affect all 8 residents in the facility. The sprinkler system was not serviced in 2023. Findings include: On 02/14/2024, Surveyor reviewed life safety records and identified the following: Administrator A did not provide evidence a sprinkler inspection was completed in 2023. On 02/14/2024 at 9:55 AM, Surveyor interviewed Administrator A. Administrator A stated s/he completed a change of ownership (CHOW) on 06/09/2023. Administrator A stated the previous licensee did not provide a sprinkler inspection, therefore s/he cannot verify when was due in 2023. Surveyor noted any evidence of a sprinkler inspection would need to be submitted no later than 02/19/2024 at 5PM. On 02/18/2024, Administrator A provided a 5-Year Fire Sprinkler System Testing and Maintenance report dated 11/08/2022. Administrator A did not provide evidence a sprinkler inspection was completed in 2023.	N 558		
N 613	83.55(4)(a) Bath and toilet areas: privacy. Bath and toilet rooms shall have door locks to ensure privacy, except where the toilet, bath or shower room is accessed only from a resident	N 613		

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N 613	Continued From page 12 room that is occupied by one person. All door locks shall be operable from both sides. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 2 bathroom doors had locks to ensure privacy. Findings include: On 02/14/2024 at 9:40 AM, Surveyor interviewed Resident 1. Resident 1 stated the main bathroom, which had the only shower for resident use does not have a functional lock. Resident 1 stated there is no privacy when going to the bathroom or showering. On 02/14/2024 at 9:45 AM, Surveyor observed the bathroom door. The door was a pocket door that recedes into the wall. The lock mechanism was a circular lever that spinned and did not lock the door.	N 613		