| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0015351 | A. BUILDING: _____ B. WING _____ | C 01/09/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PATHWAYS TO A BETTER LIFE KIEL CAMPUS | 13127 LAX CHAPEL RD KIEL, WI 53042 |

| (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<br><br>On 01/04/2024, Surveyor conducted one (1) complaint investigation and an abbreviated survey at Pathways To A Better Life Kiel Campus 2. Additional information was gathered through 01/09/2024. As a result of the survey 4 deficiencies were identified, the complaint was unsubstantiated.<br><br>Census: 6 | N 000 | | |
| N 220 | 83.17(2)(a) Employees screened for communicable disease.<br><br>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.<br><br>This Rule is not met as evidenced by:<br>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 2 of 2 employees reviewed were screened for clinically apparent communicable disease within 90 days before the start of employment, including tuberculosis. | N 220 | | |

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

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0015351 | A. BUILDING: _____ B. WING _____ | C 01/09/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PATHWAYS TO A BETTER LIFE KIEL CAMPUS | 13127 LAX CHAPEL RD KIEL, WI 53042 |

| (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 220 | Continued From page 1<br>Findings include:<br><br>On 01/04/2024, Surveyor requested Caregiver B and Caregiver C's employee record from Licensee A. Licensee A stated s/he needed time to gather the information and s/he would send to Surveyor.<br><br>On 01/04/2024 at 8:25 PM, Surveyor received email from Licensee A that contained staff information.<br><br>Caregiver B had a hire date of 06/17/2020. Licensee A provided tuberculosis results from 12/15/2018. Licensee A did not provide documentation Caregiver B had been screened for clinically apparent communicable disease within 90 days before the start of employment, including tuberculosis.<br><br>Caregiver C had a hire date of 02/13/2023. Licensee A did not provide documentation Caregiver C had been screened for clinically apparent communicable disease with 90 days before the start of employment, including tuberculosis.<br><br>On 01/05/2024 at 9:22 AM, Surveyor interviewed Licensee A about the screening for clinically apparent communicable disease within 90 days of employment, including tuberculosis.<br><br>On 01/05/2024 at 12:26 PM, Licensee A stated to Surveyor, "During Covid, pre-employment physicals were not being offered. All of these individuals were prior residents that we employed after they had enough time to recover, so we have their tb [sic] and free from communicable disease paperwork on file from when they were a client." | N 220 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0015351 | A. BUILDING: _____ B. WING _____ | C 01/09/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PATHWAYS TO A BETTER LIFE KIEL CAMPUS | 13127 LAX CHAPEL RD KIEL, WI 53042 |

| (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 220 | Continued From page 2<br><br>On 01/05/2024, Surveyor reviewed department records and verified the provider did not have any approved waivers related to Employee Communicable Disease Screening.<br><br>On 01/09/2024 at 10:00 AM, Surveyor exited with Licensee A. Licensee A acknowledged staff were not screened for communicable disease screening including tuberculosis within 90 days of hire. | N 220 | | |
| N 230 | 83.19 Orientation<br><br>Before an employee performs any job duties, the CBRF shall provide each employee with orientation training which shall include all of the following:<br>(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.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure 2 of 2 employees (Caregiver B and Caregiver C) reviewed obtained all orientation training as required prior to performing any job duties.<br><br>Findings include: | N 230 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0015351 | A. BUILDING: _____ B. WING _____ | C 01/09/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PATHWAYS TO A BETTER LIFE KIEL CAMPUS | 13127 LAX CHAPEL RD KIEL, WI 53042 |

| (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 230 | Continued From page 3<br>The facility is licensed to provide services for up to 8 residents who may be emotionally disturbed/mental illness, alcohol/drug dependent and/or pregnant women/counseling.<br><br>On 01/04/2024, Surveyor requested Caregiver B and Caregiver C's employee records from Licensee A. Licensee A stated s/he needed time to gather the information and s/he would send to Surveyor.<br><br>On 01/04/2024 at 8:25 PM, Surveyor received email from Licensee A that contained staff information.<br><br>Caregiver B had a hire date of 06/17/2020. Caregiver B's employee file had no evidence Caregiver B had all required orientation upon hire and before performing any job duties. There was no evidence Caregiver B was orientated in prevention and reporting of resident abuse, neglect and misappropriation; information regarding assess needs and individual services; emergency and disaster and evacuation procedures; and change in condition.<br><br>Caregiver C had a hire date of 02/03/2023. 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; emergency and disaster and evacuation procedures; and change in condition.<br><br>On 01/05/2024 at 9:22 AM, Surveyor emailed Licensee A with missing items. | N 230 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0015351 | A. BUILDING: _____ B. WING _____ | C 01/09/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PATHWAYS TO A BETTER LIFE KIEL CAMPUS | 13127 LAX CHAPEL RD KIEL, WI 53042 |

| (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 230 | Continued From page 4<br><br>On 01/08/2024 at 2:48 PM, Surveyor called Licensee A. Surveyor started reviewing the list of missing items and the phone disconnected. Surveyor called back at 2:53 PM and left a message for Licensee A to return call to review the missing items. As of 5:00 PM on 01/08/2024. Surveyor did not receive a call back.<br><br>On 01/09/2024 at 10:00 AM, Surveyor exited with Licensee A. Licensee A acknowledged s/he needed to work on the orientation documentation and ensure that trainers complete the documentation and return the documentation to him/her. | N 230 | | |
| N 239 | 83.20(2)(a)-(d) Department-approved training courses.<br><br>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.<br>Fire safety. Within 90 days after starting employment, all employees shall successfully complete training in fire safety.<br>First aid and choking. Within 90 days after starting employment, all employees shall successfully complete training in first aid and procedures to alleviate choking.<br>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 | N 239 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0015351 | A. BUILDING: _____ B. WING _____ | C 01/09/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PATHWAYS TO A BETTER LIFE KIEL CAMPUS | 13127 LAX CHAPEL RD KIEL, WI 53042 |

| (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 239 | Continued From page 5<br>assuming these job duties.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure 1 of 2 employees reviewed, obtained all training as required within 90 days after starting employment.<br><br>Caregiver C did not have training in resident rights within 90 days after starting employment.<br><br>Caregiver C did not have training in recognizing, preventing, managing and responding to challenging behaviors within 90 days after starting employment.<br><br>Caregiver C did not have training in required client groups within 90 days after starting employment.<br><br>Findings include:<br><br>On 01/04/2024, Surveyor conducted a review of Caregiver C's employee training to verify compliance with all employee training requirements, and noted the following concerns:<br><br>Resident Rights<br><br>The record for Caregiver C, hired 02/13/2023, did not have training in resident rights within 90 days after starting employment. Review of Caregiver C's employee training showed Caregiver C had resident rights on 10/05/2023, not within 90 days of hire. | N 239 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0015351 | A. BUILDING: _____ B. WING _____ | C 01/09/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PATHWAYS TO A BETTER LIFE KIEL CAMPUS | 13127 LAX CHAPEL RD KIEL, WI 53042 |

| (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 239 | Continued From page 6<br>Recognizing, Preventing, Managing and Responding to Challenging Behaviors<br><br>The records for Caregiver C, hired 02/13/2023, did not have training in challenging behaviors within 90 days after starting employment. Review of Caregiver C's employee training showed Caregiver C had challenging behaviors on 10/05/2023, not within 90 days of hire.<br><br>Client Group<br><br>The records for Caregiver C, hired 02/13/2023, did not have client group training within 90 days after starting employment. Review of Caregiver C's employee training showed Caregiver C had Client Group training on 10/05/2023, not within 90 days of hire.<br><br>On 01/09/2024 at 10:00 AM, Licensee A confirmed that Caregiver C did have orientation, and that resident rights, challenging behaviors and client groups training are included during orientation. Licensee A stated that s/he had not received the signed orientation for Caregiver C as Caregiver C was a night shift employee and Licensee A was unsure what happened to the documentation. Licensee A was unable to provide documentation Caregiver C had completed resident rights, challenging behavior and client group training within 90 days of hire. | N 239 | | |
| N 243 | 83.21(1)-(3) All employee training.<br><br>The CBRF shall provide, obtain or otherwise ensure adequate training for all employees in all of the following:<br>Resident rights. Training shall include general rights of residents including rights as specified | N 243 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0015351 | A. BUILDING: _____ B. WING _____ | C 01/09/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PATHWAYS TO A BETTER LIFE KIEL CAMPUS | 13127 LAX CHAPEL RD KIEL, WI 53042 |

| (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 243 | Continued From page 7<br>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.<br>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.<br>Client Group. In a CBRF serving more than one client group, employees shall receive training for each client group.<br>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.<br><br>This Rule is not met as evidenced by: | N 243 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0015351 | A. BUILDING: _____ B. WING _____ | C 01/09/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| PATHWAYS TO A BETTER LIFE KIEL CAMPUS | 13127 LAX CHAPEL RD KIEL, WI 53042 |

| (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 243 | Continued From page 8<br><br>Based on interview and record review, the provider did not ensure 1 of 2 employees obtained all department approved training as required.<br><br>Caregiver C did not have training in fire safety or first aid and choking within 90 days after starting employment.<br><br>Findings include:<br><br>On 01/04/2024, Surveyor requested Caregiver C's employee record from Licensee A. Licensee A stated s/he needed time to gather the information and s/he would send to Surveyor.<br><br>On 01/04/2024 at 8:25 PM, Surveyor received email from Licensee A that contained staff information.<br><br>Caregiver C had a hire date of 02/13/2023. Caregiver C's employee file had no evidence Caregiver C had department approved training. Surveyor reviewed the department registry and observed Caregiver C was not on the registry for fire safety or first aid and choking.<br><br>On 01/09/2024 at 10:00 AM, Licensee A stated Caregiver C was an employee and had left for school and another job and was rehired. Licensee A acknowledged s/he should have caught this when Caregiver C was hired. Licensee A stated s/he will clean up documentation. | N 243 | | |