STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016771	A. BUILDING: _____ B. WING _____	C 04/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACE LODGE ASSISTED LIVING FACILITY	1000 DAY ST RHINELANDER, WI 54501

(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
U 000	INITIAL COMMENTS On 04/04/2024, Surveyor conducted a standard licensure survey at Grace Lodge Assisted Living Facility. Two deficiencies were identified. Census: 28	U 000		
U 134	89.23(4)(d)1. SERVICES PROVIDER QUALIFICATIONS. Staff training. All facility staff shall have training in safety procedures, including fire safety, first aid, universal precautions and the facility's emergency plan, and in the facility's policies and procedures relating to tenant rights. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 caregivers sampled completed training in safety procedures: including fire safety, first aid and universal precautions. Findings include: On 04/04/2024, Surveyor reviewed Caregiver B's file. Caregiver B was hired on 11/14/2022. Caregiver B's file did not contain training related to safety procedures, including fire safety, first aid and universal precautions. On 04/04/2024 at 2:50 PM, Surveyor interviewed	U 134		

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
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U 134	Continued From page 1 Administrator A. Administrator A verified Caregiver B's start date, 11/14/2022. Surveyor asked Administrator A for Caregiver B's training record related to fire safety, first aid and universal precautions. Administrator A reported that Caregiver B did not complete training in fire safety, first aid and universal precautions and Caregiver B was scheduled to attend these trainings on April 27, 2024.	U 134		
U 189	89.28(1) Risk Agreement (1) REQUIREMENT As a protection for both the individual tenant and the residential care apartment complex, a residential care apartment complex shall enter into a signed, jointly negotiated risk agreement with each tenant by the date of occupancy. This Rule is not met as evidenced by: Based on record review and interview, the provider did not enter into a signed, jointly negotiated risk agreement by the date of occupancy, for 2 of 2 Tenant's sampled. Findings include: On 04/04/2024, Surveyor reviewed Tenant 1's record. Tenant 1 was admitted on 12/18/2023. Tenant 1's record did not include a signed negotiated risk agreement. Surveyor reviewed Tenant 2's record. Tenant 2 was admitted on 10/05/2022. Tenant 2's record did not include a signed negotiated risk agreement. On 04/04/2024 at 3:05 PM, Surveyor interviewed Administrator A. Administrator A confirmed Tenant	U 189		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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U 189	Continued From page 2 1's date of admission, 12/18/2023, and Tenant 2's date of admission, 10/05/2022. Surveyor asked Administrator A if Tenant 1 or Tenant 2 had a signed negotiated risk agreement at time of admission. Administrator A informed Surveyor that Tenant 1 and Tenant 2 did not have a signed negotiated risk agreement at time of admission. Administrator A informed Surveyor that Administrator A would review risk agreements and have tenants sign moving forward.	U 189		