STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018759	A. BUILDING: _____ B. WING _____	C 05/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VITACARE LIVING - ABBOTSFORD I	100 S 4TH AVE ABBOTSFORD, WI 54405

(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 05/28/2024, Surveyor conducted a complaint investigation at Vitacare Living Abbotsford I. The complaint was substantiated. Two deficiencies were identified. Census: 9	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.	N 239		

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

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N 239	Continued From page 1 This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure 1 of 3 employees obtained all department approved training as required. Caregiver C, who had responsibilities for medication administration, did not have training in medication administration and management prior to assuming these duties. Findings include: On 01/09/2024, the Department received a complaint that included an allegation staff that were not trained in mediation administration, worked alone, and administered medications. On 05/28/2024, Surveyor conducted a review of 3 employees to verify compliance with department approved training requirements. Surveyor requested training records from Executive Director (ED) A for Caregiver C, Caregiver D, and Caregiver E. Medication Administration On 05/28/2024, Surveyor reviewed the employee roster. The roster identified Caregiver C was trained in medication administration. The record for Caregiver C, hired 03/24/2022, did not contain evidence of training or evidence of meeting an exemption for medication administration. On 05/28/2024, at approximately 12:40 p.m., Surveyor interviewed ED A while Regional Registered Nurse (RN) B was present via computer. ED A and Regional RN B confirmed Caregiver C was responsible for medication administration duties. ED A and Regional RN B	N 239		

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N 239	Continued From page 2 confirmed the provider did not have evidence Caregiver C completed or met an exemption for medication management training prior to assuming these job duties. ED A told Surveyor they thought Caregiver C was trained in medication administration. Caregiver C did have documentation of training in medications from the Department of Corrections. On 05/28/2024, Surveyor verified Caregiver C was not on the Community-Based Care and Treatment training registry for medication administration. On 05/28/2024, Surveyor reviewed the medication administration record for April and May 2024 for Resident 1 and Resident 2. Caregiver C documented that s/he administered medications to both residents during these months.	N 239		
N 397	83.36(1)(b) Qualified staff in charge, on duty and awake. The CBRF shall ensure all of the following: 1. An administrator or other designated qualified resident care staff in charge is on the premises of the CBRF daily to ensure the CBRF is providing safe and adequate care, treatment and services. 2. At least one qualified resident care staff is present in the CBRF when one or more residents are present in the CBRF. 3. At least one qualified resident care staff is on duty and awake if at least one resident in the CBRF is in need of supervision, intervention or services on a 24-hour basis to prevent, control or improve the resident ' s constant or intermittent mental or physical condition that may occur or may become critical at any time including residents who are at risk of	N 397		

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N 397	Continued From page 3 elopement, who have dementia, who are self-abusive, who become agitated or emotionally upset or who have changing or unstable health conditions that require close monitoring. 4. At least one qualified resident care staff is on duty and awake if the evacuation capability of at least one resident is 4 minutes or more. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure there was a qualified resident care staff present in the facility at all times. Findings include: On 01/09/2024, the Department received a complaint that included an allegation staff, who were not trained in mediation administration, worked alone, and administered medications. This facility is licensed to care for up to 16 residents in the client groups of: terminally ill, advanced age, irreversible dementia/Alzheimer's disease, and physically disabled. Wis. Admin. Code § DHS 83.02(42) defines a qualified resident care staff as: "an employee who has successfully completed all of the applicable training and orientation under subch. IV." On 05/28/2024, Surveyor reviewed the employee roster, employee schedule for April and May 2024, and training records for 3 employees. Caregiver C was identified on the employee roster as being trained in medication administration. Caregiver C did not complete the required training in medication administration.	N 397		

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N 397	Continued From page 4 On 05/28/2024, at approximately 12:40 p.m., Surveyor interviewed Executive Director (ED) A while Regional Registered Nurse (RN) B was present via computer. ED A and Regional RN B confirmed Caregiver C was responsible for medication administration duties. ED A and Regional RN B confirmed the provider did not have evidence Caregiver C completed or met an exemption for medication management training prior to assuming these job duties. ED A told Surveyor that they thought Caregiver C was trained in medication administration. Caregiver C did have documentation of training in medications from the Department of Corrections. The April and May 2024 schedule indicated Caregiver C worked with other caregivers who were also not trained in medication administration. On 04/05/2024 - 04/06/2024, Caregiver C worked with Caregiver G and Caregiver H from 10:00 p.m. - 6:00 a.m. Caregiver G and Caregiver H were not identified as being trained in medication administration. On 04/23/2024 - 04/24/2024, Caregiver C worked with Caregiver G from 10:00 p.m. - 6:00 a.m. On 04/26/2024 - 04/27/2024, Caregiver C worked with Caregiver G from 10:00 p.m. - 6:00 a.m. On 05/07/2024, Caregiver C worked with Caregiver I from 6:00 p.m. - 10:00 p.m. Caregiver I was identified as not being trained in medication administration. On 05/28/2024 at approximately 1:20 p.m., Surveyor interviewed ED A. ED A told Surveyor they had thought Caregiver C was trained in	N 397		

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N 397	Continued From page 5 medication administration. ED A told Surveyor s/he was aware of the requirement to have a qualified care staff on duty at all times. ED A confirmed Caregiver G, Caregiver H, and Caregiver I were not trained in medication administration. Cross Reference N0239 DHS 83.20(2)(a)-(d)	N 397		