STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011996	A. BUILDING: _____ B. WING _____	09/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACS GREEN BAY	2670 UNIVERSITY AVE GREEN BAY, WI 54311

(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 09/16/2024, Surveyor conducted an abbreviated survey at ACS Green Bay. Three deficiencies were identified. Census: 17	N 000		
N 277	83.25 Continuing education The administrator and resident care staff shall receive at least 15 hours per calendar year of continuing education beginning with the first full calendar year of employment. Continuing education shall be relevant to the job responsibilities and shall include, at a minimum, all of the following: (1) Standard precautions; (2) Client group related training; (3) Medications; (4) Resident rights; (5) Prevention and reporting of abuse, neglect and misappropriation; (6) Fire safety and emergency procedures, including first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 employees reviewed received at least 15 hours of continuing education including all required topics. Behavioral Support Specialist (BSS) B was hired on 01/27/2022. BSS B did not receive 15 hours of continuing education in resident rights, abuse, and client group training during 2023. Case Manager C was hired on 12/13/2021. Case Manager C did not receive 15 hours of continued education standard precaution, resident rights,	N 277		

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

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N 277	Continued From page 1 abuse, client group, fire safety, and emergency procedures including first aid during 2022 or 2023. Findings include: The facility is licensed to provide services for up to 20 residents who may be correctional clients and/or have alcohol/drug dependency. On 09/16/2024, Surveyor reviewed BSS B's record and noted s/he was hired on 01/27/2022. BSS B's record documented 5 of the required 15 hours of continuing education training during 2023. In addition, the record did not contain evidence that BSS B received continuing education in 2023 in the following required topics; resident rights, abuse, and client group. On 09/16/2024, Surveyor reviewed Case Manager C's record and noted s/he was hired on 12/13/2021. Case Manager C's record documented 0 of the required 15 hours of continuing education training during 2022 and 0 hours during 2023. Case Manager C's record did not contain evidence s/he received continuing education during 2022 and 2023 in the following required topics; standard precaution, resident rights, abuse, client group, fire safety, and emergency procedures including first aid. On 09/16/2024 at approximately 1:15 PM, Surveyor interviewed Administrator A who verified BSS B and Case Manager C did not receive 15 hours of continuing education in all required topics. Administrator A explained the facility staff use an online training service, and stated s/he will reach out to the company to ensure the required topics and hours are added to the training program.	N 277		

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N 525	83.47(2)(d) Fire drills. Fire drills. 1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of the drill and the CBRF ' s total evacuation time. The CBRF shall record residents having an evacuation time greater than the time allowed under s. HFS 83.35(5) and the type of assistance needed for evacuation. Fire evacuation drills may be announced in advance. 2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleeping hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the employees scheduled to work during the residents ' normal sleeping hours. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure fire drills were conducted at least quarterly in 2022 and 2023. Findings include: On 09/16/2024, Surveyor reviewed facility records for evidence fire drills were conducted quarterly during 2022 and 2023. Surveyor noted 3 of the required 12 drills were conducted on 02/25/2022, 10/21/2022 and 10/10/2023. On 09/16/2024 at approximately 12:10 PM, Surveyor interviewed Administrator A who verified fire drills were not conducted in second and third quarter of 2022. Administrator A also verified fire	N 525		

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N 525	Continued From page 3 drills were not conducted in the first, second and third quarter of 2023. Administrator A stated additional policies have been implemented to ensure compliance with fire drills.	N 525		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure other evacuation drills, such as tornado, flooding or other emergency or disaster evacuation drills were conducted at least semi-annually in 2022 and 2023. Findings include: On 09/16/2024, Surveyor reviewed facility records for evidence of tornado, flooding or other emergency/disaster evacuation drills during 2022 and 2023. Facility records did not contain evidence the evacuation drills conducted in 2022 or 2023. On 09/16/2024 at approximately 12:09 PM, Surveyor interviewed Administrator A who verified other drills had not been conducted at least semi-annually in 2022 and 2023.	N 526		