STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013853	A. BUILDING: _____ B. WING _____	R-C 11/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMETOWN ASSISTED LIVING INC	2 HERITAGE LANE BELLEVILLE, WI 53508

(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 From 11/27/2023 to 11/28/2023, Surveyor conducted a verification visit and standard survey at Hometown Assisted Living Inc, a CBRF in Belleville. Five deficiencies were identified. One deficiency was a repeat deficiency - See Statement of Deficiency (SOD) TXSE14, dated 03/01/2023 and GQR411, dated 07/19/2023. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 5	{N 000}		
N 243	83.21(1)-(3) All employee training. The CBRF shall provide, obtain or otherwise ensure adequate training for all employees in all of the following: Resident rights. Training shall include general rights of residents including rights as specified 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. 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	N 243		

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

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N 243	Continued From page 1 considerations, disease processes, communication skills, nutritional needs, and vocational abilities. Client group specific training shall be completed within 90 days after starting employment. Client Group. In a CBRF serving more than one client group, employees shall receive training for each client group. 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. This Rule is not met as evidenced by: Based on interview and record review the provider did not ensure 1 of 2 employees reviewed obtained all training as required within 90 days after starting employment. Caregiver D did not have training in recognizing, preventing, managing and responding to challenging behaviors within 90 days after starting employment. Findings include: On 11/27/2023 at approximately 9:30 a.m., Surveyor conducted a review of 2 employees to verify compliance with all employee training requirements. Surveyor requested training records from Administrator A for Caregiver D.	N 243		

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N 243	Continued From page 2 The record for Caregiver D, hired 04/17/2023, did not contain evidence of training or evidence of meeting an exemption for challenging behaviors training. On 11/27/2023, at approximately 10:30 a.m., Surveyor interviewed Administrator A. Administrator A confirmed the provider did not have evidence Caregiver D completed or met an exemption for challenging behaviors training. Administrator A stated training for challenging behaviors was part of the facility's continuing education protocol, but that s/he would need to add it to orientation. Administrator A was given the opportunity to submit any additional evidence of training by 11/28/2023 at 12:00 p.m. Documentation of trainings for Caregiver D was not received.	N 243		
N 310	83.29(2) Admission agreement include services, charges The admission agreement shall be given in writing and explained orally in the language of the prospective resident or legal representative. Admission is contingent on a person or that person ' s legal representative signing and dating an admission agreement. The admission agreement shall include all of the following: (a) An accurate description of the basic services provided, the rate charged for those services and the method of payment; (b) Information about all additional services offered, but not included in the basic services. The CBRF shall provide a written statement of the fees charged for each of these services; (c) The method for notifying residents of a change in charges for services; (d) Terms for resident notification to the CBRF of voluntary discharge. This paragraph does not apply to a	N 310		

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N 310	Continued From page 3	N 310		

resident in the custody of a government correctional agency; (e) Terms for refunding charges for services paid in advance, entrance fees, or security deposits in the case of transfer, death or voluntary or involuntary discharge; (f) A statement that the amount of the security deposit may not exceed one month ' s fees for services, if security deposit is collected; (g) Terms for holding and charging for a resident ' s room during a resident ' s temporary absence. This paragraph does not apply to a resident in the custody of a government correctional agency; (h) Reasons and notice requirements for involuntary discharge or transfer, including transfers within the CBRF. This paragraph does not apply to a resident in the custody of a government correctional agency.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure an admission agreement was signed and dated by 2 of 2 residents and/or their legal representatives.

Resident 2 and Resident 3 did not have a signed admission agreement.

Findings include:

On 11/27/2023 at approximately 10:00 a.m., Surveyor reviewed resident records, which indicated the following:

-nResident 2 was admitted to the provider's facility on 01/14/2022. Resident 2 had a legal guardian. Resident 2's admission agreement was not signed.
- Resident 3 was admitted to the provider's facility

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N 310	Continued From page 4 on 08/31/2023. Resident 3 had a legal guardian. Resident 3's admission agreement was not signed. On 11/27/2023 at approximately 10:30 a.m., Surveyor interviewed Administrator A regarding Resident 2 and Resident 3's admission agreements that were not signed. Administrator A stated s/he had reviewed the admission agreement with necessary parties, but never had them sign the document. Administrator A stated s/he only ensured consents and guest handbooks were signed.	N 310		
{N 389}	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 residents reviewed had their individual service plan (ISP) reviewed and signed by his/her legal representative acknowledging their involvement in,	{N 389}		

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{N 389}	Continued From page 5 understanding of and agreement with the ISP annually. This was a repeat deficiency. See Statement of Deficiency (SOD) TXSE14, dated 03/01/2023 and GQR411, dated 07/19/2023. Findings include: On 11/27/2023 at approximately 10:00 a.m., Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider's facility on 01/14/2022. Resident 2 had a legal guardian. Resident 2's ISP documented that it was last reviewed by facility staff on 10/02/2023 and last reviewed by Resident 2's guardian on 11/01/2022, greater than 1 year ago. On 11/27/2023 at approximately 10:30 a.m., Surveyor asked Administrator A if Resident 2's ISP had been reviewed with his/her guardian in the past year. Administrator A stated s/he was unsure because Resident 2's guardian "was not very involved" and did not come into the facility. Administrator A stated getting Resident 2's guardian to sign the ISP would be difficult to do. Administrator A was given the opportunity to submit any additional evidence of an ISP review by 11/28/2023 at 12:00 p.m. ISP documentation was not received.	{N 389}		
N 392	83.35(4) Resident satisfaction evaluation. Satisfaction evaluation. At least annually, the CBRF shall provide the resident and the resident ' s legal representative the opportunity to complete an evaluation of the resident ' s level of satisfaction with the CBRF ' s services. The	N 392		

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N 392	Continued From page 6 evaluation shall be completed on either a department form or a form developed by the CBRF and approved by the department. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 residents reviewed and his/her legal representative were provided the opportunity to complete an evaluation of their level of satisfaction with the CBRF's services. Resident 2 was not provided the opportunity to complete a satisfaction evaluation. Findings include: On 11/27/2023 at approximately 10:00 a.m., Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider's facility on 01/14/2022. Resident 2 had a legal guardian. Resident 2's record did not include documentation of a satisfaction evaluation. On 11/27/2023 at approximately 10:30 a.m., Surveyor interviewed Administrator A. Surveyor asked Administrator A if Resident 2 and his/her legal guardian were provided the opportunity to complete a satisfaction survey. Administrator A replied, "No. I got away from that." Administrator A explained that his/her residents were unable to complete the evaluations and guardians complained that the surveys were too vague. Administrator A stated s/he would re-implement satisfaction evaluations.	N 392		
N 558	83.48(8)(b) Sprinkler system installation and maintenance Installation and maintenance. 1. All sprinkler	N 558		

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N 558	Continued From page 7 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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the sprinkler system was tested at least annually. The provider's sprinkler system had not been inspected since 04/13/2022. Findings include: On 11/27/2023 at approximately 10:00 a.m., Surveyor reviewed the facility's environmental records. Records indicated the sprinkler system's most recent inspection was completed on 04/13/2022, greater than 1 year ago. On 11/27/2023 at approximately 10:30 a.m., Surveyor interviewed Administrator A. Administrator A was unaware the sprinkler system had not been inspected in the past year. Administrator A contacted the vendor, who had completed inspections in the past. Administrator A followed up with Surveyor and stated the vendor's contract had changed without Administrator A being informed. Administrator A stated s/he scheduled an inspection.	N 558		