STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013009	A. BUILDING: _____ B. WING _____	C 06/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW HOPE HALLIE INC	10875-40TH AVE CHIPPEWA FALLS, WI 54729

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N 000	Initial Comments On 05/30/2024, Surveyor conducted a standard survey and complaint investigation. Data was collected through 06/04/2024. The complaint was unsubstantiated. Five deficiencies were identified. One of 5 deficiencies was a repeat deficiency. See Statement of Deficiency IWJU11, dated 05/03/2022. Census: 7	N 000		
N 164	83.12(4)(b) Reporting when law enforcement is called. A CBRF shall send a written report to the department within 3 working days after any of the following occurs: Any time law enforcement personnel are called to the CBRF as a result of an incident that jeopardizes the health, safety, or welfare of residents or employees. The CBRF ' s report to the department shall provide a description of the circumstances requiring the law enforcement intervention. This reporting requirement does not apply to residents under the jurisdiction of government correctional agencies. This Rule is not met as evidenced by: Based on record review and interview, the provider did not send a written report to the Department after law enforcement personnel were called to the facility as a result of an incident that jeopardized the health, safety and welfare of Resident 1. Findings include:	N 164		

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

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N 164	Continued From page 1 On 05/30/2024 at approximately 1:00 p.m., Surveyor interviewed Administrator A and asked about Resident 1. Administrator A told Surveyor Resident 1 was admitted in January 2024 under a Chapter 51. S/he was not compliant with the house rules and one evening s/he refused to come back into the home. Resident 1 was not dressed appropriate for winter. Administrator A told Surveyor s/he called law enforcement to intervene. Law enforcement was able to convince Resident 1 to go back into the home. Surveyor asked if Administrator A reported the law enforcement intervention to the Department. Administrator A said s/he did not. On 05/30/2024, Surveyor reviewed Resident 1's notes. A note dated 01/05/2024, read, in part: "[Resident 1] was in [his/her] room at shift change. [S/he] spent some time outside. [S/he] asked what time [s/he] could be outside until, staff told [him/her] the doors get locked at 11p [sic]. [S/he] went out for a walk and refused to come in, staff gave [him/her] some time to change [his/her] mind before contacting [Administrator A]. [Administrator A] ended up having to call LE (law enforcement), once they left [s/he] admitted [s/he] was testing staff and waters here... " The provider did not send a written report to the Department after law enforcement was called to intervene with Resident 1.	N 164		
N 220	83.17(2)(a) Employees screened for communicable disease. 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	N 220		

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N 220	Continued From page 2 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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure documentation was obtained from a physician, physician assistant, clinical nurse practitioner, or licensed registered nurse indicating 1 of 2 employees reviewed were screened for clinically apparent communicable disease, including tuberculosis (TB). Findings include: On 05/30/2024, Surveyor reviewed Resident Assistant (RA) B's employee file. RA B was hired 06/02/2022. Surveyor did not locate a TB test to indicate RA B was screened for TB. On 05/30/2024 at approximately 1:00 PM., Surveyor interviewed Administrator A and asked if s/he had a copy of RA B's TB test to indicate s/he was screened for TB. Administrator A told Surveyor s/he knew RA B was screened for TB as RA B worked at another health care facility. Surveyor requested documentation to be emailed or faxed by 06/03/2024. As of 06/04/2024, Surveyor did not receive documentation of RA B's TB test.	N 220		

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N 404	Continued From page 3	N 404		
N 404	83.37(1)(e) Medication regimen, administration review. Medication Regimen Review. 1. If residents ' medications are administered by a CBRF employee, the CBRF shall arrange for a pharmacist or a physician to review each resident ' s medication regimen. This review shall occur within 30 days before or 30 days after the resident ' s admission, whenever there is a significant change in medication, and at least every 12 months. 2. At least annually, the CBRF shall have a physician, pharmacist, or registered nurse conduct an on-site review of the CBRF ' s medication administration and medication storage systems. 3. The CBRF shall obtain a written report of findings under subds. 1. and 2., and address any irregularities for appropriate action. When the review is done by someone other than the prescribing practitioner, the prescribing practitioner shall receive a copy of the report when there are irregularities identified with the resident's medication regimen, which may need physician involvement to address. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a physician, pharmacist, or registered nurse conducted an onsite review of the medication administration and medication storage systems at least annually. Findings include: On 05/30/2024, Surveyor conducted a standard survey and requested to review reports, including the onsite medication regimen review. At approximately 1:00 p.m., Surveyor interviewed	N 404		

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N 404	Continued From page 4 Administrator A. Administrator A told Surveyor s/he did not have an on-site medication regimen review completed. Administrator A told Surveyor the pharmacy does weekly refills as many of their residents have frequent medication changes. On 06/03/2024, Administrator A emailed Surveyor and said the pharmacist would be coming to conduct the onsite medication regimen review on 06/06/2024.	N 404		
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 it conducted other evacuation drills, such a tornado, flooding, or other emergency/disaster drills, at least semi-annually. Findings include: The provider is licensed to care for up to 8 ambulatory residents in the client group of emotionally disturbed/mental illness. On 05/30/2024, Surveyor conducted a standard survey and requested safety reports, including evacuation drills. Surveyor reviewed the provider's safety binder which did not include documentation of evacuation drills. On 05/30/2024 at approximately 1:00 p.m., Surveyor interviewed Administrator A and	N 526		

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N 526	Continued From page 5 requested documentation of evacuation drills. Administrator A told Surveyor s/he conducted the drills but did not have them documented.	N 526		
N 530	83.47(3) Fire inspection. Fire inspection. The CBRF shall arrange for an annual inspection by the local fire authority or certified fire inspector and shall retain fire inspection reports for 2 years. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the local fire authority conducted an annual inspection of the facility. This is a repeat deficiency. See Statement of Deficiency IWJU11, dated 05/03/2022. Findings include: The provider is licensed to care for up to 8 ambulatory residents in the client group of emotionally disturbed/mental illness. On 05/30/2024, Surveyor reviewed safety reports, including the annual fire inspection. The fire inspection was dated 05/02/2022, which was over 2 years old. On 05/30/2024 at approximately 1:00 p.m., Surveyor interviewed Administrator A and asked if there was a more recent fire inspection. Administrator A thought the fire department was there and conducted the fire inspection. Surveyor requested documentation to be emailed or faxed to Surveyor.	N 530		

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N 530	Continued From page 6 On 06/04/2024, Administrator A emailed Surveyor a fire inspection, dated 05/31/2024. This was conducted after the start of the survey.	N 530		