Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015130	A. BUILDING: _____ B. WING _____	R-C 10/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER FALLS CBRF II LLC	2354 AURORA CIRCLE RIVER FALLS, WI 54022

(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 09/29/2023, Surveyor conducted a complaint investigation and verification visit at River Falls CBRF II LLC. Data collection continued through 10/05/2023. The complaint was unsubstantiated. One deficiency was identified and is a repeat deficiency. See Statement of Deficiency (SOD) HQFY11, dated 03/27/2023 and DESV12, dated 12/17/2020. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 36	{N 000}		
{N 302}	83.28(4)(a) Resident health screening and documentation Resident health screening. 1. Within 90 days before or 7 days after admission, a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse shall screen each person admitted to the CBRF for clinically apparent communicable disease, including tuberculosis, and document the results of the screening. 2. Screening for tuberculosis and all immunizations shall be conducted using centers for disease control and prevention standards. 3. The CBRF shall maintain the screening documentation in each resident ' s record. This Rule is not met as evidenced by:	{N 302}		

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

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{N 302}	Continued From page 1 Based on record review and interview, the provider did not ensure 2 of 2 residents were screened for clinically apparent communicable disease within 90 days before or 7 days after admission. This is a repeat deficiency and is being cited for the third time. See Statement of Deficiency (SOD) HQFY11, dated 03/27/2023, and SOD DESV12, dated 12/17/2020. Findings include: On 09/29/2023, Surveyor requested to review communicable disease screenings, including tuberculosis (TB) for Resident 1 and Resident 2 upon admission. Resident 1 had an admission date of 06/16/2023. Resident 1 had a 2-step TB skin test documented in the facility charting system, administered on 06/19/2023 and 07/06/2023. The time of administration was not documented. The results for both skin tests were documented as "Negative (0 mm)" but did not include the date or time the result was read. No health screening was available to show Resident 1 was screened for communicable diseases. Resident 2 had an admission date of 08/03/2023. Resident 2 had a 2-step tuberculosis (TB) skin test documented in the facility charting system, administered on 08/21/2023 and 09/07/2023. The time of administration was not documented. The results for both skin tests were documented as "Negative (0 mm)" but did not include the date or time the result was read. No health screening was available to show Resident 2 was screened for communicable diseases.	{N 302}		

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{N 302}	Continued From page 2 On 09/29/2023 at 11:21 AM, Surveyor interviewed Administrator A and Float House Manager (FHM) B. Surveyor asked if residents were screened for communicable diseases upon admission. Administrator A stated, "We don't do a screening questionnaire, we just do the TB test and document the results." On 10/04/2023, Administrator A provided Surveyor with a "Monthly RN Assessment" via email for Resident 1 and Resident 2. The assessment did not include any questions related to communicable disease to show they were screened for clinically apparent communicable disease. On 10/05/2023, Surveyor discussed the requirement with Regional Director (RD) C via email. RD C stated, "When we were on paper it was laid out better. Since switching to [computer program] there really isn't a place to document it." RD C further stated s/he would look at options to add it to the system to meet the requirement.	{N 302}		