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WELLINGTON PLACE AT RIB MOUNTAIN	**149500 COUNTY ROAD NN WAUSAU, WI 54401**

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N 000	Initial Comments On 01/25/2024, Surveyor conducted five complaint investigations, a self-report review, and a standard licensure survey. Data was collected through 01/29/2024. Six deficiencies were identified. All five complaints were unsubstantiated Census: 24	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 considerations, disease processes, communication skills, nutritional needs, and vocational abilities. Client group specific training shall be completed within 90 days after starting	N 243		

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

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N 243	Continued From page 1 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 record review and interview, the provider did not ensure 1 of 3 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. Caregiver D did not have training in required client groups within 90 days after starting employment. Findings include: On 01/25/2024, Surveyor conducted a review of 3 employees to verify compliance with all employee training requirements. Surveyor requested training records from Regional Administrator (RA) A for Caregiver D, Caregiver E and Care	N 243		

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N 243	Continued From page 2 Coordinator C. Recognizing, Preventing, Managing and Responding to Challenging Behaviors The record for Caregiver D, hired 04/27/2020, did not contain evidence of training or evidence of meeting an exemption for challenging behaviors training. On 01/29/2024, at approximately 12:00 PM, Surveyor interviewed RA A. RA A confirmed the provider did not have evidence Caregiver D completed, or met an exemption for, challenging behaviors training. Client Group The provider is licensed to provide care and services to residents within the client groups of advanced aged, physically disabled, and irreversible dementia/Alzheimer's. The record for Caregiver D, hired 04/27/2020, did not contain evidence of training, or evidence of meeting an exemption for, client group training. On 01/29/2024 at approximately 12:00 PM, Surveyor interviewed RA A. RA A confirmed the provider did not have evidence Caregiver D completed, or met an exemption for, client group training specific to the client groups advanced aged, physically disabled, and irreversible dementia/Alzheimer's.	N 243		
N 247	83.22(1)-(4) Task specific training. The CBRF shall provide, obtain or otherwise ensure adequate training for employees performing job duties in all of the following: Assessment of residents. All employees responsible for resident assessment shall successfully complete training in the assessment of residents prior to assuming these job duties.	N 247		

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N 247	Continued From page 3 Specific training topics shall include: assessment methodology, assessment of changes in condition, sources of assessment information, and documentation of the assessment. Individual service plan development. All employees responsible for service plan development shall successfully complete training in individual service plan development prior to assuming these job duties. Specific training topics shall include: identification of the resident ' s needs and desired outcomes, development of goals and interventions, service plan evaluation and review of progress. Provision of personal care. All employees responsible for providing assistance with activities of daily living shall successfully complete training prior to assuming these job duties. Specific training topics shall include, as appropriate: bathing, eating, dressing, oral hygiene, nail and foot care, toileting and incontinence care, positioning and body alignment, and mobility and transferring. Dietary training. All employees performing dietary duties shall complete dietary training within 90 days after assuming these job duties. Specific training topics shall include: determining nutritional needs, menu planning, food preparation and food sanitation. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 3 employees obtained all task specific training. Caregiver D, who performed dietary duties, did not have training in dietary services within 90 days after assuming these job duties.	N 247		

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N 247	Continued From page 4 Findings include: On 04/01/2020, Surveyor conducted a review of 3 employees to verify compliance with task specific training requirements. Surveyor requested training records from Regional Administrator (RA) A for Caregiver D, Caregiver E, and Care Coordinator C. Dietary Training The record for Caregiver D, hired 04/27/2020, did not contain evidence of training or evidence of meeting an exemption for dietary training. On 01/29/2024, at approximately 12:00 PM, Surveyor interviewed RA A. RA A confirmed Caregiver D had performed dietary tasks since 04/27/2020. RA A confirmed the provider did not have evidence Caregiver D completed, or met an exemption for, dietary training within 90 days after assuming these job duties.	N 247		
N 385	83.35(2) Temporary Service Plan. Temporary service plan. Upon admission, the CBRF shall prepare and implement a written temporary service plan to meet the immediate needs of the resident, including persons admitted for respite care, until the individual service plan under sub. (3) is developed and implemented. This Rule is not met as evidenced by: Based on record review and interview, the provider did not prepare a written temporary service plan (TSP) to meet the needs of each resident when they were admitted. This was discovered for 1 of 2 sampled residents.	N 385		

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N 385	Continued From page 5 Findings include: On 01/25/2024 at 3:25 PM, Surveyor reviewed the admission paperwork and the service plans for Resident 1. There was no TSP on file. Regional Administrator (RA) A was asked to locate it. In 01/29/2024 at 8:15 AM, Surveyor again requested the TSP from RA A and Administrator B and was told that it could not be located. On 01/29/2024 at 10:40 AM, Surveyor interviewed Care Coordinator (CC) C. CC C stated the TSP for all new residents was posted on the bulletin board in the medication and charting area. CC C went through a stack of old TSPs and was not able to locate one for Resident 1. CC C indicated that because of Resident 1's admission date, the TSP should be filed in the paper chart by now.	N 385		
N 393	83.35(5)(a) Initial evaluation of evacuation limitations. Initial evaluation. The CBRF shall evaluate each resident within 3 days of the resident ' s admission to determine whether the resident is able to evacuate the CBRF within 2 minutes in an unsprinklered CBRF and 4 minutes in a sprinklered CBRF without any help or verbal or physical prompting, and what type of limitations that resident may have that prevent the resident from evacuating the CBRF within the applicable period of time. A form provided by the department shall be used for the evaluation. The resident ' s evaluation shall be retained in the resident ' s record.	N 393		

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N 393	Continued From page 6 This Rule is not met as evidenced by: Based on record review and interview, the provider did not evaluate each resident to see if they could evacuate the building in an emergency. The department developed an evaluation form to assist providers in completing a comprehensive assessment that would include how long it would take them to evacuate and any limitations and assistance they would need. This evaluation/form is required within the first 3 days of their admission. This was discovered for 1 of 2 sampled residents. Findings include: On 01/25/2024 at 3:45 PM, Surveyor reviewed the admission paperwork and clinical record of Resident 1. There was no initial evacuation evaluation. At 4:00 PM, Surveyor asked Regional Administrator (RA) A and Administrator B to find it. On 01/29/2024 at 8:15 AM, RA A stated it could not be found and one would be done right away.	N 393		
N 394	83.35(5)(b) Annual evaluation of evacuation limits Evaluation update. The CBRF shall evaluate each resident ' s mental or physical capability to respond to a fire alarm at least annually or when there is a change in the resident ' s mental or physical capability to respond to a fire alarm. This Rule is not met as evidenced by: Based on record review and interview, the provider did not evaluate each resident's capability to respond to a fire or evacuation emergency. This was discovered for 1 of 1 resident admitted for longer than one year.	N 394		

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N 394	Continued From page 7 Findings include: On 01/25/2024 at 2:00 PM, Surveyor reviewed the admission paperwork and clinical record of Resident 2. Resident 2 was admitted to the facility in March 2021. There had been no re-evaluation of the Resident 2's evacuation ability since. At 4:00 PM, Surveyor asked Regional Administrator (RA) A and Administrator B to find it. On 01/29/2024 at 12:00 PM, Surveyor interviewed RA A. RA A stated it could not be found and one would be done as soon as possible.	N 394		
N 419	83.37(3)(c) Medication storage: locked cabinet. Administered by facility. The CBRF shall keep medicine cabinets locked and the key available only to personnel identified by the CBRF. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that medications were locked up and the key was available to the personnel identified by the community based residential facility (CBRF). The provider had numerous resident medications in an unlocked cabinet in an unlocked room directly behind the front desk. Findings include: On 01/25/2024 at 3:37 PM, Surveyor opened 2 large cabinets and drawers in the room behind the front desk. The room door was routinely kept open. The room was adjacent to the door to the attached garage and an open entrance to the kitchen. The provider had multiple resident	N 419		

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N 419	Continued From page 8	N 419		

medications in bottles and unit dose cards and bottles of over-the-counter-medications without resident names in the cabinet. Surveyor interviewed Staff D about the cabinet. Staff D stated the medications had always been stored in the cabinet because the pills do not fit in the cart. Staff D stated s/he did not know if there was a key or where it was. Staff D indicated the medications had been stored in that fashion since s/he was hired approximately a year ago. Surveyor inventoried the medication bottles and unit dose cards. Due to the large volume of medications found, each bottle was recorded for the type of medication and not the number of medications in the bottles. Several of the medications were found in large plastic bags identified with the name of a local skilled nursing facility, some were in small trays, some were banded with a rubber band and stacks of full and partial unit dose cards. Several of the unlabeled over-the-counter bottles were rolling about in one of the drawers.

Surveyor found the following:

22 partial bottles of prescription medications for several residents.

3 baggies of loose pills and singular pills for various residents.

6 bottles and tubes of prescribed topical ointments for various residents.

More than 16 unlabeled medication bottles with over-the-counter medications such as vitamins, aspirin, Tylenol, Milk of Magnesia, Aleve, vitamin D, Advil, and melatonin.

18 partial unit dose cards of prescription

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N 419	Continued From page 9 medications for several residents. 36 full unit dose cards of prescription medications for several residents. A 4:00 PM, Surveyor showed Reginal Administrator A, Administrator B and Care Coordinator C the unlocked medications. On 01/29/2024 at 8:30 AM, Surveyor checked the cabinets. The cabinets were locked, and a small fraction of the total discovered on 1/25/2024 were found organized in the cabinet.	N 419		