STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016291	A. BUILDING: _____ B. WING _____	06/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEEHIVE HOMES OF OREGON	101 N BERGAMONT BLVD OREGON, WI 53575

(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 06/12/2025, Surveyor conducted a standard licensing survey at Beehive Homes of Oregon, a CBRF located in Oregon, WI. Two deficiencies of Chapter DHS 83 were identified. Census: 15	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 (who required continuing education training) met the requirements for 2024. Med Passer A did not have continuing education in 2024 related to medication administration. Med Passer D did not have continuing education in 2024 related to medication administration. Findings include:	N 277		

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

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N 277	Continued From page 1 Example 1- Med Passer A On 06/12/2025 at approximately 9:05 AM, Surveyor arrived at the facility and observed Med Passer A completing the morning medication pass. On 06/12/2025 at approximately 10:45 AM, Surveyor interviewed Med Passer A who confirmed s/he administers medications to the residents. Med Passer A was able to provide specific details regarding residents' individualized medication regimens. On 06/12/2025, Surveyor reviewed records on the UW Green Bay CBRF registry. The registry documented Med Passer A received his/her certification for medication administration on 08/23/2022. On 06/12/2025, Surveyor reviewed Med Passer A's employee records. The following was documented: Med Passer A was hired on 04/25/2022. In the 2024 calendar year, Med Passer A completed 15 + hours of continuing education. The training did not include a medication refresher or training. Example 2- Med Passer D On 06/12/2025, Surveyor reviewed records on the UW Green Bay CBRF registry. The registry did not contain record of medication administration certification for Med Passer D. The provider maintained paper copies of Med Passer D's medication administration certification, completed and valid from November 2nd, 2002.	N 277		

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N 277	Continued From page 2 On 06/12/2025, Surveyor reviewed Med Passer D's employee records. The following was documented: Med Passer D was hired on 01/08/2018. In the 2024 calendar year, Med Passer D completed 15 + hours of continuing education. The training did not include a medication refresher or training. On 06/12/2025 at approximately 1:45 PM, Surveyor interviewed Manager C. Manager C confirmed Med Passer D administered medications at the facility. On 06/12/2025 at approximately 2:05 PM, Surveyor interviewed Administrator B. Administrator B maintained employee records and managed the training documents. Administrator B was unaware of the missing medication training for the 2024 continuing education. Administrator B stated the continuing education was completed through Relias as online courses. Surveyor stated other trainings such as staff meetings or in-services could count towards the continuing education requirement. Record of other trainings was unable to be provided on the topic of medications, for Med Passer A and Med Passer D.	N 277		
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	N 393		

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N 393	Continued From page 3	N 393		

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.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 2 of 2 residents reviewed were evaluated within 3 days of admission to determine whether the resident is able to evacuate the CBRF without any help or verbal or physical prompting.

Residents 1 and 2's evacuation limitations were not evaluated within 3 days of admission.

Findings include:

The provider is licensed as a class CNA (non-ambulatory) CBRF, able to serve up to 18 residents within the client groups of advanced aged and irreversible dementia/Alzheimer's. The facility has a delayed egress alarmed door system.

Example 1- Resident 1
On 06/12/2025, Surveyor reviewed Resident 1's record, which documented:
Resident 1 admitted to the facility on 06/05/2025 with diagnosis including vascular dementia, cataract, and hearing loss. Resident 1's record did not include an initial evacuation assessment.

Example 2- Resident 2
On 06/12/2025, Surveyor reviewed Resident 2's record, which documented:
Resident 2 admitted to the facility on 03/18/2025

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N 393	Continued From page 4 with diagnosis including dementia, Alzheimer's disease, and obstructive sleep apnea. Resident 2's record did not include an initial evacuation assessment. On 06/12/2025 at approximately 3:35 PM, Surveyor interviewed Manager C. Manager C stated s/he understood an initial evacuation should be completed but was unaware of the 3-day timeline. Manager C stated s/he used an admission checklist with each admission and reviewed it to confirm the evacuation task was not on the list. S/he stated the initial evaluation of evacuation would be added to the admission list to ensure timely completion moving forward.	N 393		