STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0009105	A. BUILDING: _____ B. WING _____	C 12/21/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REM NAMEKAGON LOOP	1222 NAMEKAGON LOOP HUDSON, WI 54016

(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
M 000	INITIAL COMMENTS On 12/20/2023, Surveyor conducted an abbreviated licensing survey at REM Namekagon Loop. Data was collected through 12/21/2023. Two deficiencies were identified. Census: 4	M 000		
M 246	88.04(5)(b) TRAINING-8 HOURS ANNUALLY Except as provided in pars. (c) and (d), the licensee and each service provider shall complete 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training is received. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 caregivers sampled (Caregiver C) completed 8 hours of continuing education in 2022. Findings include: On 12/20/2023, Surveyor sampled 2 caregiver records. Caregiver C was hired on 06/08/2017. His/her record included evidence of 4 hours of training in 2022. At approximately 4:30 PM, Surveyor interviewed Program Director (PD) A. PD A stated the provider utilized an online training program called	M 246		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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M 246	Continued From page 1 Relias. Caregiver C was not proficient in computers so they typically printed the lessons and allowed Caregiver C to complete them on paper. PD A stated s/he would review Caregiver C's record at the regional office and send evidence of additional 2022 training by 9:00 AM on 12/21/2023. On 12/21/2023 at 8:42 AM, Surveyor received an email from PD A with Caregiver C's Relias training transcript attached. The record included the same 2022 trainings as the record that was reviewed on 12/20/2023. Surveyor sent a reply to PD A requesting Caregiver C's training documentation for 2022 that was not included on his/her Relias transcript by 10:00 AM. PD A responded at 9:05 AM, "The one for [Caregiver C's] training was for this year not last as the one I gave you last night didn't have enough hours on it that I [sic] why I checked again and printed the updated one for 2023." As of noon, Surveyor had not received additional training documentation for Caregiver C.	M 246		
M 290	88.05(3)(e)2.b INSPECTIONS-GAS FURNACE A gas furnace shall be inspected and serviced every 3 years by a heating contractor or local utility company. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the facility's gas furnace was inspected and serviced every 3 years. Findings include:	M 290		

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M 290	Continued From page 2 On 12/20/2023, Surveyor reviewed the provider's safety inspection binder. The binder included documentation of a furnace inspection in 2017. At approximately 4:00 PM, Surveyor asked Supervisor B if the furnace inspection report was kept elsewhere. Supervisor B took Surveyor to the basement. Surveyor observed the forced air gas furnace. Supervisor B did not find inspection documentation in the furnace room. At approximately 4:30 PM, Surveyor interviewed Program Director (PD) A. PD A stated s/he would locate the furnace inspection and send it to Surveyor by 9:00 AM on 12/21/2023. On 12/21/2023 at 8:42 AM, Surveyor received an email from PD A stating s/he could not find the current furnace inspection record.	M 290		