STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017309	A. BUILDING: _____ B. WING _____	R-C 02/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANGELS TOUCH ASSISTED LIVING	394 ANGELS TOUCH CT DE PERE, WI 54115

(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 02/06/2025, Surveyor conducted a verification visit and a standard survey at Angels Touch Assisted Living II. All previous deficient practices were verified as corrected. As a result of the survey, 1 deficient practice was identified. Under statutory provisions, a $200 revisit fee is being assessed for the follow-up licensing visit. Census: 20	{N 000}		
N 283	83.26(1) Documentation of required employee training The CBRF shall maintain documentation of all employee training under s. DHS 83.21 and task specific training under s. DHS 83.22 and shall include the name of the employee, the name of the instructor, the dates of training, a description of the course content, and the length of the training. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Caregiver D had documentation within his/her employee file to verify all orientation training requirements were met. The record did not include information regarding training in abuse, individual needs and services, emergency and evacuation, and change in condition training. Findings include: On 01/06/2025 Surveyor reviewed Caregiver D's employee file and noted Caregiver D was hired on 02/07/2024 as an activity director and caregiver. Surveyor was provided with the	N 283		

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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N 283	Continued From page 1 Orientation Checklist for Caregiver D (dated 02/07/2024.) The checklist did not include training related to abuse, individual needs and services, emergency and evacuation, or change in condition training. On 01/06/2025 at approximately 12:30 PM, Surveyor interviewed Owner A with RN B and Community Relations Director C present. All 3 administrators reviewed the orientation checklist and confirmed training related to abuse, individual needs and services, emergency and evacuation, and change in condition training were not included on the orientation checklist or documented as completed within Caregiver D's employee file. Owner A and RN B stated they were certain Caregiver D received the specific training during orientation but that it had not been documented to reflect all of the training content, trainer, or dates and times conducted. Owner A and RN B stated the training may have been listed under a different title/ area of training and that they would look for the training content and the employee specific training details within their facility files and submit any supporting documentation to the Surveyor. As of 02/18/2025, no additional information has been received.	N 283		