STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011483	A. BUILDING: _____ B. WING _____	C 08/25/2023

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ABUNDANT LIFE MANOR	**1904 E BELLEVIEW PL MILWAUKEE, WI 53211**

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N 000	Initial Comments On 08/25/2023, Surveyor completed a standard survey and complaint investigation at Abundant Life Manor. As a result, 6 deficient practices were identified. One complaint was unsubstantiated. Census: 38	N 000		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes. This Rule is not met as evidenced by: The provider did not ensure 2 of 4 employees were screened for communicable diseases including tuberculosis (TB) by a physician (MD), physician assistant (PA), clinical nurse practitioner (CNP) or a licensed registered nurse (RN). Caregiver B and Caregiver C were screened for communicable diseases, including TB, by Licensed Practical Nurse (LPN) D. Findings include: On 08/21/2023, at 2:50 PM, Surveyor reviewed	N 220		

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

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N 220	Continued From page 1 employee files and observed the following: Caregiver B was hired on 01/23/2023. Caregiver B was screened for communicable diseases, including TB, on 01/29/2023 by LPN D. There was no evidence Caregiver B was screened for communicable diseases by an MD, PA, CNP or RN. Caregiver C was hired on 01/22/2023. Caregiver C was screened for communicable diseases, including TB on 02/01/2023 by LPN D. There was no evidence Caregiver C was screened for communicable diseases by an MD, PA, CNP or RN. On 08/21/2023, at 3:30 PM, Surveyor interviewed LPN D. LPN D confirmed s/he had screened employees, for communicable diseases and performed TB testing. On 08/23/2023, at 10:00 AM, Surveyor interviewed Administrator A. Administrator A confirmed s/he was aware of the code requirement to ensure an MD, PA, CNP or RN screened employees for communicable diseases, including TB. Administrator A reported s/he was in the process of correcting errors from Former Administrator F.	N 220		
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	N 243		

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N 243	Continued From page 2 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 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 2 of 5 employees	N 243		

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N 243	Continued From page 3 reviewed, obtained all training as required within 90 days after starting employment. Caregiver B and Caregiver C did not have training in resident rights within 90 days after starting employment. Caregiver B and Caregiver C did not have training in recognizing, preventing, managing, and responding to challenging behaviors within 90 days after starting employment. Caregiver B and Caregiver C did not have training in required client groups within 90 days after starting employment. Findings include: The provider is licensed as a class CNA (non-ambulatory) CBRF (community-based residential facility) able to serve up to 42 residents within alcohol/drug dependent, advanced aged and emotionally disturbed/mental illness. On 08/21/2023, at 2:50 PM, Surveyor reviewed employee records and identified the following: Resident Rights Caregiver B was hired on 01/23/2023. Caregiver B's record did not contain evidence of training or evidence of meeting an exemption for resident rights. Caregiver C was hired on 01/22/2023. Caregiver C's record did not contain evidence of training or evidence of meeting an exemption for resident rights.	N 243		

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N 243	Continued From page 4 Recognizing, Preventing, Managing and Responding to Challenging Behaviors Caregiver B was hired on 01/23/2023. Caregiver B's record did not contain evidence of training or evidence of meeting an exemption for challenging behaviors training. Caregiver C was hired on 01/22/2023. Caregiver C's record did not contain evidence of training or evidence of meeting an exemption for challenging behaviors training. Client Group The facility was licensed to provide care and services to residents within the client groups of alcohol/drug dependent, advanced age, and emotionally disturbed/mental illness. Caregiver B was hired on 01/23/2023. Caregiver B's record did not contain evidence of training or evidence of meeting an exemption for client group training. Caregiver C was hired on 01/22/2023. Caregiver C's record did not contain evidence of training or evidence of meeting an exemption for client group training. On 08/23/2023, at 10:00 AM, Surveyor interviewed Administrator A. Administrator A confirmed staff were to receive required trainings within 90 days of starting employment. Administrator A reported Former Administrator F was responsible for all staff training. Administrator A reported s/he was in the process of hiring a trainer to assist with ensuring all staff received training. Administrator A reported s/he was also using Human Resource G to assist with tracking	N 243		

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N 243	Continued From page 5 all training. Administrator A reported Human Resource G was excluded from assisting with training by Former Administrator F.	N 243		
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 1 of 1 employee received continuing education in all required topics. Caregiver E did not receive continuing education training in client group for 2021 and 2022. Findings include: On 08/21/2023, at 2:50 PM, Surveyor reviewed Caregiver E's employee file. Caregiver E was hired 05/11/2006. Caregiver E's record did not contain evidence of client group training in 2021 or 2022. On 08/23/2023, at 10:00 AM, Surveyor interviewed Administrator A. Administrator A	N 277		

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N 277	Continued From page 6 confirmed s/he was aware of the continuing education trainings required annually. Administrator A reported the Former Administrator F was responsible for assigning training. Administrator A reported s/he was in the process of hiring a trainer for the facility to ensure all training would be completed as required.	N 277		
N 381	83.35(1)(a) Pre-admission and ongoing assessments. Scope. The CBRF shall assess each resident ' s needs, abilities, and physical and mental condition before admitting the person to the CBRF, when there is a change in needs, abilities or condition, and at least annually. The assessment shall include all areas listed under par. (c). This requirement includes individuals receiving respite care in the CBRF. For emergency admissions the CBRF shall conduct the assessment within 5 days after admission. This Rule is not met as evidenced by: Based on record review and interview, the provider did not assess each resident's needs, abilities, and physical and mental condition before admitting the person for 2 of 2 residents (Resident 1 and Resident 2). Resident 1 was not assessed in the areas of mental, communication, emotional, leisure, self-direction, family, nursing, social and vocational. Resident 2 was not assessed in the areas of mental, communication, emotional, elopement, leisure, behavior, self-direction, family, nursing, social, and vocational.	N 381		

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N 381	Continued From page 7 Findings include: On 08/21/2023, at 1:00 PM, Surveyor reviewed resident records and identified the following: Resident 1 was admitted to the facility on 06/29/2023. Resident 1's preadmission assessment, dated 06/19/2023, identified Resident 1's needs and abilities in the areas of physical, falling, medications, elopement, pain, behavior and choking. Resident 1's preadmission assessment was blank in the areas of mental, communication, emotional, leisure, self-direction, family, nursing, social, and vocational. Resident 2 was admitted to the facility on 01/31/2023. Resident 2's preadmission assessment, dated 01/27/2023, identified Resident 2's needs and abilities in the areas of physical, falling, medications, pain and choking. Resident 2's preadmission assessment was blank in the areas of mental, communication, emotional, elopement, leisure, behavior, self-direction, family, nursing, social, and vocational. On 08/23/2023, at 10:00 AM, Surveyor interviewed Administrator A. Administrator A reported Registered Nurse (RN) E was the one who completed Resident 1's preadmission assessment. Administrator A reported Former Administrator F completed Resident 2's preadmission assessment. On 08/23/2023, at 10:30 AM, Surveyor interviewed RN E. RN E reported s/he was unaware of all the areas the preadmission assessment needed to be completed. RN E reported s/he ensured all areas of the assessment were completed right away after	N 381		

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N 381	Continued From page 8 admission but not prior to admission.	N 381		
N 407	83.37(1)(h) Scheduled psychotropic medications. Scheduled psychotropic medications. When a psychotropic medication is prescribed for a resident, the CBRF shall do all of the following: 1. Ensure the resident is reassessed by a pharmacist, practitioner or registered nurse, as needed, but at least quarterly for the desired responses and possible side effects of the medication. The results of the assessments shall be documented in the resident ' s record as required under s. HFS 83.42(1)(q). 2. Ensure all resident care staff understands the potential benefits and side effects of the medication. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident (Resident 3) was reassessed by the pharmacist, practitioner, or registered nurse (RN) as needed, but at least quarterly for the desired responses and possible side effects of the medication. Resident 3 received scheduled psychotropic medications and was not re-evaluated at least quarterly in 2021, 2022, and to date in 2023. Findings include: On 08/21/2023, at 1:00 PM, Surveyor reviewed Resident 3's record. Resident 3 was admitted to the facility on 06/16/2016, with diagnoses including dementia with behavioral disturbances and bipolar disorder. Resident 3's medication administration record and written order identified Resident 3 was prescribed gabapentin 600	N 407		

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N 407	Continued From page 9 milligrams (mg) three times a day, memantine 28 mg capsule daily, risperidone 3 mg twice daily, trazodone 100 mg daily, and venlafaxine 150 mg daily. Resident 3's record contained documentation which Resident 3 was re-evaluated for the use of psychotropic medications in the 2nd quarter of 2021 and the 3rd quarter of 2023. Resident 3's record did not contain documentation Resident 3 was re-evaluated in the 1st, 3rd, and 4th quarters of 2021, 1st, 2nd, 3rd, and 4th quarters of 2022, and 1st and 2nd quarters of 2023. On 08/23/2023, at 10:00 AM, Surveyor interviewed Administrator A. Administrator A confirmed the requirement for the use of psychotropic medications to be reviewed at least quarterly. Administrator A reported Former Administrator F was responsible for ensuring the reviews were conducted. Administrator A reported if the reviews were not in the chart, the reviews were not completed.	N 407		
N 452	83.41(3)(b) Food safety. Food safety. Whether food is prepared at the CBRF or off-site, the CBRF shall store, prepare, distribute and serve food under sanitary conditions for the prevention of food borne illnesses, including food prepared off-site, according to all of the following: 1. The CBRF shall refrigerate all foods requiring refrigeration at or below 40°F. Food shall be covered and stored in a sanitary manner. 2. The CBRF shall maintain freezing units at 0°F or below. Frozen foods shall be packaged, labeled and dated. 3. The CBRF shall hold hot foods at 140°F or above and shall hold cold foods at 40°F or below until	N 452		

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N 452	Continued From page 10 serving. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure food was stored and served under sanitary conditions. Frozen chicken was thawing at room temperature on the kitchen counter for approximately 1 hour and 25 minutes. Findings include: On 08/21/2023, between 11:00 AM and 12:25 PM, Surveyor observed a clear plastic bag inside box of chicken leg quarters on the counter. Surveyor touched the chicken through the plastic bag and noted some of the chicken was not frozen. According to the SERVSAFE 7th Edition Coursebook ©2017 National Restaurant Association Educational Foundation chapter 8, page 3 refers to thawing frozen food and states, "When frozen food is thawed and exposed to the temperature danger zone, pathogens in the food will begin to grow. To reduce this growth, NEVER thaw food at room temperature." On 08/21/2023, at 12:25 PM, Surveyor interviewed Kitchen Staff G. Kitchen Staff G reported the chicken was just pulled out of the freezer. Surveyor informed Kitchen Staff G the chicken was observed sitting on the counter for an hour and 25 minutes. Kitchen Staff G reported there were dishes in the way of the sinks and they were working on getting the chicken in some	N 452		

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N 452	Continued From page 11 water. On 08/21/2023, at 3:30 PM, Surveyor interviewed Administrator A. Administrator A confirmed the chicken was not safely thawed. Administrator A reported s/he was in the process of retraining staff. Administrator A reported s/he was unsure how Former Administrator F trained the staff.	N 452		