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 _____	R-C 03/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABUNDANT LIFE MANOR	**1904 E BELLEVIEW PL MILWAUKEE, WI 53211**

(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 03/06/2024, Surveyors completed a complaint investigation and a verification visit at Abundant Life Manor. As a result, 4 of the 6 previous deficiencies were corrected, 2 deficiencies were recited, 1 new deficient practice identified, for a total of 3 deficient practices being cited. One complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 34	{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: Based on record review and interview, the provider did not ensure documentation was obtained from a registered nurse, physician, physician assistant, or clinical nurse practitioner indicating 2 of 2 employees reviewed were	{N 220}		

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

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{N 220}	Continued From page 1 screened for communicable disease. Caregiver I's and Life Enrichment Aid J's communicable disease screening records were not signed by a registered nurse (RN) or physician. This is a repeat deficiency. See Statement of Deficiency (SOD) LJ0F11, dated 08/25/2023. Findings include: On 03/06/2024, at 12:30 PM, Surveyors reviewed staff records and identified the following: Caregiver I was hired on 02/08/2024. Caregiver I's record did not include a signature from a registered nurse, physician, physician assistant, or clinical nurse practitioner on her/his communicable disease screening. Life Enrichment Aid J was hired on 02/29/2024. Life Enrichment Aid J's record did not include a signature from a registered nurse, physician, physician assistant, or clinical nurse practitioner on her/his communicable disease screening. On 03/06/2024, at 12:58 PM, Surveyors interviewed Administrator A and Human Resource (HR) Director L. Administrator A reported the facility's RN had delegated Licensed Practical Nurse (LPN) K to conduct the communicable disease screenings and TB test for employees. HR Director L reported DHS Zoom education training series, January 2024, stated, 'TB tests could be delegated'. HR Director L reported they would make the necessary adjustments to the communicable disease screening to ensure compliance with the code requirement.	{N 220}		

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{N 452}	Continued From page 2	{N 452}		
{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 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 food was thawing on the kitchen counters. Food in refrigerators was not sealed, dated, or labeled. This deficiency is being recited. See Statement of Deficiency LJ0F11, dated 08/25/2023. Findings include: On 03/06/2024, at 11:00 AM, Surveyors toured the facility's kitchen and observed the following: Kitchen counter:	{N 452}		

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{N 452}	Continued From page 3 - Two packages of frozen clam chowder soup on the counter for approximately 40 minutes. Surveyors observed frost and condensation on the packages of soup. 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." (SERVSAFE Course Book, 7th Ed., 2017, ch.8 p.3) Kitchen Refrigerator: - A container of what appeared to be a vegetable soup, was undated and unlabeled - Three individual dishes of what appeared to be a pasta salad, was undated and unlabeled - A container of what appeared to be a ground meat, was undated and unlabeled - A container of what appeared to be a green vegetable chopped up, was undated and unlabeled - A container of a whitish cream substance with chunks in it, was undated and unlabeled - A container of pasta salad was undated with the date opened - A container of what appeared to be a type of salad was undated and unlabeled - A container of a pinkish substance with colorful chunks, was undated and unlabeled - A jug of blue cheese dressing was undated with date of opening - A jug of tartar sauce was undated with date of opening - A jug of mayonnaise was undated with date of opening	{N 452}		

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{N 452}	Continued From page 4 - A jug of caesar dressing was undated with date of opening - Three bowls of what appeared to be Kringle were undated and unlabeled - Two bowls of a pink yogurt like substance were undated and unlabeled - A container of scrambled egg mix was not sealed and undated with date of opening - A pan of what appeared to be frozen sausage patties due to the ice crystals on the sausages, were piled on a pan, uncovered and unlabeled. According to the Wisconsin Food Code, the Federal Department of Agriculture's Food Code, and ServSafe standards, date marking is necessary to indicate when food must be consumed or discarded. These standards indicate refrigerated, read to eat (RTE), potentially hazardous food (PHF), and time/temperature controlled for safety (TCS) foods that are removed from manufacturer packaging and/or prepared for consumption must be date marked and discarded within 7 days. Refrigerated, RTE, PHF, and TCS foods prepared and packaged in a food processing plant shall also be date-marked when opened in the facility (date not to exceed 7 days). (ServSafe Coursebook, 7th Ed., 2017, p. 5-23) On 03/06/2024, at 11:40 AM, Surveyors interviewed Administrator A. Administrator A reported it was their practice to throw away all left-over food. When Surveyors inquired about the observation and why the food was covered, some of it labeled, and stored in the refrigerator if it would all get thrown away, Administrator A stated, "Doesn't matter, we throw it out." Surveyors inquired if the salad dressing and condiments were also thrown away. Administrator A reported they were not. Administrator A reported food was	{N 452}		

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{N 452}	Continued From page 5 not being thawed on the counters or sinks anymore. When Surveyors reported their findings of frozen food thawing on the counter and asked about food safety procedures, Administrator A did not offer a response.	{N 452}		
N 637	83.59(1)(g) Proper exit locations, sidewalks, driveways. All habitable floors shall have at least 2 exits providing unobstructed travel to the outside. Small class AA CBRFs licensed on or before the effective date of this section with no more than 2 habitable floors may have one exit from the second floor. Exits, sidewalks and driveways used for exiting shall be kept free of ice, snow, and obstructions. For facilities serving only ambulatory residents, the CBRF shall maintain a cleared pathway from all exterior doors to be used in an emergency to a public way or safe distance away from the building. For facilities serving semi-ambulatory and non-ambulatory residents, a CBRF shall maintain a cleared, hard surface, barrier-free walkway to a public way or safe distance away from the building for at least 2 primary exits from the building. All other required exits shall have at least a cleared pathway maintained to a public way or safe distance from the building. An exit door or walkway to a cleared driveway leading away from the CBRF also meets this requirement. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure exits and driveways used for exiting were kept free of obstructions. Two of 2 emergency exits observed prevented a clear, unobstructed exit path from the facility. This had	N 637		

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N 637	Continued From page 6 the potential to affect 34 of 34 residents. Findings include: The provider is licensed as a Class CNA (non-ambulatory) community based residential facility (CBRF) able to serve up to 42 residents within the client groups of emotionally disturbed/mental illness, advanced age, and alcohol/drug dependent. On 03/06/2024, at 11:00 AM, Surveyors toured the facility. Surveyors observed a chair and table in front of an emergency exit door on the northwest corner of the 1st floor. Surveyors observed a cleaning cart in front of an alternate 2nd floor emergency exit door. On 03/06/2024, at 11:41 AM, Surveyors interviewed Administrator A. Administrator A confirmed the exits used for exiting should have been kept free of obstructions. Administrator A stated the chair in front of the emergency exit was there so Resident 5 or Resident 4 could not elope. S/He stated, "it was just put there, someone is always monitoring, yes we know it's blocking the emergency exit." On 03/06/2024, at 12:58 PM, Surveyors interviewed Administrator A, Behavioral Health Specialist M, and Licensed Practical Nurse (LPN) K. Behavioral Health Specialist M reported Resident 5 and Resident 4 did not have risk of elopement. Behavioral Health Specialist M reported Resident 4 attempted to walk out the emergency exit door 1 time. Administrator A stated, "cleaning carts are usually stored in the basement, unless in use." Administrator A reported s/he was unsure why the cleaning cart was placed in front of the emergency exit. LPN K	N 637		

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N 637	Continued From page 7 stated, "that must've just got moved there."	N 637		