STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013865	A. BUILDING: _____ B. WING _____	C 10/25/2023

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CHRISTIAN COMMUNITY HOME OF OSCEOLA	2650 65TH AVENUE OSCEOLA, WI 54020

(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 10/17/2023, Surveyor conducted a standard survey and complaint investigation at Christian Community Homes of Osceola. Data was collected through 10/25/2023. Seven violations were identified. The complaint was unsubstantiated. Census: 17.	N 000		
N 230	83.19 Orientation Before an employee performs any job duties, the CBRF shall provide each employee with orientation training which shall include all of the following: (1) Job responsibilities; (2) Prevention and reporting of resident abuse, neglect and misappropriation of resident property; (3) Information regarding assessed needs and individual services for each resident for whom the employee is responsible; (4) Emergency and disaster plan and evacuation procedures under s. HFS 83.47(2); (5) CBRF policies and procedures; (6) Recognizing and responding to resident changes of condition. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 employees sampled received training in recognizing and responding to changes in condition. The provider is licensed to care for 20 residents in the client groups advanced aged and irreversible dementia/Alzheimer's disease.	N 230		

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

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N 230	Continued From page 1 Findings include: On 10/17/2023, Surveyor reviewed the records of Caregiver A, hired 03/16/2023 and Caregiver C, hired 02/02/2022. Caregiver A and Caregiver C's records did not contain evidence of training in recognizing and responding to changes in condition. At approximately 2:40 PM, Surveyor interviewed Administrator B. Administrator B was not able to provide evidence that Caregiver A and Caregiver C were trained in recognizing and responding to changes in condition. Administrator B stated, "I would say we don't train in changes of condition." On 10/18/2023 from 12:35 PM to 12:43 PM, Surveyor interviewed Caregiver C. Caregiver C stated, "I think I did have that training." Caregiver C was not able to provide any details about the training. From 1:50 PM to 2:24 PM, Surveyor interviewed Caregiver A. Caregiver A stated s/he did not receive training in recognizing and responding to changes in condition. The provider did not ensure 2 of 2 staff sampled received training in recognizing and responding to changes in condition.	N 230		
N 239	83.20(2)(a)-(d) Department-approved training courses. Standard Precautions. All employees who may be occupationally exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they	N 239		

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N 239	Continued From page 2 contain visible blood shall successfully complete training in standard precautions before the employee assumes any responsibilities that may expose the employee to such material. Fire safety. Within 90 days after starting employment, all employees shall successfully complete training in fire safety. First aid and choking. Within 90 days after starting employment, all employees shall successfully complete training in first aid and procedures to alleviate choking. Medication administration and management. Any employee who manages, administers or assists residents with prescribed or over-the-counter medications shall complete training in medication administration and management prior to assuming these job duties. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 employees obtained all department approved training as required. Caregiver A did not have training in fire safety within 90 days after starting employment. Caregiver A did not have training in first aid and choking within 90 days after starting employment. Caregiver A, who had responsibilities that would create exposure to blood, body fluids or other moist body substances, did not have training in standard precautions prior to assuming these duties on 03/16/2023. Caregiver A received department approved training in standard	N 239		

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N 239	Continued From page 3	N 239		

precautions on 08/21/2023, approximately 5 months after hired.

Findings include:

On 10/17/2023, Surveyor conducted a review of 2 employees to verify compliance with department approved training requirements. Surveyor requested training records from Administrator B for Caregiver A and Caregiver C

Fire Safety

On 10/18/2023 at approximately 2:00 PM, Surveyor interviewed Caregiver A. Caregiver A stated s/he had not been trained in fire safety and did not know why it had not been scheduled.

The record for Caregiver A, hired 03/16/2023, did not contain evidence of training or evidence of meeting an exemption for fire safety. On 10/17/2023 at approximately 2:30 PM, Surveyor interviewed Administrator B. Administrator B confirmed the provider did not have evidence Caregiver A completed or met an exemption for fire safety training. Administrator B stated Caregiver A was signed up for fire safety training but had cancelled. Administrator B stated they would be implementing a better tracking system for staff training.

On 10/25/2023, Surveyor verified Caregiver A was not on the Community-Based Care and Treatment registry for fire safety.

First Aid and Choking

On 10/18/2023 at approximately 2:00 PM, Surveyor interviewed Caregiver A. Caregiver A stated s/he had not been trained in first aid and

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N 239	Continued From page 4 choking and did not know why it had not been scheduled. The record for Caregiver A, hired 03/16/2023, did not contain evidence of training or evidence of meeting an exemption for first aid and choking. On 10/17/2023 at approximately 2:30 PM, Surveyor interviewed Administrator B. Administrator B confirmed the provider did not have evidence Caregiver A completed or met an exemption for first aid and choking. Administrator B stated Caregiver A was signed up for first aid and choking training but had cancelled. Administrator B stated they would be implementing a better tracking system for staff training. On 10/25/2023, Surveyor verified Caregiver A was not on the Community-Based Care and Treatment registry for first aid and choking. Standard Precautions On 10/18/2023 at approximately 2:00 PM, Surveyor interviewed Caregiver A. Caregiver A stated s/he had training in standard precautions but did not know why the training occurred approximately 5 months after his/her hire date. The record for Caregiver A, hired 03/16/2023, contained evidence of training for standard precautions was completed approximately 5 months after his/her hire date. On 10/17/2023 at approximately 2:30 PM, Surveyor interviewed Administrator B. Administrator B confirmed the provider did not know why there was a delay in standard precautions training and stated administration would be more involved in the training tracking process.	N 239		

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N 239	Continued From page 5 On 10/25/2023, Surveyor verified Caregiver A was on the Community-Based Care and Treatment training registry for standard precautions, dated 08/21/2023, approximately 5 months after hire.	N 239		
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 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	N 243		

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N 243	Continued From page 6 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 1 of 2 employee reviewed obtained all employee training as required within 90 days after starting employment. Caregiver A did not have training in recognizing, preventing, managing, and responding to challenging behaviors within 90 days after starting employment. Findings include: On 10/17/2023, Surveyor conducted a review of 2 employees to verify compliance with all employee training requirements. Surveyor requested training records from Administrator B for Caregiver A and Caregiver C. On 10/17/2023 at approximately 2:00 PM, Surveyor interviewed Caregiver A. Caregiver A could not recall receiving training in challenging behaviors. The record for Caregiver C, hired 03/16/2023, did not contain evidence of training or evidence of meeting an exemption for challenging behaviors	N 243		

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N 243	Continued From page 7 training.	N 243		
N 247	83.22(1)-(4) Task specific training. The CBRF shall provide, obtain or otherwise ensure adequate training for employees performing job duties in all of the following: Assessment of residents. All employees responsible for resident assessment shall successfully complete training in the assessment of residents prior to assuming these job duties. Specific training topics shall include: assessment methodology, assessment of changes in condition, sources of assessment information, and documentation of the assessment. Individual service plan development. All employees responsible for service plan development shall successfully complete training in individual service plan development prior to assuming these job duties. Specific training topics shall include: identification of the resident ' s needs and desired outcomes, development of goals and interventions, service plan evaluation and review of progress. Provision of personal care. All employees responsible for providing assistance with activities of daily living shall successfully complete training prior to assuming these job duties. Specific training topics shall include, as appropriate: bathing, eating, dressing, oral hygiene, nail and foot care, toileting and incontinence care, positioning and body alignment, and mobility and transferring. Dietary training. All employees performing dietary duties shall complete dietary training within 90 days after assuming these job duties. Specific training topics shall include: determining nutritional needs, menu planning, food preparation and food sanitation.	N 247		

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N 247	Continued From page 8 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 employees sampled received all task specific training. The provider is licensed to care for 20 residents in the client groups advanced aged and irreversible dementia/Alzheimer's disease. Findings include: On 10/17/2023, Surveyor reviewed the records of Caregiver A, hired 03/16/2023, and Caregiver C, hired 02/02/2022. Caregiver A's record did not have evidence of completed dietary training. On 10/18/2023 at approximately 2:00 PM, Surveyor interviewed Caregiver A. Caregiver A stated s/he had not received any dietary training. Caregiver A stated s/he was responsible for dietary duties. On 10/25/2023, Surveyor had not received evidence of dietary training for Caregiver A. The provider did not ensure Caregiver A received dietary training.	N 247		
N 385	83.35(2) Temporary Service Plan. Temporary service plan. Upon admission, the CBRF shall prepare and implement a written temporary service plan to meet the immediate needs of the resident, including persons admitted	N 385		

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N 385	Continued From page 9 for respite care, until the individual service plan under sub. (3) is developed and implemented. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents reviewed had a temporary service plan available at admission, outlining their needs. The provider is licensed to care for 20 residents in the client groups advanced aged and irreversible dementia/Alzheimer's disease. Findings include: On 10/17/2023, Surveyor reviewed the records of Resident 1, admitted 08/04/2023 and Resident 2, admitted 09/01/2021. Resident 1 and Resident 2's record did not contain a temporary service plan. At approximately 1:00 PM, Surveyor interviewed Registered Nurse (RN) E. RN E stated Resident 1 and Resident 2 were admitted from their skilled nursing facility (attached to the building). RN E stated information was provided to the staff on how to care for the residents, but s/he was not able provide any documentation of that information or provide a temporary service. On 10/18/2023, Surveyor received an email titled TEMPORARY CARE PLAN from Administrator B. Included were documents titled NURSING ASSISTANCE ASSIGNMENT SHEETS/CARE PLAN. Resident 1 and Resident 2's names were listed on the top of the document. The column below their names indicated the categories: diagnoses, ADL's (activities of daily living), mobility, toileting, eating, general, and miscellaneous. There were 2 sets of documents.	N 385		

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N 385	Continued From page 10 Resident 1's information remained the same. Resident 2 had multiple pieces of information added. The documents were not dated. On 10/25/2023, from 3:00 PM to 3:31 PM, Surveyor interviewed Administrator B. Administrator B stated the NURSING ASSISTANCE ASSIGNMENT SHEETS/CARE PLAN were carried by front line staff. Administrator B could not verify if these documents were the temporary service plan. Administrator B stated it was possible a temporary service plan had not been created because Resident 1 and Resident 2 were admitted from their skilled nursing facility (attached to the building). The provider did not ensure Resident 1 and Resident 2 had a temporary service plan at admission.	N 385		
N 423	83.37(3)(g) Medication storage: controlled substances. Controlled substances. The CBRF shall provide separately locked and securely fastened boxes or drawers or permanently fixed compartments within the locked medications area for storage of schedule II drugs subject to 21 USC 812 (c), and Wisconsin ' s uniform controlled substances act, ch. 961, Stats. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure schedule II-controlled substances were stored in separately locked and securely fastened compartments.	N 423		

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N 423	Continued From page 11 The provider is licensed to care for 20 residents in the client groups advanced aged and irreversible dementia/Alzheimer's disease. Findings include: On 10/17/2023, Surveyor toured the facility with Registered Nurse (RN) E. At approximately 10:20 AM, Surveyor asked RN E to unlock what was referred to as a medication room/extra storage. Surveyor observed a small refrigerator, opened the unlocked refrigerator door, and observed the following: -"[Resident 3] Lorazepam give 0.25 ml [milliliters] by mouth sublingually four times a daily; give 0.25 ml by mouth sublingually every 4 hours as needed." Surveyor observed approximately 20 syringes filled with medication and stored in a Zip Loc bag. -"[Resident 3] morphine sul [sulfate] sol [solution] 100/5ml: give 0.25 by mouth every 2 hours for shortness of breath." Surveyor observed approximately 50 syringes filled with medication and stored in a plastic Zip Loc bag. -"[Resident 4] morphine sul sol 100/5ml: give 0.5ml by mouth 4 times daily." Surveyor observed approximately 30 syringes filled with medication and stored in a plastic Zip Loc bag. -"[Resident 5] morphine sul sol 100/5ml: give 0.25ml by mouth every 2 hours as needed.' Surveyor observed approximately 12 syringes filled with medication and stored in a Zip Loc bag. -"[Resident 6] morphine sul sol 100/5ml: give 0.25ml by mouth every 2 hours as needed for dyspnea." Surveyor observed approximately 9 syringes filled with medication and stored in a Zip Loc bag. At approximately 10:35 AM, RN E stated s/he	N 423		

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N 423	Continued From page 12 was aware the schedule II-controlled medication needed to be double locked and s/he would have a lock installed on the refrigerator as soon as possible. At approximately 3:30 PM, Surveyor observed the refrigerator did not have a lock installed and the schedule II-controlled substances were still stored inside. The provider did not ensure schedule II-controlled substances were stored separately and locked.	N 423		
N 525	83.47(2)(d) Fire drills. Fire drills. 1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of the drill and the CBRF ' s total evacuation time. The CBRF shall record residents having an evacuation time greater than the time allowed under s. HFS 83.35(5) and the type of assistance needed for evacuation. Fire evacuation drills may be announced in advance. 2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleeping hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the employees scheduled to work during the residents ' normal sleeping hours. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure fire drills included the type of assistance the residents received, a list of the	N 525		

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residents evacuating, or the evacuation time.

The provider is licensed to care for 20 residents in the client groups advanced aged and irreversible dementia/Alzheimer's disease.

Findings include:

On 10/17/2023, Surveyor reviewed records titled FIRE DRILL LOG. The log included fire drill dates of 01/26/2022, 03/23/2022, 03/31/2022, 05/11/2022, 05/14/2022, 06/22/2022, 08/04/2022, 09/16/2022, 09/27/2022, 11/22/2022, 12/26/2022, and 12/19/2022. The reports indicated a time the alarm was initiated but did not include a list of residents, how they were evacuated, or total evacuation time. Records titled [FACILITY] AND SERVICES, INC CODE RED DRILL included the dates 02/08/2023, 03/07/2023, 03/09/2023, 04/20/2023, 06/12/2023, 06/28/2023, 07/25/2023, 08/24/2023 and 09/09/2023. Start and end times of each drill ranged from zero to 20 minutes. There was no indication of who was evacuated, how the residents were evacuated, or the total evacuation time.

At approximately 11:30 AM, Surveyor interviewed Maintenance D, hired in 02/2023. Maintenance D stated the residents did not evacuate the building during fire drills and s/he was not aware that the residents needed to evacuate the building. Maintenance D stated s/he did not think the fire department had a list of the residents and s/he was not familiar with the phrase "point of rescue."

On 10/18/2023 at approximately 12:30 PM, Surveyor interviewed Caregiver C. Caregiver C stated that during a fire drill, the doors automatically close, and the staff bring residents to the parking lot. Caregiver C stated most of the

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHRISTIAN COMMUNITY HOME OF OSCEOLA	2650 65TH AVENUE OSCEOLA, WI 54020

(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 525	Continued From page 14 residents need help to evacuate, choose not to evacuate, or need help to get into their wheelchairs. Caregiver C stated there was 1 resident that used a Hoyer (mechanical) lift. At approximately 2:00 PM, Surveyor interviewed Caregiver A. Caregiver A stated s/he was not aware of a meeting point once they exited the building. Caregiver A stated staff did provide assistance when the residents exited the building. The provider did not ensure the documentation of the fire drills contained a list of residents, the type of assistance needed, and the time it took to evacuate.	N 525		