STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012750	A. BUILDING: _____ B. WING _____	05/16/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PERSONALLY YOURS ELDER CARE B	4525 GUNDERSON RD WATERFORD, WI 53185

(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 05/16/2024, Surveyors conducted a standard survey at Personally Yours Elder Care B, an Adult Family Home (AFH) in Waterford, WI. Two deficiencies identified. Census: 3	M 000		
M 244	88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS The licensee and each service provider shall complete 15 hours of training approved by the licensing agency related to health, safety and welfare of residents, resident rights and treatment appropriate to residents served prior to or within 6 months after starting to provide care. This training shall include training in fire safety and first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 caregiver (Caregiver B) received training within 6 months after starting to provide care related to first aid. Findings include: On 05/16/2024 at 10:00 AM, Surveyors reviewed Caregiver B's record. Caregiver B was hired on 04/01/2018. Caregiver B's record did not contain evidence of any prior training related to first aid. On 05/16/2024 at 12:00 PM, Surveyor interviewed Licensee A. Licensee A confirmed	M 244		

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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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PERSONALLY YOURS ELDER CARE B	4525 GUNDERSON RD WATERFORD, WI 53185

(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 244	Continued From page 1 Caregiver B did not have the training in first aid. Licensee A stated s/he knew s/he was behind in training, but it was past the 6-month timeframe.	M 244		
M 570	88.10(3)(l) Safe Physical Environment Individuals, except for correctional residents, have basic rights which they do not lose when they enter an adult family home. A resident shall have a safe environment in which to live. The adult family home shall safeguard residents who cannot fully guard themselves from environmental hazards to which they are likely to be exposed, including conditions which would be hazardous to anyone and conditions which would be or are hazardous to a particular resident because of the resident's condition or disability. This Rule is not met as evidenced by: Based on observation and interview the provider did not ensure the clothes dryer vent was constructed of hard rigid metal for 1 of 1 dryer. Findings include: On 05/16/2024 at 11:45 AM, Surveyors observed the clothes dryer venting was made of a flexible material rather than rigid metal. On 05/16/2024 at 11:45 AM, Surveyor interviewed Licensee A. Licensee A stated, "I know better than that. I guess when I have new dryers installed, I need to verify with the installers to make sure it is the hard rigid metal venting."	M 570		