STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018756	A. BUILDING: _____ B. WING _____	R-C 09/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VITACARE LIVING - MENOMONIE I	1916 TALEN STREET MENOMONIE, WI 54751

(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 08/28/2024, Surveyor conducted a verification visit and standard licensing survey at Vitacare Living - Menomonie I. Data was collected through 09/04/2024. Five violations were identified. Three of 5 violations were repeat deficiencies. See Statement of Deficiencies (SOD) EL5R11, dated 11/08/2022. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 13	{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 2 of 4 employees sampled (Caregiver C and Caregiver D), were screened for communicable disease prior to	N 220		

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

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N 220	Continued From page 1 working with residents. Findings include: On 08/28/2024, Surveyor reviewed employee records. Caregiver C was hired on 02/02/2024 and started working on 02/05/2024. Caregiver D was hired on 10/20/2023 and started working on 11/08/2023. Both records included baseline tuberculosis (TB) test results but neither record included evidence that the employees were screened for other communicable illness. On 09/03/2024 at 12:38 PM, Clinical Nurse Director (CND) A indicated in an email that the provider did not screen for communicable disease other than TB. On 09/04/2024 at 8:15 AM, Surveyor received an email from CND A with the provider's new employee onboarding procedure, revised September 2024, that included a communicable disease and TB screening protocol.	N 220		
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.	N 230		

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N 230	Continued From page 2 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 (Caregiver C and Caregiver D), received orientation training prior to assuming job duties. This is a repeat deficiency. See Statement of Deficiencies (SOD) EL5R11, dated 11/08/2022. Findings include: On 08/28/2024, Surveyor reviewed employee records. Caregiver C was hired on 02/02/2024 and started working on 02/05/2024. Caregiver D was hired on 10/20/2023 and started working on 11/08/2023. Neither record included evidence of successful completion of the following orientation topics prior to assuming job responsibilities: preventing and reporting resident abuse, neglect and misappropriation of resident property and recognizing and responding to resident changes of condition. On 09/03/2024 at 12:38 PM, Clinical Nurse Director (CND) A provided documentation via email, indicating Caregiver C completed orientation topics on 04/24/2024, over 2 months after s/he began working. The documentation indicated Caregiver D had yet to complete training on abuse and neglect, and s/he completed training on recognizing changes in condition on 11/22/2023, approximately 2 weeks	N 230		

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N 230	Continued From page 3 after s/he began working. On 09/04/2024 at 8:15 AM, Surveyor received an email from CND A that read, "The expectation is to complete these courses prior to working the floor. Both of these employees were hired before...[Assistant Executive Director (AED) E] took over - whose sole role is to onboard staff and managing the staff. We have moved on from previous AED due to inability to follow our policy."	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 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.	N 239		

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N 239	Continued From page 4 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 employees sampled (Caregiver D) completed Department-approved fire safety training within 90 days of hire. This is a repeat deficiency. See Statement of Deficiencies (SOD) EL5R11, dated 11/08/2022. Findings include: On 08/28/2024, Surveyor reviewed Caregiver D's record. Caregiver D was hired on 10/20/2023. Caregiver D's record did not include evidence of training exemptions or evidence of a Department-approved fire safety training. Surveyor reviewed the Wisconsin Community-Based Care & Treatment Training Registry. The Registry did not include evidence Caregiver D completed the fire safety course. On 08/29/2024 at 11:18 AM, Surveyor received an email from Clinical Nurse Director (CND) A indicating Caregiver D did not complete fire safety and that s/he was signed up for the next available class.	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	N 243		

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N 243	Continued From page 5 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 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:	N 243		

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N 243	Continued From page 6 Based on record review and interview, the provider did not ensure Caregiver D completed resident rights training within 90 days of hire. This is a repeat deficiency. See Statement of Deficiencies (SOD) EL5R11, dated 11/08/2022. Findings include: On 08/28/2024, Surveyor reviewed Caregiver D's record. Caregiver D was hired on 10/20/2023. Caregiver D's record did not include evidence of resident rights training. On 08/29/2024 at 11:18 AM, Surveyor received an email from Clinical Nurse Director (CND) A that read, "Resident Rights - has been assigned in Educare but not completed - will have discussion with [Caregiver D] regarding the requirements and follow with performance improvement if warranted - audits are done by [Assistant Executive Director E] monthly for these."	N 243		
N 491	83.44(2)(c) Interior floors, walls and ceilings. Every interior floor, wall and ceiling shall be clean and in good repair. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure every interior wall was clean and in good repair. Findings include: On 08/28/2024, Surveyor observed walls throughout the facility to have blackened scuffs	N 491		

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N 491	Continued From page 7	N 491		

and gouges. The damage on walls was at about the same height on the walls throughout the facility. The damage appeared to be caused by wheelchair wheels. The following was observed:
- The wall between room 1 and the main entrance/exit doorway had black markings the length of the wall.
- The in the main common area had scuffs and black markings spanning the length of the wall. The wall between the mounted fire extinguisher and the 2nd entrance/exit doorway had unpainted drywall patches. The patching was done long enough ago that new scuffs and black marks formed on top of the patches.
- The lower half of the doors at both exits/entrances were covered in black scuffs.
- The shower room was missing tile from the wall. The corner was chipped and damaged, revealing the metal drywall edging.
- The large vent on the wall in the resident hallway off the main dining area was soiled with dust.
- The wainscoting throughout the facility had chips, gauges, and/or black scuff marks.

On 09/03/2024 at 3:04 PM, Surveyor received an email from Clinical Nurse Director (CND) A. Surveyor had asked when the main area wall was patched and if there was a plan to address the scuffs and damage to the walls and doors. CND A replied, "Request was placed in... April for this repair." CND A attached evidence of the repair request which read, "Requested By [Executive Director B] ... both houses need touch up to the wainscotting [sic]." CND A stated the maintenance staff worked at 9 different locations and they prioritized the work as it came in. CND A stated maintenance was at the facility after Surveyor's onsite visit and placed a wheelchair plate by the exterior door that had previously

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N 491	Continued From page 8 been patched. CND A stated s/he would continue to communicate with their maintenance team to address the areas of concern.	N 491		