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 03/19/2025

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 03/18/2025, Surveyor conducted a complaint investigation and verification visit at Vitacare Living - Menomonie I. Data was collected through 03/19/2025. One of 3 complaints was substantiated. Three violations were identified. Three of 3 violations were repeat deficiencies. See Statement of Deficiencies (SOD) EL5R11, dated 11/08/2022, and SOD O2Q312, dated 09/04/2024. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 11	{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	{N 220}		

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

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{N 220}	Continued From page 1 provider did not ensure 2 of 2 employees sampled (Caregiver K and Caregiver L) were screened for communicable illness, including tuberculosis (TB), prior to working with residents. This is a repeat deficiency. See Statement of Deficiencies (SOD) O2Q312, dated 09/04/2025. Findings include: On 03/18/2024, Surveyor reviewed employee records. Caregiver K was hired on 10/04/2024 and started working on 10/23/2024. Caregiver L was hired on 10/01/2024 and started working on 10/14/2024. Neither record included baseline TB test results. Neither record included evidence that the employees were screened for communicable illness. Both records included the Department form f-01679 Communicable Disease / Tuberculosis Screening Questionnaire. The forms were blank (no employee name or answered questions), but the forms were pre-signed by Registered Nurse (RN) M. On 03/18/2025 at 2:30 PM, Surveyor interviewed Executive Director (ED) C and Regional Director (RD) H. ED C stated Assistant Executive Director (AED) G was responsible for ensuring staff were screened for communicable illness prior to working with residents. ED C reviewed the provider's record and confirmed they did not have evidence either employee was screened for communicable illness. Surveyor questioned why the provider had a blank communicable disease screening questionnaire pre-signed by an RN. ED C stated s/he was unsure.	{N 220}		

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{N 239}	Continued From page 2	{N 239}		
{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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 of employees (Caregiver K) obtained Department-approved training as required. Caregiver K did not have training in fire safety or first aid and choking within 90 days after starting employment. This is a repeat deficiency. See Statement of Deficiencies (SOD) EL5R11, dated 11/08/2022	{N 239}		

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{N 239}	Continued From page 3 and SOD O2Q312, dated 09/04/2024. Findings include: On 03/18/2025, Surveyor reviewed Caregiver K's record. Caregiver K was hired on 10/04/2024. His/her record indicated s/he completed fire safety training on 01/28/2025 (approximately 26 days late) and first aid and choking training on 02/21/2025 (approximately 50 days late). On 03/18/2025 at 2:30 PM, Surveyor interviewed Executive Director (ED) C and Regional Director (RD) H. ED C confirmed Caregiver K did not complete training within 90 days. RD H stated the provider's previous trainers did not complete Caregiver K's training as required.	{N 239}		
N 396	83.36(1)(a) Adequate staff to meet resident needs. The CBRF shall provide employees in sufficient numbers on a 24-hour basis to meet the needs of the residents. This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not ensure the facility had adequate staff to meet resident needs between 03/10/2025 and 03/18/2025. This is a repeat violation. See Statement of Deficiencies (SOD) O2Q311, dated 05/17/2023. Findings include: The provider is licensed to care for 16 residents in the client groups terminally ill, advanced aged, and irreversible dementia/Alzheimer's disease.	N 396		

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N 396	Continued From page 4 On 03/11/2025, the Department received a complaint related to adequate staffing. On 03/18/2025 at 8:45 AM, Surveyor entered the facility. Caregiver A stated s/he and Caregiver B were the only employees on site. Caregiver B stated s/he just got back from helping at the provider's neighboring facility. Caregiver B and Caregiver A stated they were often pulled to assist at the neighboring facility. At 8:47 AM, Surveyor observed Caregiver A and Caregiver B transfer Resident 1 from his/her recliner to commode via sit-to-stand (S2S). Surveyor asked if Resident 1 could be transferred with only 1 staff. Caregiver B replied, "Oh no!" Resident 1 stated, "Some have tried to transfer me with 1, but it doesn't work out." At 8:55 AM, Surveyor interviewed Caregiver B. Caregiver B stated there were residents at the facility that required 2-person assistance; specifically, Resident 1 and Resident 2. At 8:57 AM, Executive Director (ED) C arrived on site. Surveyor interviewed ED C. ED C stated s/he needed to have 2 staff per building per shift to meet resident needs, but Owner E directed ED C to remove a staff from the schedule on 03/10/2025. ED C stated that since 03/10/2025, the 2 facilities combined had 3 staff per shift. At 9:11 AM, Caregiver A asked ED C if s/he could help transfer Resident 1. ED C informed Surveyor that s/he frequently was pulled from the office to do resident cares throughout the day. At 9:16 AM, Surveyor interviewed Resident 1. Resident 1 stated s/he resided at the facility since	N 396		

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N 396	Continued From page 5 October 2024. Resident 1 was generally satisfied with the provider's services, but stated s/he noticed an increase in wait times since they cut staff from the schedule. Resident 1 also stated staff had tried to transfer Resident 1 independently, but "I don't feel safe... I have fallen before." At 9:23 AM, Surveyor observed Caregiver B and ED C change Resident 2 in bed. Due to Resident 2's size, both staff were needed to boost Resident 2 in bed and turn Resident 2. Two staff were needed to hold and position Resident 2's body to ensure it was properly cleaned. At 10:50 AM, Surveyor interviewed Registered Nurse (RN) F. RN F stated s/he was concerned with Resident 1's ability to use a S2S safely. RN F stated Resident 1 did not participate in the transfer and s/he just hung on the S2S. RN F said s/he believed Resident 1 needed a Hoyer (mechanical) lift. RN F stated Resident 1 had a physical therapy evaluation and they suggested Resident 1 try a special sling that would support his/her weight in the S2S, but the sling had not arrived yet. RN F stated s/he believed Resident 1 needed 2 staff to transfer safely. At 1:15 PM, Surveyor interviewed Resident 2. Resident 2 stated s/he was less than satisfied with his/her services. Resident 2 said, "There just aren't enough people." Resident 2 said the majority of staff were not able to change or reposition Resident 2 by themselves, so s/he needed to wait for a second staff to become available. Resident 2 said s/he needed 2 staff to transfer to his/her wheelchair. At 1:40 PM, Surveyor interviewed ED C. ED C stated his/her occupancy dropped and Owner E	N 396		

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N 396	Continued From page 6	N 396		

told ED C that s/he needed to drop a staff per shift. ED C stated s/he and Assistant Executive Director (AED) G tried to adjust their schedules to ensure one of them were on site to assist staff, but it was not possible for the 2 managers to be on site at all times. At 2:07 PM, ED C called Regional Director (RD) H and AED I. RD H stated Owner E implemented a new staffing policy on 03/10/2025 and they were still learning the details of it. RD H stated s/he understood that the local ED and AED were supposed to work the floor to ensure adequate staffing. Surveyor asked how the provider ensured at least 2 staff were on site at all times if they were being pulled to assist at the neighboring facility. RD H stated s/he would need to clarify that with RD J, who oversaw all of the provider's facilities.

Surveyor was on site from 8:45 AM to 2:45 PM. Surveyor observed the scheduled caregivers and/or ED C leave the facility to assist at the provider's neighboring facility multiple times throughout the day. ED C was pulled to assist caregivers with resident cares, transfers, and supervision throughout the survey. Prior to ED C arriving to the facility, the facility had only 1 staff on site when Caregiver B was at the provider's neighbor facility.

On 03/18/2025, Surveyor reviewed resident records.

Resident 1 was admitted on 10/16/2024. His/her preadmission assessment, dated 10/07/2024, indicated s/he needed assistance of 2 staff for transfers via S2S. His/her evacuation assessment, dated 01/06/2025, indicated s/he needed 2-assist to evacuate.

Resident 2 was admitted on 02/16/2023. His/her

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N 396	Continued From page 7 evacuation assessment, dated 01/06/2025, indicated s/he needed 2-person assistance to evacuate. On 03/18/2025, Surveyor reviewed the provider's staff schedule. Based on interview with ED C on 03/18/2025 at 1:40 PM, the provider kept separate schedules for each facility, but the 3rd staff member (i.e. the float staff) would be determined at the beginning of the shift. ED C stated the goal was to have 1 staff stationed at each facility and a 3rd staff to float between the 2 facilities to assist with transfers, supervision, and meals, but the schedule did not reflect who was the stationary staff and who floated between the facilities. Between 03/10/2025 and 03/18/2025, the provider scheduled 3 staff for both facilities. On 03/13/2025, there was only 2 staff scheduled for both facilities from 7:00 PM to 10:00 PM. On 03/19/2025 at 2:00 PM, Surveyor interviewed RD J. RD J stated s/he was not aware that the provider removed a staff member from their schedule. RD J stated the provider's staffing policy had not changed since 2022. RD J stated it was up to the local management team to determine staffing needs and schedule staff to meet those needs. RD J stated s/he and Owner E provided direction to each facility on how many budgeted staff hours they were allowed, but RD J and Owner E expected local teams to schedule an appropriate number of staff to meet resident needs.	N 396		