STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019594	A. BUILDING: _____ B. WING _____	03/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SYCAMORE OF RIVER FALLS (THE)	745 SYCAMORE ST RIVER FALLS, WI 54022

(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 03/05/2024, Surveyor conducted a standard probationary survey at The Sycamore of River Falls. Data was collected through 03/08/2024. Three deficiencies were identified. Census: 15	N 000		
N 302	83.28(4)(a) Resident health screening and documentation Resident health screening. 1. Within 90 days before or 7 days after admission, a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse shall screen each person admitted to the CBRF for clinically apparent communicable disease, including tuberculosis, and document the results of the screening. 2. Screening for tuberculosis and all immunizations shall be conducted using centers for disease control and prevention standards. 3. The CBRF shall maintain the screening documentation in each resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents sampled had a health screen, including tuberculosis (TB) testing, in accordance with the Centers for Disease Control and Prevention (CDC) standards. Findings include:	N 302		

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

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N 302	Continued From page 1 The provider is licensed to care for 16 residents from the client groups: advanced aged, physically disabled, irreversible dementia/Alzheimer's disease, and terminally ill. According to the Wisconsin Tuberculosis Program (publication P-02382A) Tuberculosis Screening and Testing: Residents of Care Facilities (retrieved from: https://www.dhs.wisconsin.gov/publications), screening for the presence of communicable disease, including TB, includes the following three steps: 1) TB risk assessment 2) Symptom evaluation 3) TB testing..."Perform baseline testing for all residents without documented evidence of prior [latent TB infection] or TB disease." On 03/05/2024, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 02/06/2024. Resident 1's record did not contain documented evidence of a TB test. Resident 4 was admitted to the facility on 08/31/2023. Resident 4's record did not contain documented evidence of a TB test. On 03/05/2024 at 2:15 PM, Registered Nurse (RN) B informed Surveyor a health screen was completed during the assessment of residents at admission but TB tests were not completed upon admission.	N 302		
N 393	83.35(5)(a) Initial evaluation of evacuation limitations.	N 393		

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N 393	Continued From page 2	N 393		

Initial evaluation. The CBRF shall evaluate each resident within 3 days of the resident ' s admission to determine whether the resident is able to evacuate the CBRF within 2 minutes in an unsprinklered CBRF and 4 minutes in a sprinklered CBRF without any help or verbal or physical prompting, and what type of limitations that resident may have that prevent the resident from evacuating the CBRF within the applicable period of time. A form provided by the department shall be used for the evaluation. The resident ' s evaluation shall be retained in the resident ' s record.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 3 of 3 residents were evaluated within 3 days of the resident's admission for evacuation capabilities.

Findings include:

On 03/05/2024, Surveyor requested to review Resident 1, Resident 2 and Resident 3's records.

Resident 1 had an admission date of 02/06/2024. The record did not contain evidence Resident 1 was assessed for evacuation.

Resident 2 had an admission date of 02/07/2024. The record did not contain evidence Resident 2 was assessed for evacuation.

Resident 3 had an admission date of 02/29/2024. The record did not contain evidence Resident 2 was assessed for evacuation.

On 03/05/2024, Surveyor interviewed Administrator A and asked why evacuation

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N 393	Continued From page 3 assessments were not completed within 3 days of admission. Administrator A stated the registered nurse recently transitioned to a full-time position and will be responsible for completing evacuation assessments upon admission going forward. Administrator A informed Surveyor the assessments were being completed to meet the requirement on the date of survey.	N 393		
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 drill documentation included the total evacuation time and did not record residents having an evacuation time greater than the time allowed under s. DHS 83.35(5), and the type of assistance needed for	N 525		

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N 525	Continued From page 4 evacuation. Findings include: On 03/05/2024, Surveyor requested to review quarterly fire drills. Fire drill documentation showed the time of day the drill was conducted but did not specify the total evacuation time and did not record residents having an evacuation time greater than the time allowed under s. DHS 83.35(5), and the type of assistance needed for evacuation. On 03/05/2024 at 2:25 PM, Surveyor interviewed Administrator A. Administrator A stated staff check off on the electronic charting system every shift, each resident's evacuation status daily. Administrator A stated the form used to document fire drills would be updated to document the required information.	N 525		