STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0008993	A. BUILDING: _____ B. WING _____	C 02/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LYGHTHOUSE LLC	1976 OLD LANCASTER RD PLATTEVILLE, WI 53818

(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 02/27/2024, the Bureau of Assisted Living, Southern Regional Office conducted a complaint investigation and standard survey at Lyghthouse LLC, a CBRF located in Platteville, WI. As a result of the investigation, 5 violations of Chapter DHS 83 were issued. Complaint was unsubstantiated Census: 10	N 000		
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		

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

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N 239	Continued From page 1	N 239		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure Caregiver B received first aid and choking training.

FINDINGS INCLUDE:

On 02/27/2024, Surveyor arrived at facility for a standard survey.

On 02/17/2024, Surveyor reviewed Caregiver B's staff record. Caregiver B was hired 07/03/2008. Surveyor did not find documentation of training in first aid and choking.

On 02/17/2024, Surveyor reviewed the state caregiver training registry and did not find Caregiver B's first aid and choking training listed.

On 02/27/2024 at 1:20 PM, Surveyor discussed the above concern with Administrator A. Administrator A stated Caregiver B had completed training in first aid and choking when s/he was hired. Administrator A acknowledged documentation of Caregiver B's training in first aid and choking was not in the staff file. Administrator A stated s/he would email documentation of Caregiver B's training by 02/28/2024.

On 02/28/2024 at 1:27 PM, Administrator A sent an email to Surveyor to report s/he did not have documentation of Caregiver B's training in first aid and choking. Administrator A reported s/he would sign Caregiver B up for training in first aid and choking as soon as possible.

CROSS REFERENCE N0277 DHS Chapter

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N 239	Continued From page 2 83.25 Continuing Education	N 239		
N 277	83.25 Continuing education The administrator and resident care staff shall receive at least 15 hours per calendar year of continuing education beginning with the first full calendar year of employment. Continuing education shall be relevant to the job responsibilities and shall include, at a minimum, all of the following: (1) Standard precautions; (2) Client group related training; (3) Medications; (4) Resident rights; (5) Prevention and reporting of abuse, neglect and misappropriation; (6) Fire safety and emergency procedures, including first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 staff received 15 hours of continued education training during the calendar year of 2023 in following areas: medications and fire safety. FINDINGS INCLUDE: On 02/27/2024, Surveyor arrived at the facility for a standard survey. On 02/27/2024, Surveyor reviewed Caregiver B's staff record. Caregiver B was hired 07/03/2008. Caregiver B's staff record had 10 hours of documented continued education training for the calendar year of 2023. Caregiver B did not have training in medication and fire safety documented for the calendar of 2023.	N 277		

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N 277	Continued From page 3 On 02/27/2024 at 10:30 AM, Surveyor discussed facility medications with Caregiver B. Caregiver B stated s/he passed medications to residents. On 02/27/2024, Surveyor reviewed Caregiver C's staff record. Caregiver C was hired 08/18/2022. Caregiver C's staff record had 11 hours of documented continued education training for the calendar year of 2023. Caregiver C did not have training in fire safety documented for the calendar year of 2023. On 02/27/2024, Surveyor reviewed Caregiver D's staff record. Caregiver D was hired 06/29/2017. Caregiver D's staff record had 8.5 hours of documented continued education training for the calendar year of 2023. Caregiver D did not have training in fire safety documented for the calendar year of 2023. On 02/27/2024 at 1:20 PM, Surveyor discussed the above concerns with Administrator A. Administrator A acknowledged Caregiver B, Caregiver C and Caregiver D's staff records did not contain 15 hours of documented continuing education training for 2023. Administrator A acknowledged Caregiver B did not have documentation of medication training in 2023. Administrator A acknowledged Caregiver B, Caregiver C and Caregiver D's staff records did not contain fire safety training for 2023. CROSS REFERENCE N0239 DHS Chapter 83.20 (2)(a) - (d) Department Approved Training	N 277		
N 407	83.37(1)(h) Scheduled psychotropic medications. Scheduled psychotropic medications. When a	N 407		

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N 407	Continued From page 4 psychotropic medication is prescribed for a resident, the CBRF shall do all of the following: 1. Ensure the resident is reassessed by a pharmacist, practitioner or registered nurse, as needed, but at least quarterly for the desired responses and possible side effects of the medication. The results of the assessments shall be documented in the resident ' s record as required under s. HFS 83.42(1)(q). 2. Ensure all resident care staff understands the potential benefits and side effects of the medication. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure when 2/2 residents were prescribed scheduled psychotropic medications they were reassessed quarterly by a pharmacist, practitioner or registered nurse at least quarterly for desired responses and possible side effects of the medication. FINDINGS INCLUDE: On 02/27/2024, Surveyor arrived at facility for a complaint investigation. EXAMPLE 1: Resident 1 On 02/27/2024, Surveyor reviewed Resident 1's facesheet. Resident 1 was admitted to the facility on 03/02/20215. Resident 1 is diagnosed with but not limited to: depression, anxiety, bipolar disorder and paranoid schizophrenia. On 02/27/2024, Surveyor reviewed Resident 1's February 2024 medication administration record (MAR). Resident 1 was scheduled to receive the following psychotropic medications:	N 407		

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N 407	Continued From page 5 1.) Escitalopram 10 mg order once daily. Order active from 06/08/2021 to 02/05/2024. 2.) Lithium Carbonate 300 mg once daily. Order active from 04/25/2023 to present. 3.) Lurasidone 20 mg once daily. Order active from 08/23/2023 to present. 4.) Clonazepam 1 mg once daily. Order active from 11/27/2023 to present. 5.) Lamotrigine 100 mg twice daily. Order active from 06/08/2021 to present. On 02/27/2024, Surveyor reviewed Resident 1's facility record. Surveyor did not review any psychotropic assessments for Resident 1. EXAMPLE 2: Resident 2 On 02/27/2024, Surveyor reviewed Resident 2's facesheet. Resident 2 was admitted to the facility on 06/28/2014. Resident 2 is diagnosed with but not limited to: aphasia. On 02/27/2024, Surveyor reviewed Resident 2's February 2024 MAR. Resident 2 was scheduled to receive the following psychotropic medications: 1.) Escitalopram 10 mg once daily. Order active from 03/24/2023 to present. On 02/27/2024, Surveyor reviewed Resident 2's facility record. Surveyor did not review any psychotropic assessments for Resident 2. EXIT: On 02/27/2024 at 1:20 PM, Surveyor discussed the above concern with Administrator A. Administrator A stated s/he would need to check-in with Nurse C to verify if psychotropic	N 407		

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N 407	Continued From page 6 reviews were completed on Resident 1 and Resident 2. On 02/28/2024 at 1:06 PM, Administrator A emailed Surveyor. Administrator A stated Nurse C would begin psychotropic reviews on Resident 1 and Resident 2 starting on 02/29/2024.	N 407		
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 evacuation drills were conducted at least quarterly in 2023. Findings Include: On 02/27/2024, Surveyor arrived at facility for a	N 525		

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N 525	Continued From page 7 complaint investigation. On 02/27/2024, Surveyor reviewed the facilities fire drills for 2023. Surveyor found 1 fire drill had been completed in 2023. The fire drill was on 12/12/2023 at 7:45 PM. On 02/27/2024 at 1:20 PM, Surveyor discussed the above concern with Administrator A. Administrator A acknowledged facility had documentation of 1 fire drill in 2023. CROSS REFERENCE N0538 DHS Chapter 83.48(3)(a) Fire Detection System Inspected Annually	N 525		
N 538	83.48(3)(a) Fire detection systems inspected annually. After the first year following installation, fire detection systems shall be inspected, cleaned and tested annually by certified or trained and qualified personnel in accordance with the specifications in NFPA 72 and the manufacturer ' s specifications and procedures. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure after the first year following installation, the fire detection system was inspected, cleaned and tested annually by certified or trained and qualified personnel in accordance with the specifications in NFPA 72 and the manufacturer ' s specifications and procedures. Findings Include: On 02/27/2024, Surveyor arrived at facility for a	N 538		

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N 538	Continued From page 8 standard survey. On 02/27/2024, Surveyor reviewed facility's environmental records. Surveyor reviewed the manufacturer's pamphlet for the facility's smoke detection system. The installation date listed was 12/21/1999. Surveyor could not find an inspection completed on the buildings smoke detection system for the year of 2023. On 02/27/2024 at 1:20 PM, Surveyor discussed the above concern with Administrator A. Administrator A stated s/he believed the company may have a copy of the facility's 2023 smoke detection system inspection. Administrator A stated s/he would email Surveyor this invoice by 02/28/2024. On 02/28/2024 at 1:27 PM, Administrator A emailed Surveyor. Administrator A reported s/he hadn't realized the facility's contract with the smoke detection system company had discontinued. Administrator A stated s/he was working on becoming reinstated with the company. Administrator A acknowledged s/he did not have an annual inspection completed on the facility's smoke detection system in 2023. CROSS REFERENCE N0525 DHS Chapter 83.47(2)(d) Fire Drills	N 538		