STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010830	A. BUILDING: _____ B. WING _____	R 04/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INFINITE ABILITY KRISTEN	**W7353 KRISTEN DR PARDEEVILLE, WI 53954**

(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 04/17/2024, the Bureau of Assisted Living, Southern Regional Office, conducted a verification visit at Infinite Ability Kristen, an adult family home (AFH) located in Pardeeville, WI. As a result of the survey, 1 deficiency was identified. This is a repeat deficiency. See Statement of Deficiency (SOD) Q4AK11, dated 11/10/2023. Under statutory provisions of Wis. Stat. Chapter 50, a $200 revisit fee is being assessed. Census: 3	M 000		
M 246	88.04(5)(b) TRAINING-8 HOURS ANNUALLY Except as provided in pars. (c) and (d), the licensee and each service provider shall complete 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training is received. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that 2 of 3 service providers completed 8 hours of training related to the health, safety, welfare, rights, and treatments of residents every year beginning with the calendar year after the year in which initial training was received.	M 246		

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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(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 246	Continued From page 1 House Manager B completed only 5 hours of annual training in 2023. Caregiver F's annual training for 2023 only included training in standard precautions. This is a repeat deficiency. See Statement of Deficiency (SOD) Q4AK11, dated 11/10/2023. Findings include: On 04/17/2024, Surveyor reviewed Department records for the provider. Within the Notice and Order letter for SOD Q4AK11, sent to the provider on 02/07/2024, Surveyor observed Department orders. The Department orders documented the following: "WITHIN 45 DAYS of receipt of this notice, the licensee shall review the training records for each service provider and ensure the following:... "ADDITIONALLY, The licensee and each service provider shall complete 8 hours of training related to the health, safety, welfare, rights, and treatment of residents every year beginning with the calendar year after the year in which the initial training is received. "WITHIN 45 DAYS of receipt of this notice, continuing education requirements must be met for the licensee and all service providers, as appropriate, for calendar year 2023. "Training will be provided by qualified instructors. Training records will include the date/duration of training, an outline of course content and documentation of successful completion of the training requirements."	M 246		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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M 246	Continued From page 2 On 04/17/2024, Surveyor conducted a review of service provider records to ensure compliance with annual training requirements. At approximately 8:05 a.m., while Surveyor reviewed the staff roster, House Manager B confirmed that the listed hire dates were staffs' most recent hire dates. Surveyor requested training records from House Manager B for training completed throughout 2023 to the current day for him/herself and Caregiver F. The training record for House Manager B, hired 07/12/2015, documented 5 total hours of training completed in first aid, bloodborne pathogens, and "Activity and Exercise." There was no evidence of any other training for 2023 or 2024 completed by House Manager B. The training record for Caregiver F, hired 09/26/2016, consisted of a screenshot from the Community-Based Care and Treatment training registry, showing that s/he completed standard precautions training on 03/14/2024. There was no evidence of any other training for 2023 or 2024 completed by Caregiver F. At approximately 12:10 p.m., Surveyor interviewed House Manager B. When asked to confirm if there were any other training records from 01/01/2023 to the current day, House Manager B reported that s/he would ask Operations Manager A. At approximately 2:00 p.m., House Manager B e-mailed Surveyor. The e-mail documented, "I apologize but it seems as though we do not have any other documents for 2023 trainings."	M 246		