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	0019671	A. BUILDING: _____ B. WING _____	03/13/2024

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ELLENS HOME OF PORT WASHINGTON	1800 GRANITE LANE PORT WASHINGTON, WI 53074

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N 000	Initial Comments On 03/12/2024, Surveyor conducted a probationary survey at Ellens Home of Port Washington. Additional information was gathered through 03/13/2024. As a result of the survey seven (7) deficiencies were identified. Census: 37	N 000		
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. 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, observation and interview, the provider did not ensure prior to performing job duties, 2 of 2 employees (Caregiver B and Caregiver C) were provided with orientation training. Orientation training includes, (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; (5)	N 230		

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

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N 230	Continued From page 1 community based residential facilities (CBRF) policies and procedures; (6) Recognizing and responding to resident changes of condition. Findings include: The facility is licensed to provide services for up to 44 residents who are advanced aged and/or have irreversible dementia/Alzheimer's. On 03/12/2024 at 10:00 AM, Surveyor requested Caregiver B and Caregiver C's employee records from Executive Director (ED) A. ED A provided Surveyor with Caregiver B and Caregiver C's employee record. Caregiver B had a hire date of 02/08/2024. Caregiver B's employee file had no evidence Caregiver B had all required orientation upon hire and before performing any job duties. There was no evidence Caregiver B was orientated in prevention and reporting of resident abuse, neglect and misappropriation; CBRF policy and procedures; and change in condition. Caregiver C had a hire date of 11/21/2023. Caregiver C's employee file had no evidence Caregiver C had all required orientation upon hire and before performing any job duties. There was no evidence Caregiver C was orientated in job responsibilities; prevention and reporting of resident abuse, neglect and misappropriation of resident property; information regarding assessed needs and individual services for each resident for whom the employee is responsible; emergency and disaster plan and evacuation procedures; CBRF policies and procedures; recognizing and responding to resident changes of condition.	N 230		

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N 230	Continued From page 2 On 03/12/2024, Surveyor observed Caregiver B working the floor and passing medications. On 03/12/2024 at 1:20 PM, Surveyor interviewed ED A regarding employee orientation. ED A acknowledged s/he did not have orientation records for Caregiver B. ED A stated Caregiver C was employed by previous licensee. ED A stated s/he did not have orientation records from previous licensee and Caregiver C did not complete orientation when s/he was hired on 11/21/2023. ED A acknowledged Caregiver B and Caregiver C were currently on the schedule. The provider did not ensure prior to performing job duties staff completed orientation. Cross reference DHS 83.20(2)(a)-(d) Department Approved Training Course DHS 83.21(1)-(3) All Employee Training	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	N 239		

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N 239	Continued From page 3 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 interview and record review, the provider did not ensure 1 of 2 employees (Caregiver C) obtained all department approved training as required. Findings include: The facility is licensed to provide services for up to 44 residents who are advanced aged and/or have irreversible dementia/Alzheimer's. On 03/12/2024 at 10:00 AM, Surveyor requested Caregiver C's employee record from Executive Director (ED) A. ED A provided Surveyor with Caregiver C's employee record. On 03/12/2024, Surveyor reviewed the community based residential facility (CBRF) registry. Surveyor observed Caregiver C was not on the registry. Caregiver C had a hire date of 11/21/2023. Caregiver C's employee file had no evidence Caregiver C had fire safety, and first aid and choking within 90 days of hire.	N 239		

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N 239	Continued From page 4 On 03/12/2024 at 1:20 PM, Surveyor interviewed ED A. ED A stated s/he was unaware Caregiver C was not on the registry. ED A stated maybe Caregiver C had the paper certificates. Surveyor looked at Caregiver C's date of birth, and Caregiver C is not old enough to have completed the CBRF classes prior to classes being on-line. Caregiver C is a certified nursing assistant and would be exempt from standard precautions. The provider did not ensure 1 of 2 employees obtained all department approved training as required. Cross reference DHS 83.19 Orientation DHS 83.21(1)-(3) All Employee Training	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 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	N 243		

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N 243	Continued From page 5 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: Based on record review and interview, the provider did not ensure 1 of 2 employees reviewed, obtained all training as required within 90 days after starting employment. Caregiver C did not have training in resident rights within 90 days after starting employment. Caregiver C did not have training in recognizing, preventing, managing and responding to challenging behaviors within 90 days after starting employment. Caregiver C did not have training in required	N 243		

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N 243	Continued From page 6 client groups within 90 days after starting employment. Findings include: On 03/12/2024, Surveyor requested Caregiver C's employee record from Executive Director (ED) A. Resident Rights The record for Caregiver C hired 11/21/2023, did not have training in resident rights within 90 days after starting employment. There was no documentation provided for Caregiver C showing s/he had Resident Rights training within 90 days of hire. Recognizing, Preventing, Managing and Responding to Challenging Behaviors The record for Caregiver C hired 11/21/2023, did not have training in challenging behaviors within 90 days after starting employment. There was no documentation provided for Caregiver C showing s/he had Recognizing, Preventing, Managing and Responding to Challenging Behaviors within 90 days of hire. Client Group The record for Caregiver C hired 11/21/2023, did not have client group training within 90 days after starting employment. There was no documentation provided for Caregiver C showing they had Client Group training within 90 days of hire. The provider did not ensure Caregiver C obtained all training as required within 90 days after	N 243		

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N 243	Continued From page 7 starting employment. Cross reference DHS 83.19 Orientation DHS 83.20(2)(a)-(d) Department Approved Training Courses	N 243		
N 310	83.29(2) Admission agreement include services, charges The admission agreement shall be given in writing and explained orally in the language of the prospective resident or legal representative. Admission is contingent on a person or that person ' s legal representative signing and dating an admission agreement. The admission agreement shall include all of the following: (a) An accurate description of the basic services provided, the rate charged for those services and the method of payment; (b) Information about all additional services offered, but not included in the basic services. The CBRF shall provide a written statement of the fees charged for each of these services; (c) The method for notifying residents of a change in charges for services; (d) Terms for resident notification to the CBRF of voluntary discharge. This paragraph does not apply to a resident in the custody of a government correctional agency; (e) Terms for refunding charges for services paid in advance, entrance fees, or security deposits in the case of transfer, death or voluntary or involuntary discharge; (f) A statement that the amount of the security deposit may not exceed one month ' s fees for services, if security deposit is collected; (g) Terms for holding and charging for a resident ' s room during a resident ' s temporary absence. This paragraph does not apply to a resident in the custody of a government correctional agency; (h)	N 310		

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N 310	Continued From page 8 Reasons and notice requirements for involuntary discharge or transfer, including transfers within the CBRF. This paragraph does not apply to a resident in the custody of a government correctional agency. This Rule is not met as evidenced by: Based on record review and interview, the provider did not have an Admission Agreement for 2 of 3 residents reviewed to provide information regarding services and accommodations available including charges for services. Findings include: The facility is licensed to provide services for up to 44 residents who are advanced aged and/or have irreversible dementia/Alzheimer's. On 03/12/2024 at 12:00 PM, Surveyor requested Resident 1, Resident 2 and Resident 3's record from Executive Director (ED) A. Surveyor requested copies of admission agreements for Resident 1, Resident 2, and Resident 3. Resident 1 was admitted under the previous licensee on 06/18/2023, Resident 2 was admitted under the current licensee on 02/22/2024, and Resident 3 was admitted under the previous licensee on 10/23/2017. Surveyor interviewed ED A, and requested updated admission agreements from 08/01/2023, when there was a change of ownership. ED A stated s/he did not have updated admission agreements for Resident 1 and Resident 3. Surveyor reviewed the resident roster and observed 10 new residents since the 08/01/2023 license was issued. ED A confirmed they had not completed	N 310		

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N 310	Continued From page 9 new admission agreements for the 27 residents that resided at the facility when the change of ownership occurred. ED A stated s/he will work on completing new admission agreements for the 27 residents with admission agreements from prior licensee.	N 310		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure tornado, flooding, or other disaster evacuation drills were conducted at least semi-annually. Findings Include: The facility is licensed to provide services for up to 44 residents who are advanced aged and/or have irreversible dementia/Alzheimer's. On 03/12/2024, at approximately 1:00 PM, Surveyor reviewed the provider's state binder for drills completed for tornado, flooding, or types of emergencies. Surveyor was unable to find any other drills completed since licensing on 08/01/2023. On 03/12/2024, at approximately 1:20 PM, Surveyor interviewed Executive Director (ED) A. ED A showed Surveyor fire drills but stated s/he did not have a drill completed for the 2nd half of 2023.	N 526		

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N 526	Continued From page 10 The provider did not ensure other drills were conducted at least semi-annually.	N 526		
N 617	83.55(6)(b) Bath and toilet areas: water temperature The CBRF shall set the temperature of all water heaters connected to sinks, showers and tubs used by residents at a temperature of at least 140°F. The temperature of water at fixtures used by residents shall be automatically regulated by valves and may not exceed 115°F, except for CBRFs serving residents recovering from alcohol or drug dependency or clients of a government correctional agency. This Rule is not met as evidenced by: Based on interview and observation, the provider did not ensure 2 of 2 hot water heaters connected to sinks, showers and tubs used by residents, was set to 140 degrees Fahrenheit. Findings include: On 03/12/2024 at approximately 10:00 AM, Surveyor toured the facility with Executive Director (ED) A. Surveyor tested water temps in 2 resident rooms and got 100 degrees Fahrenheit and 96.8 degrees Fahrenheit. ED A showed Surveyor the water heaters. Surveyor and ED A observed 2 water heaters with a temperature of 136 degrees Fahrenheit. ED A stated s/he was unaware the hot water heaters were not set to at least 140 degrees Fahrenheit. ED A stated s/he would have maintenance come and look at the hot water heaters. Surveyor reviewed water temps taken in resident areas for January and February and observed temperature between 95	N 617		

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N 617	Continued From page 11 degrees Fahrenheit and 109 degrees Fahrenheit. The American Society of Sanitary Engineering, (https://homeguides.sfgate.com/turning-water-heater-up-kill-bacteria-54596.html), recommends hot water heaters to be set between 135 and 140 degrees Fahrenheit to kill Legionella bacteria. Community Based Residential Facilities are required to have the hot water heaters set at 140 degrees Fahrenheit. The provider did not ensure the temperature of all hot heaters connected to sinks, showers and tubs used by residents maintained a temperature of at least 140 degrees Fahrenheit.	N 617		
N 637	83.59(1)(g) Proper exit locations, sidewalks, driveways. All habitable floors shall have at least 2 exits providing unobstructed travel to the outside. Small class AA CBRFs licensed on or before the effective date of this section with no more than 2 habitable floors may have one exit from the second floor. Exits, sidewalks and driveways used for exiting shall be kept free of ice, snow, and obstructions. For facilities serving only ambulatory residents, the CBRF shall maintain a cleared pathway from all exterior doors to be used in an emergency to a public way or safe distance away from the building. For facilities serving semi-ambulatory and non-ambulatory residents, a CBRF shall maintain a cleared, hard surface, barrier-free walkway to a public way or safe distance away from the building for at least 2 primary exits from the building. All other required exits shall have at least a cleared pathway maintained to a public way or safe distance from the building. An exit door or walkway to a cleared	N 637		

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N 637	Continued From page 12 driveway leading away from the CBRF also meets this requirement. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that the patio exit on the back side of the facility was unobstructed. Findings include: On 03/12/2024, Surveyor observed the physical environment. Surveyor toured the facility with Executive Director (ED) A. Surveyor observed a chain on the patio gate. The patio was identified as an exit. Surveyor was unable to exit the outside patio because there was a chain with a combination on the exit gate of the patio. ED A stated s/he would call maintenance, s/he did not have the code. The provider did not ensure that the exits were unobstructed.	N 637		