STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016894	A. BUILDING: _____ B. WING _____	C 01/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KRAMERS KOTTAGE FAMILY HOME	203702 N FREY AVENUE MARSHFIELD, WI 54449

(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 01/04/2024, Surveyor conducted a complaint investigation and standard licensure survey at Kramers Kottage. Six deficiencies were identified. One deficiency is a repeat deficiency. See Statement of Deficiency (SOD) 581M11, dated 03/29/2021. The complaint was substantiated. Census: 4	M 000		
M 235	88.04(2)(h) COMPLY WITH OSHA The licensee and all service providers involved in the operation of the adult family home shall comply with the universal precautions contained in the U.S. Occupational Safety and Health Administration Standard 29 CFR 1910.1030 for the control of blood-borne pathogens. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 sampled caregivers reviewed had documented training in standard precautions as required in the U.S. Occupational Safety and Health Administration (OSHA) Standard 29 CFR 1910.1030, for the control of blood-borne pathogens. The OSHA standard requires the employer train each employee with occupational exposure "at least annually thereafter" initial training, per	M 235		

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

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M 235	Continued From page 1 1910.1030(g)(2)(ii)(B). Findings include: On 01/04/2024 at 12:00 PM, Surveyor requested Supervisor B's annual training from Licensee A. At 12:35 PM, Licensee A submitted a list of employees. Supervisor B had been employed since at least 06/21/2018, as this was the day Licensee A took over the business. At approximately 1:30 PM, Surveyor reviewed the employee file and interviewed Supervisor B. The provider had documentation of all of the training from 2018 to present. The subjects covered in the last 6 years did not include universal/standard precautions or infection control. Supervisor B stated s/he had not been keeping up on his/her training. At 2:30 PM, Surveyor interviewed Licensee A about training recorded elsewhere. Licensee A stated this was the only record and was surprised that infection control was missed.	M 235		
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.	M 246		

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M 246	Continued From page 2 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 sampled caregivers reviewed had 8 hours of documented training in the health, safety and rights of residents in an adult family home. Supervisor B had training in one subject in 2023. This is a repeat deficiency. See Statement of Deficiency (SOD) 581M11, dated 03/29/2021. Findings include: On 01/04/2024 at 12:00 PM, Surveyor requested Supervisor B's annual training from Licensee A. At 12:35 PM, Licensee A submitted a list of employees. Supervisor B had been employed since at least 06/21/2018, as this was the day Licensee A took over the business. At approximately 1:30 PM, Surveyor reviewed the employee file and interviewed Supervisor B. The provider had documentation of all the training from 2018 to present. In the year 2023, Supervisor B had one 5.5-hour course in Parkinson's disease. Supervisor B stated s/he had not kept up with his/her training in 2023. At 2:30 PM, Surveyor interviewed Licensee A about training recorded elsewhere. Licensee A stated this was the only record.	M 246		
M 346	88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION Each resident shall be evaluated annually for evacuation time, using the departments form. All service	M 346		

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M 346	Continued From page 3 providers who work on the premises shall be made aware of each resident having an evacuation time of more than 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each resident was evaluated using the department's "Resident Evacuation Assessment" form on an annual basis. This was discovered for 2 of 2 sampled residents. Resident 1 and Resident 2 had one evaluation done at the time of their admissions. Findings include: On 01/04/2024 at approximately 1:00 PM, Surveyor reviewed the binders for Resident 1 and Resident 2. Resident 1's record had one evaluation dated 04/13/2021. Resident 2's record had one, dated 09/14/2018. At 2:30 PM, Surveyor interviewed Licensee A about reevaluating the residents on an annual basis. Licensee A stated s/he was not aware that s/he had to do that but will add this to the assessments at the residents' care conferences in the future.	M 346		
M 402	88.06(2)(c)8 RESIDENT RIGHTS AND GRIEVANCE A statement indicating that the resident rights and grievance procedures have been explained and copies provided to the resident and the resident's guardian or designated representative, if any.	M 402		

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M 402	Continued From page 4 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each resident and their representatives were provided information about the provider's grievance procedures. This was discovered for 2 of 2 sampled residents. There were no statements in the records of Resident 1 and Resident 2 that they were provided information about the grievance procedure. Findings include: On 01/04/2024 at approximately 1:00 PM, Surveyor reviewed the binders for Resident 1 and Resident 2. Resident 1's record did not have any statement or indication that the grievance procedure was presented to the resident or their representatives. Resident 2's record did not have any statement or indication that the grievance procedure was presented to the resident or their representative. At 2:00 PM, Surveyor interviewed Licensee A and Supervisor B about what was shared with the residents and their representatives about grievances and how grievances were handled. Licensee A reviewed the information discussed at admission and could not find a statement or any indication the grievance procedure was shared. Licensee A stated that s/he points out the ombudsman's phone number to the residents to use when they may have a grievance.	M 402		
M 466	88.07(3)(e)1 MEDICATION- RECORD KEEPING The licensee shall keep a record of all prescription medications controlled, dispensed or administered	M 466		

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M 466	Continued From page 5 by the licensee which show the name of the resident, the name of the particular medication, the date and time the resident took the medication and errors and omissions. The medication controlled by the licensee shall be kept in a locked place. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the residents' medications were secured and kept in a locked place. The staff routinely kept the cabinet with the medications locked but the keys to the medication cabinet were kept in an unlocked drawer next to the medication cabinet. Findings include: On 11/01/2023, the department received a complaint that the medications were left unlocked and not in line of sight of the staff if staff were not in the kitchen. On 01/04/2023 at 11:35 AM, Surveyor interviewed and observed Supervisor B as s/he demonstrated how medications were passed. The key to the cabinet was in an open unlocked drawer in the kitchen area on a lariat key chain. The cabinet was at a side counter in the kitchen next to the island that residents use to eat. The unlocked drawer was not visible to the staff unless they were in the kitchen. Supervisor B stated the keys had always been kept in that drawer but they should be hidden under some paperwork and not just lying in the drawer as they were found. Supervisor B indicated s/he had put the keys in the drawer.	M 466		

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M 466	Continued From page 6 The medications were not secure as the keys could be easily found by anyone passing through the kitchen.	M 466		
Z 019	50.065(6)(am) Four Year Caregiver Background Requirement Every 4 years an entity shall require its caregivers and nonclient residents to complete a background information form that is provided to the entity by the Department. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure that all staff had caregiver background checks completed every 4 years. This was discovered for 1 of 1 staff member employed more than 4 years. Supervisor B did not have a background check every 4 years. Findings include: On 01/04/2024 at 12:00 PM, Surveyor requested Supervisor B's background checks from Licensee A. Surveyor interviewed Licensee A and Supervisor B. Supervisor B stated s/he had been employed for 8 years but did not recall the exact date. Licensee A indicated Supervisor B was employed prior to him/her taking over the business on 06/21/2018.	Z 019		

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Z 019	Continued From page 7 At 12:35 PM, Licensee A submitted a list of employees and Supervisor B had been employed since at least 06/21/2018. At approximately 1:30 PM, Surveyor reviewed the employee file for Supervisor B. The file contained a copy of a Background Information Disclosure (BID), dated 05/18/2017, the Department of Justice (DOJ) criminal history, dated 07/10/2017, and the department's Integrated Background Information System (IBIS) letter of findings, dated 07/10/2017. At 2:30 PM, Surveyor interviewed Licensee A about conducting the 3 components of a background check: the BID, DOJ history, and IBIS letter, every 4 years. Licensee A stated s/he was not aware that s/he had to do that.	Z 019		