Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	510321	A. BUILDING: _____ B. WING _____	07/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARBORVIEW CBRF	910 E 5TH STREET SUPERIOR, WI 54880

(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 07/02/2024, Surveyor conducted an abbreviated survey at Harborview CBRF. Data was collected through 07/03/2024, One violation was identified. This is a repeat violation. See Statement of Deficiency (SOD) LE5311, dated 09/26/2019. Census: 6.	N 000		
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 continuing education training included standard precautions for 2 of 2 staff sampled. This is a repeat violation. See Statement of Deficiency (SOD) LE5311, dated 09/26/2019 On 07/02/2024, Surveyor conducted a review of Caregiver A's and Caregiver B's training records.	N 277		

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

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N 277	Continued From page 1 Caregiver A, hired 11/08/2022, did not have evidence of completion of standard precautions training in 2023 in his/her record. Caregiver B, hired 07/18/2006, did not have evidence of completion of standard precautions training in 2023 in his/her record. At approximately 11:00 AM, Surveyor interviewed Administrator C, who stated House Manager (HM) Ds had the responsibility to ensure training, including continuing education, was completed. Administrator C became aware HM D was not completing his/her duties and s/he was no longer employed. Administrator C stated the administrative assistants were currently responsible for signing up new staff for all the required trainings.	N 277		