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	0016907	A. BUILDING: _____ B. WING _____	01/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROLEN MEADOWS	1340 MAIN ST MUKWONAGO, WI 53149

(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 12/20/2023, with information gathered through 01/03/2024, Surveyor conducted a standard survey and complaint investigation Eight deficiencies were identified. The complaint was unsubstantiated. Census: 19	N 000		
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 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	N 243		

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

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N 243	Continued From page 1 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 3 of 3 employees reviewed, obtained all training as required within 90 days after starting employment. Caregiver B, Caregiver C and Caregiver D did not have training in resident rights within 90 days after starting employment. Caregiver B and Caregiver C did not have training in recognizing, preventing, managing and responding to challenging behaviors within 90 days after starting employment. Caregiver B and Caregiver C did not have training in required client groups within 90 days after starting employment. Findings include: On 12/20/2023, Surveyor conducted a review of 3 employees initial training to verify compliance with all employee training requirements. Surveyor	N 243		

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reviewed the employee records of Caregiver B, Caregiver C and Caregiver D and noted the following concerns:

Resident Rights

The records for Caregiver B, hired 12/28/2021, Caregiver C, hired 10/01/2021, and Caregiver D, hired 01/30/2023, did not have training in resident rights within 90 days after starting employment. On 12/20/2023, at approximately 4:10 p.m., Surveyor interviewed LPN A. LPN A stated that s/he was unsure if each caregiver received training in resident rights within 90 days of hire. Surveyor stated that if LPN A is able to provide evidence that Caregiver B, C or D received resident rights training within 90 days of hire, to send it to Surveyor by 12/22/2023.

On 12/22/2023 at 10:56 a.m., Surveyor reviewed documentation that Caregiver B and Caregiver D received training in resident rights on 12/21/2023.

On 01/02/2023 at 11:30 a.m., Surveyor interviewed LPN A. Surveyor asked if LPN A was able to find evidence that Caregiver C had received training in resident rights. LPN A stated, no, that s/he was unable to find resident rights training for anyone so s/he has started providing the training. LPN A confirmed that Caregiver B, Caregiver C and Caregiver D did not complete or met an exemption for resident rights training within 90 days of hire.

Recognizing, Preventing, Managing and Responding to Challenging Behaviors

The records for Caregiver B, hired 12/28/2021 and Caregiver C, hired 10/01/2021, did not have training in challenging behaviors within 90 days

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N 243	Continued From page 3	N 243		

after starting employment. On 12/20/2023, at approximately 4:10 p.m., Surveyor interviewed LPN A. LPN A stated that s/he was unsure if each caregiver received training in challenging behaviors within 90 days of hire. Surveyor stated that if LPN A is able to provide evidence that Caregiver B and C received training in challenging behaviors within 90 days of hire, to send it to Surveyor by 12/22/2023.

On 12/22/2023 at 10:56 a.m., Surveyor reviewed documentation that Caregiver B received training in challenging behaviors on 12/21/2023.

On 01/02/2023 at 11:30 a.m., Surveyor interviewed LPN A. Surveyor asked if LPN A was able to find evidence that Caregiver C had received training in challenging behaviors. LPN A stated, no, that s/he was unable to find training in challenging behaviors for anyone so s/he has started providing the training. LPN A confirmed that Caregiver B and Caregiver C did not complete or meet an exemption for training in challenging behaviors within 90 days of hire.

Client Group

The records for Caregiver B, hired 12/28/2021 and Caregiver C, hired 10/01/2021, did not have client group training within 90 days after starting employment. On 12/20/2023, at approximately 4:10 p.m., Surveyor interviewed LPN A. LPN A stated that s/he was unsure if each caregiver received client group training within 90 days of hire. Surveyor stated that if LPN A is able to provide evidence that Caregiver B and C received training in client groups within 90 days of hire, to send it to Surveyor by 12/22/2023.

On 12/22/2023 at 10:56 a.m., Surveyor reviewed

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N 243	Continued From page 4 documentation that Caregiver B received client group training on 12/21/2023. On 01/02/2023 at 11:30 a.m., Surveyor interviewed LPN A. Surveyor asked if LPN A was able to find evidence that Caregiver C had received training in client groups. LPN A stated, no, that s/he was unable to find training in client groups for anyone so s/he has started providing the training. LPN A confirmed that Caregiver B and Caregiver C did not complete or meet an exemption for client groups training within 90 days of hire.	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	N 310		

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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) 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 provide a written admission agreement for 1 of 2 residents before admission. There was no documentation of Resident 1 or their legal representatives being provided an admission agreement.

Findings include:

On 12/20/2023, Surveyor reviewed the record of Resident 1. Resident 1 was admitted to the provider on 09/12/2023 with diagnoses including neurocognitive disorder with Lewy bodies. Resident 1's record did not include an admission agreement.

At approximately 4:10 p.m., Surveyor interviewed LPN A. LPN A stated that s/he would have to look further to see if s/he could find Resident 1's admission agreement. Surveyor stated that if LPN A is able to find Resident 1's admission agreement, to send it to Surveyor by 12/22/2023.

On 01/02/2023 at 11:30 a.m., Surveyor

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N 310	Continued From page 6 interviewed LPN A. Surveyor asked if LPN A was able to find Resident 1's admission agreement. LPN A stated not yet. Surveyor asked LPN A to send it by the end of day, if the provider has it. As of 01/03/2023, Surveyor has not received an admission agreement for Resident 1.	N 310		
N 408	83.37(1)(i) PRN psychotropic medication. As needed (PRN) psychotropic medication. When a psychotropic medication is prescribed on an as needed basis for a resident, the CBRF shall do all of the following: 1. The resident ' s individual service plan shall include the rationale for use and a detailed description of the behaviors which indicate the need for administration of PRN psychotropic medication. 2. The administrator or qualified designee shall monitor at least monthly for the inappropriate use of PRN psychotropic medication, including but not limited to, use contrary to the individual service plan, presence of significant adverse side effects, use for discipline or staff convenience, or contrary to the intended use. 3. Documentation in the resident ' s record shall include the rationale for use, description of behaviors requiring the PRN psychotropic medication, the effectiveness of the medication, the presence of any side effects, and monitoring for inappropriate use for each PRN psychotropic medication given. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 1's individual service plan (SIP) included the rationale for use of PRN quetiapine fumarate 25 mg and a detailed description of the behaviors which indicate the	N 408		

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need for administration of PRN psychotropic medication. Resident 1's record did not include the rationale for use, description of behaviors requiring PRN quetiapine, the effectiveness of the medication, the presence of any side effects, and monitoring for inappropriate use of PRN quetiapine.

Findings include:

On 12/20/2023, Surveyor conducted a complaint investigation and standard survey. At approximately 1:10 p.m., Surveyor interviewed Caregiver B and asked if there were any residents with behavioral concerns. Caregiver B stated yes, Resident 1 has had episodes of physical and verbal aggression.

Surveyor reviewed the record of Resident 1. Resident 1 was admitted to the provider on 09/12/2023 with diagnoses including neurocognitive disorder with Lewy bodies.

Surveyor reviewed Resident 1's medication administration record (MAR) for November and December 2023. Resident 1 has a physician order for Quetiapine fumarate 25 mg to take every 4 hours as needed (PRN) for agitation or psychosis.

The MAR documents that Resident 1 was administered PRN quetiapine fumarate 25 mg a total of 24 times in November and once daily from 12/01/2023 to 12/11/2023. There was no documentation in Resident 1's record of the description of behaviors that required the use of PRN quetiapine and whether or not it was effective for any of the 35 times it was administered.

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N 408	Continued From page 8 Surveyor reviewed Resident 1's individual service plan (ISP), dated 12/06/2023. The ISP did not include the rationale for use of PRN quetiapine fumarate 25 mg or a detailed description of the behaviors which indicate the need for administration of the PRN psychotropic medication. On 01/02/2023 at 11:30 a.m., Surveyor interviewed LPN A. LPN A stated that s/he will update Resident 1's ISP after his/her doctor appointment and include the use of PRN quetiapine.	N 408		
N 433	83.38(1)(i) Behavior management. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Behavior management. The CBRF shall provide services to manage resident ' s behaviors that may be harmful to themselves or others. This Rule is not met as evidenced by: Based on record review and interview, the provider did not provide or arrange services adequate to meet the behavioral needs of Resident 1 after s/he displayed physical aggression, verbal aggression and suicidal threats. Findings include: On 12/20/2023, Surveyor conducted a complaint	N 433		

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investigation and standard survey. The provider is licensed as a class CNA (non-ambulatory) CBRF able to serve up to 20 residents within the client groups of irreversible dementia/Alzheimer's, terminally ill, physically disabled, advanced aged, and emotionally disturbed/mental illness.

At approximately 1:10 p.m., Surveyor interviewed Caregiver B and asked if there were any residents with behavioral concerns. Caregiver B stated yes, Resident 1 has had episodes of physical and verbal aggression.

At approximately 1:20 p.m., Surveyor walked through the kitchen and noticed a TV tray set up with a chair at it set away from the other dining room tables. Surveyor asked Caregiver B who sat there for meals. Caregiver B stated Resident 1. Surveyor asked why and Caregiver B stated s/he wasn't exactly sure.

At 3:13 p.m., Surveyor interviewed Caregiver E about Resident 1. Surveyor asked Caregiver E if Resident 1 had any aggressive behaviors. Caregiver E stated s/he can, that s/he'll be fine and then kick or try to hit staff. S/he'll usually get upset when staff ask him/her to do more than s/he's willing to do and will be aggressive rather than say no. Surveyor asked Caregiver E about the separate TV tray table in the dining room. Caregiver E stated that it was for Resident 1 after s/he was poking another resident and they were upset and did not feel safe. Caregiver E stated that Resident 1 does not do good when s/he is over-stimulated.

Surveyor reviewed the record of Resident 1. Resident 1 was admitted to the provider on 09/12/2023 with diagnoses including neurocognitive disorder with Lewy bodies.

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N 433	Continued From page 10 Surveyor reviewed Resident 1's November and December 2023 progress notes, which document: 11/16/2023, "Staff tried to get resident to shower [s/he] started punching [his/her] legs. [S/he] then took off [his/her] shoes and started hitting staff. PRN Quetiapine Fumarate was given 30 minutes prior to this." 12/04/2023, "During lunch resident started throwing items around (Place-mat and napkins) staff went over to assess the situation and resident proceeded to try to stab staff with fork. Resident was complaining that it was too loud in the dining room. Radio was at a low volume and resident did not have [his/her] hearing aids at lunch time." 12/05/2023, "It was reported to me that during lunch tenant got upset and tried to stab staff. The other tenants at the table are nervous to sit with [him/her] because this is the second time [s/he] tried to stab someone..." 12/06/2023, "While staff was getting resident dressed into [him/her] pajamas resident went into a panic, staff was 3/4 of the way done with getting resident dressed and [s/he] punched staff in the chest and called staff a [expletive] and also screamed at the top of [his/her] lungs and threw the garbage at staff." 12/08/2023, "Resident was standing in the hallways whispering to [him/herself]. Staff asked if resident needed anything or help with anything. Resident responded 'Well, I was going to go slit my throat.' Staff redirected resident and gave PRN medication." 12/10/2023, "As staff was helping resident get ready for the day resident started to hit [him/herself] in the head with [his/her] fists. Resident told staff [s/he] was upset that staff threw away [his/her] brief. Staff quickly redirected	N 433		

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resident and got [him/her] to stop hitting [him/herself]."
12/14/2023, "Tenant received Seroquel about a half hour before I got [him/her] out of bed to get [him/her] ready. Tenant went into bathroom with me and went to the bathroom. I tried to get [him/her] to wipe [him/herself] or let me do it because [s/he] had a bowel movement. I had then taken [his/her] hand because [s/he] was barefoot, and I did not want [him/her] to slip and [s/he] twisted [his/her] hand in mine and tried to bite my hand. [S/he] tried to bite me two more times and I held [him/her] at arm's length until I could pull my hand away. [S/he] ended up biting [his/her] own hand after trying three times to bite me. Then [s/he] started yelling and tried to punch me. Tenant went to the door and started slamming [his/her] shoulder against the door to open it. I opened the door and put [his/her] clothes on the bed. [S/he] refused to get dressed and refused my help. I left the room for my safety."
12/14/2023, "Resident was extremely aggressive when trying to do night cares. Resident was extremely refusal[sic] to a point [s/he'd] thrown [him/herself] into [his/her] bed three times in the middle of a task. The first time, [s/he'd] gotten out of the bed, but stomped to [his/her] bed when in the bathroom. The second time, [s/he] only walked to the bathroom to kick [his/her] door and scream at staff to go to bed. The third time, resident started to undress and demand a shirt ([s/he] had pulled [his/her] pants down) but when staff went to change [his/her] pants, [s/he] screamed and tried hitting staff in the head, got up and went outside of [his/her] room with [his/her] pants half down. Staff were able to get [him/her] in [his/her] room again, but [s/he] was extremely aggressive at that point, and went in bed while cussing at staff."

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N 433	Continued From page 12 12/14/2023, "During supper time resident started to scoot [his/her] chair multiple times into the wall, staff noticed and went over to help [him/her] at that point resident started to jab the spoon at staff and tried to stab staff with the spoon. When staff tried to talk [him/her] down and tell [him/her] that it was okay [s/he] then started to go after staff and hit them. Staff got resident to start walking to [his/her] room and [s/he] started running down the hall. Staff was able to get resident back into [his/her] room and allowed resident to calm down by [him/herself]. During med pass time staff attempted to get resident into [his/her] pajamas during that time resident was calling staff name and was able to put [his/her] pajamas on. When staff was done helping resident [s/he] punched staff in the side of the head and started hitting [his/her] bed, staff walked out of [his/her] room at that time and gave [him/her] some space." 12/15/2023, "While getting resident into [his/her] pajamas, staff got [his/her] bottom half done and was working on [his/her] shirt. When staff removed [his/her] shirt [s/he] had a cracked stuffed in [his/her] shirt, resident crumbled the cracker and threw it in staff's face and punched staff in the jaw. Staff reassured resident that they were almost done and [s/he] needed to put the shirt on. Resident put the shirt on then started grabbing things out of [his/her] garbage and started throwing it at staff. Staff picked up the garbage and exited the room for safety reasons." Surveyor reviewed Resident 1's medication administration record (MAR) for November and December 2023. Surveyor reviewed the following physician orders: Escitalopram 5 mg to take 2 tablets every night at 8:00 p.m. from 10/31/2023-11/02/2023. Escitalopram 10 mg to take 2 tablets every night at 8:00 p.m. with a start date of 11/03/2023.	N 433		

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Quetiapine fumarate 100 mg to take 1 tablet every evening with meals with a start date of 10/31/2023.
Quetiapine fumarate 25 mg to take every 4 hours as needed (PRN) for agitation or psychosis.

The MAR documents that Resident 1 was administered PRN quetiapine fumarate 25 mg a total of 24 times in November and once daily from 12/01/2023 to 12/11/2023. There was no documentation in Resident 1's record of the description of behaviors that required the use of PRN quetiapine and whether or not it was effective for any of the 35 times it was administered.

Surveyor reviewed Resident 1's individual service plan (ISP), dated 12/06/2023. The ISP did not identify that Resident 1 is physically and verbally aggressive and has displayed self-injurious behaviors and did not identify any program services, frequency or approaches to redirect the behaviors. The ISP did not address any dining concerns or why Resident 1 is to sit away from peers while dining. The ISP did not include the rationale for use of PRN quetiapine fumarate 25 mg or a detailed description of the behaviors which indicate the need for administration of the PRN psychotropic medication.

At 3:49 p.m., Surveyor interviewed Caregiver C about Resident 1. Caregiver C stated that Resident 1 can be physically and verbally aggressive but that s/he has not noticed anything that triggers his/her behaviors. Caregiver C stated that if s/he starts a task with Resident 1, s/he will usually become aggressive in the middle and will be fine at the end. Surveyor asked if Caregiver C was aware of why Resident 1 has a small separate table for dining. Caregiver C

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N 433	Continued From page 14 stated that it is because Resident 1 can be disruptive at meal times and scared the other residents when s/he attempted to stab someone at his/her dining table. At approximately 4:10 p.m., Surveyor interviewed LPN A in regard to Resident 1. Surveyor reviewed with LPN A that there was nothing about Resident 1's aggressive behaviors in his/her ISP and asked if LPN A had assessed Resident 1's behaviors. LPN A stated that s/he has not done any assessments of Resident 1's behaviors, just written observation notes. LPN A stated that Resident 1's family was not agreeable to psych services initially but that s/he has faxed the doctor about making an appointment. LPN A stated that s/he did not think Resident 1's behaviors were that bad initially but they have gotten really bad. Surveyor asked when Resident 1's psychiatric appointment is. LPN A stated that s/he recently faxed the doctor so s/he does not have an appointment date yet. Surveyor asked what the plan is to keep Resident 1, staff and other residents safe while awaiting psychiatric services. LPN A stated they are trying to redirect and offer time and space. Surveyor asked LPN A to provide documentation that the physician was made aware of Resident 1's behaviors and send the documentation to Surveyor by 12/22/2023. As of 01/03/2023, Surveyor has not received any additional information in regards to Resident 1's aggression.	N 433		
N 504	83.46(1)(c) Heating system maintenance. Heating. The CBRF shall maintain the heating system in a safe and properly functioning condition. The CBRF shall ensure that a heating	N 504		

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N 504	Continued From page 15 contractor or local utility company completes all of the following maintenance and makes available to the facility documentation of the maintenance performed: 1. An oil furnace shall be serviced at least once each year. 2. A gas furnace shall be serviced at least once every 3 years. 3. The CBRF shall have a chimney inspected at intervals corresponding with the heating system service under subd. 1. or 2. This Rule is not met as evidenced by: Based on record review and interview, the provider did not arrange for a heating contractor or local utility company to inspect the gas furnace at least once every 3 years. The provider was unable to provide any documentation of a furnace inspection. Findings include: On 12/20/2023, Surveyor conducted a complaint investigation and standard survey. The provider is licensed as a class CNA (non-ambulatory) CBRF able to serve up to 20 residents within the client groups of irreversible dementia/Alzheimer's, terminally ill, physically disabled, advanced aged, and emotionally disturbed/mental illness. Surveyor requested to review the facility's most recent furnace inspection. At approximately 4:10 p.m., Surveyor interviewed LPN A. LPN A stated that s/he was unable to find the furnace inspection and would have to check with maintenance to see if they had any documentation. Surveyor stated that if LPN A is able to find the most recent furnace inspection, to	N 504		

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N 504	Continued From page 16 send it to Surveyor by 12/22/2023. On 01/02/2023 at 11:30 a.m., Surveyor interviewed LPN A. Surveyor asked if LPN A was able to find a furnace inspection. LPN A stated no, that s/he will schedule one.	N 504		
N 530	83.47(3) Fire inspection. Fire inspection. The CBRF shall arrange for an annual inspection by the local fire authority or certified fire inspector and shall retain fire inspection reports for 2 years. This Rule is not met as evidenced by: Based on record review and interview, the provider did not arrange for an annual inspection by the local fire authority in 2022. Findings include: On 12/20/2023, Surveyor conducted a complaint investigation and standard survey. The provider is licensed as a class CNA (non-ambulatory) CBRF able to serve up to 20 residents within the client groups of irreversible dementia/Alzheimer's, terminally ill, physically disabled, advanced aged, and emotionally disturbed/mental illness. Surveyor requested to review the facility's last 2 years of fire inspections. LPN A provided Surveyor with a fire inspection dated 06/04/2021. At approximately 4:10 p.m., Surveyor interviewed LPN A. LPN A stated that s/he would have to check with maintenance to see if there was any other fire inspections. Surveyor stated that if LPN	N 530		

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N 530	Continued From page 17 A is able to find the fire inspections from 2022 or 2023, to send it to Surveyor by 12/22/2023. On 12/22/2023 at 10:56 a.m., Surveyor reviewed documentation of a fire inspection completed on 12/21/2023. On 01/02/2023 at 11:30 a.m., Surveyor interviewed LPN A. Surveyor asked if LPN A was able to find 2022's fire inspection. LPN A stated no, that s/he was unable to find one conducted in 2023 so s/he scheduled one for the day after the survey.	N 530		
N 558	83.48(8)(b) Sprinkler system installation and maintenance Installation and maintenance. 1. All sprinkler systems shall be installed by a state licensed sprinkler contractor. All sprinkler systems shall be maintained, inspected and tested at least annually or at intervals determined by the requirements in NFPA 25. 2. In facilities with sprinklers, sprinkler heads shall be placed at the top of each linen or trash chute and in the rooms where the chutes terminates. 3. The sprinkler system flow alarm shall be connected to the CBRF ' s fire alarm system. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure all sprinkler systems were maintained, inspected and tested at least annually for 2022 and 2023. Findings include: On 12/20/2023, Surveyor conducted a complaint investigation and standard survey. The provider	N 558		

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N 558	Continued From page 18 is licensed as a class CNA (non-ambulatory) CBRF able to serve up to 20 residents within the client groups of irreversible dementia/Alzheimer's, terminally ill, physically disabled, advanced aged, and emotionally disturbed/mental illness. Surveyor requested to review the facility's last 2 years of sprinkler inspections. LPN A provided Surveyor with a sprinkler inspection dated 11/04/2021. At approximately 4:10 p.m., Surveyor interviewed LPN A. LPN A stated that s/he would have to check with maintenance to see if there was any other sprinkler inspections. Surveyor stated that if LPN A is able to find a sprinkler system inspection from 2022 or 2023, to send it to Surveyor by 12/22/2023. On 01/02/2023 at 11:30 a.m., Surveyor interviewed LPN A. Surveyor asked if LPN A was able to find 2022 or 2023's sprinkler inspections. LPN A stated no, that s/he knows one was not completed in 2023 but they will ensure one gets completed.	N 558		
Z 005	50.065(2)(b)intro ENTITY BACKGROUND CHECK REQUIREMENTS 1. A criminal history search from the records maintained by the department of justice. 2. Every entity shall obtain all of the following with respect to a caregiver of the entity: Information that is contained in the registry under s. 146.40(4g) regarding any findings against the person.	Z 005		

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Z 005	Continued From page 19 3. Information maintained by the department of safety and professional services regarding the status of the person's credentials, if applicable. 4. Information maintained by the department regarding any final determination under s. 48.981(3)(c)5m. or, if a contested case hearing is held on such a determination, any final decision under s. 48.981(3)(c)5p. that the person has abused or neglected a child. 5. Information maintained by the department under this section regarding any denial to the person of a license, certification, certificate of approval or registration or of a continuation of a license, certification, certificate of approval or registration to operate an entity for a reason specified in sub. (4m)(a)1. to 5. and regarding any denial to the person of employment at, a contract with or permission to reside at an entity for a reason specified in sub. (4m)(b)1. to 5. If the information obtained under this subdivision indicates that the person has been denied a license, certification, certificate of approval or registration, continuation of a license, certification, certificate of approval or registration, a contract, employment or permission to reside as described in this subdivision, the entity need not obtain the information specified in subds. 1. to 4.	Z 005		

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Z 005	Continued From page 20	Z 005		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 1 of 3 staff members reviewed had completed criminal background checks.

Caregiver B's date of hire is 12/28/2021, and as of 01/02/2023, the provider has not completed a criminal background check.

Findings include:

On 12/20/2023, Surveyor conducted a complaint investigation and standard survey.

Caregiver B had an employment start date of 12/28/2021 and was working at the time of the survey. Caregiver B's Background Information Discloser (BID) was signed on 01/03/2022. There was no Department of Justice Background check (DOJ) or Integrated Background Information System check (IBIS) in Caregiver B's record.

On 12/20/2023, at approximately 4:10 p.m., Surveyor interviewed LPN A. LPN A stated s/he will have to keep looking for Caregiver B's background check. Surveyor stated that if LPN A is able to find Caregiver B's background check, to send it to Surveyor by 12/22/2023.

On 01/02/2023 at 11:30 a.m., Surveyor interviewed LPN A. Surveyor asked if LPN A was able to find Caregiver B's background check. LPN A stated no, and that the general manager was working in the kitchen and s/he would have him/her run a background check on Caregiver B by the end of the day.

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Z 005	Continued From page 21 At 5:41 p.m., LPN A faxed Survey and stated that the general manager had an appointment so s/he will run a background check on 01/03/2024. The provider was not able to provide documentation that a criminal background check was ever completed for Caregiver B after 2 years of employment.	Z 005		