STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	310413	A. BUILDING: _____ B. WING _____	R-C 11/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAWTHORN MANOR INC	321 HAWTHORN DR WEST BEND, WI 53095

(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 11/07/2023, Surveyor conducted a verification visit at Hawthorn Manor, Inc. Additional information was gathered through 11/09/2023. Seven (7) of the previous deficiencies were corrected. Five deficiencies were identified. Four of 12 deficiencies were repeat violations, see Statement of Deficiency (SOD) UHQS11, dated 11/14/2022 and (SOD) UHQS12, dated 05/30/2023. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 11	{N 000}		
N 196	83.14(2)(a) Licensee ensures facility complies with laws The licensee shall ensure the CBRF and its operation comply with all laws governing the CBRF. This Rule is not met as evidenced by: Based on record review and interview, the licensee did not ensure the community-based residential facility (CBRF) and its operation complied with all laws governing the CBRF, as evidenced by 4 repeat deficient practices. Findings include: On 11/07/2023, at approximately 12:00 PM, Surveyor conducted a verification visit. Additional information was gathered through, 11/09/2023. As a result, 4 deficiencies were identified. N0219 DHS 83.17(1) Licensee Conduct	N 196		

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

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N 196	Continued From page 1 Caregiver Background Check (This is being cited for the third time). N0230 DHS 83.19 Orientation (This is being cited for the third time.) N0243 DHS 83.21(1-3) All Employee Training (This is being cited for the third time). N0504 DHS 83.46(1)(c) Heating System Maintenance (This is being cited for the third time). On 11/09/2023, at approximately 3:00 PM, Surveyor conducted an exit conference and interviewed Administrator A. Administrator A stated, "I know I have to organized and fix some things around here, especially with the training. I will work on getting things done." The 4 repeat violations evidence the licensee did not comply with department orders issued with Statement of Deficiency (SOD) UHQS12 ON 08/23/2023. The special orders issued with SOD UHQS12 included: Based on the results of the Department's investigation, and pursuant to Wis. Stat. § 50.03(5g)(b), EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER, the Department of Health Services HEREBY ORDERS that Hawthorn Manor Inc.: 1. Pursuant to Wis. Stat. §§ 50.03(5g)(b)3. and (b)6., EFFECTIVE IMMEDIATELY, the licensee shall comply with requirements specified by Wis. Admin. Code § DHS 83.15(3)(a). That is, the licensee shall ensure the administrator supervises the daily operation of the CBRF, including but not limited to, resident care and services, personnel and physical plant. The	N 196		

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N 196	Continued From page 2 licensee shall develop and implement corrective measures to resolve each deficiency identified in Statement of Deficiency UHQS12. WITHIN 45 DAYS of receipt of this notice, the licensee shall review and update each employee record to ensure: - A separate record for each employee is developed, maintained, kept current and include information as specified by Wis. Admin. Code § DHS 83.18. Each employee's record shall include evidence of a complete background check in accordance with Wis. Stat. ch. 50, and Wis. Admin. Code ch. 12. - Each employee has been screened for clinically apparent communicable disease included tuberculosis within 90 days before the start of employment. - Orientation is provided for each employee in all required subject areas before the employee performs any job duties. - All required employee training is obtained as specified in Wis. Admin. Code §§ DHS 83.20 and 83.21. WITHIN 45 DAYS of receipt of this notice, the licensee shall implement corrective actions to resolve each environmental deficiency identified in Statement of Deficiency UHQS12. The corrective actions shall ensure: - The clothes dryer vent is made of rigid material with required fire rating. The dryer vent tubing shall be clean and maintained. - The heating system is inspected and maintained by a heating contractor or local utility company every 3 years. Documentation of the inspection and repairs, if any, will be made available to department representatives upon request. - Tornado or other emergency or disaster drills shall be conducted at least semi-annually.	N 196		

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N 196	Continued From page 3 Evidence of meeting this requirement shall be maintained by the licensee and made available to department representatives upon request.	N 196		
{N 219}	83.17(1) Licensee conduct caregiver background check Caregiver background check. At the time of hire, employment or contract and every 4 years after, the licensee shall conduct and document a caregiver background check following the procedures in s. 50.065, Stats., and ch. DHS 12. A licensee shall not employ, contract with or permit a person to reside at the CBRF if the person has been convicted of the crimes or offenses, or has a governmental finding of misconduct, found in s. 50.065, Stats., and ch. DHS 12, Appendix A, unless the person has been approved under the department ' s rehabilitation process as defined in ch. DHS 12. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a complete caregiver background check was conducted upon hire for Caregiver H. The complete background check was to include the background information disclosure form (BID). This is a repeat violation, see statement of deficiency (SOD) UHQS11, dated 11/14/2022 and SOD UHQS12, dated 05/30/2023. Findings include:	{N 219}		

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{N 219}	Continued From page 4 On 11/07/2023, at approximately 12:10 PM, Surveyor requested to review Caregiver H's employee files from Administrator A. Caregiver H's date of hire was on 08/29/2023. Caregiver H's file did not include a BID form, due at time of hire. On 11/07/2023, at approximately 12:20 PM, Surveyor interviewed Administrator A. Administrator A stated, "I gave it to [Caregiver H] to fill out, but [s/he] never returned it. I will let [him/her] know to bring it and I will send it to you today." On 11/09/2023, at approximately 2:30 PM, Surveyor received an email attachment from Administrator A. The email attachment included Caregiver H's BID form, signed and dated on 11/07/2023, approximately 3 months after Caregiver H's date of hire.	{N 219}		
{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.	{N 230}		

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{N 230}	Continued From page 5 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 employees (Caregiver G and Caregiver H) obtained orientation training before performing job duties which shall include the following: 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. This is a repeat violation, see Statement of Deficiency (SOD) UHQS11, dated 11/14/2022, and SOD. UHQS12, dated 05/30/2023. Findings include: On 11/07/2023, at approximately 12:10 PM, Surveyor requested to review employee files (Caregiver G and Caregiver H), from Administrator A. Caregiver G On 11/07/2023, at approximately 12:20 PM, Surveyor reviewed Caregiver G's records and noted the following: Caregiver G's date of hire was on 02/06/2023. Caregiver G's records did not contain evidence of completed orientation training. On 11/07/2023, at approximately 12:25 PM, Surveyor interviewed Administrator A. Administrator A stated, "No, [s/he] has it from the other facility [s/he] works for. [S/he] was	{N 230}		

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{N 230}	Continued From page 6 supposed to bring it. I have it. I will send it to you." On 11/09/2023, at approximately 2:30 PM, Surveyor received an email attachment from Administrator A. The email or attachments did not contain evidence that (6 of 6) orientation trainings were completed for Caregiver G. Job responsibilities Abuse/neglect and misappropriation Assessed needs and individual services for each resident Emergency and disaster plan and evacuation procedures CBRF policies and procedures Changes of conditions As of 11/10/2023, Surveyor had not received documentation from Administrator A to verify if Caregiver G completed training in the above topics. Caregiver H On 11/07/2023, at approximately 12:40 PM, Surveyor reviewed Caregiver H's records and noted the following: Caregiver H's date of hire was on 08/29/2023. Caregiver H's records did not contain evidence of completed orientation training. On 11/07/2023, at approximately 12:45 PM, Surveyor interviewed Administrator A. Administrator A stated, "I haven't had the chance to print it up yet. I don't have any of [his/her] training done because [s/he] has 90 days. I don't have documentation of training for [Caregiver H] but I did give [him/her] 3 days of training. ... We don't have documentation of the training that we	{N 230}		

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{N 230}	Continued From page 7 trained [him/her]. [Caregiver H] has 90 days to complete this training." Surveyor referred Administrator A to the Departments requirements for orientation. Administrator A stated, "Oh, [s/he] was trained." Administrator A assured Caregiver H's training documentation would be submitted by the end of the day. On 11/09/2023, at approximately 2:30 PM, Surveyor received an email attachment from Administrator A. The email attachment included a Cedarburg Medical Clinic document, signed and dated on 10/26/2023, by Registered Nurse I (RN I), that indicated abuse, neglect and misappropriation, and client group training was provided to Caregiver H, approximately 60 days after Caregiver H's date of hire. Caregiver H's trainings in job responsibilities, emergency and disaster plan and evacuation procedures, and policies and procedures were signed and indicated a completion date on 11/09/2023, approximately 60 days after Caregiver H's date of hire. The email or attachments did not contain evidence that (2 of 2) orientation trainings in the topics of assessed needs and individual services for each resident and changes of conditions were completed for Caregiver H. As of 11/10/2023, Surveyor had not received documentation from Administrator A to verify if Caregiver H completed training in the above topics. CROSS REFERENCE: N0243 DHS 83.21(1)-(3) All Employee Training	{N 230}		

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{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 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	{N 243}		

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{N 243}	Continued From page 9 employment. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Caregiver G completed all training as required. This is a repeat violation, see Statement of Deficiency (SOD) UHQS11, dated 11/14/2022, and SOD UHQS12, dated 05/30/2023. Findings include: On 11/07/2023, at approximately 12:10 PM, Surveyor requested to review Caregiver G's employee file from Administrator A. On 11/07/2023, Surveyor reviewed Caregiver G's file and noted Caregiver G's date of hire was on 02/06/2023. Caregiver G's file did not contain evidence that resident rights, client group, and challenging behaviors training had been completed. On 11/09/2023, at approximately 10:40 AM, Surveyor received a telephone call from Administrator A. Administrator A stated, "I think [s/he] completed all of [his/her] training. I will find it and fax it to you." On 11/09/2023, at approximately 2:30 PM, Surveyor received email attachments. The attachments did not contain evidence of training in resident rights, client group, and challenging behaviors. Caregiver G's training records did not contain evidence of meeting an exemption for	{N 243}		

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{N 243}	Continued From page 10 resident rights, client group, and challenging behaviors. As of 11/10/2023, Surveyor had not received documentation from Administrator A to verify if Caregiver G completed training in the above topics. CROSS REFERENCE: N0230 DHS 83.19 Orientation	{N 243}		
{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 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 ensure the facility's heating system was inspected at least once every 3 years. This is a repeat violation, see Statement of Deficiency (SOD) UHQS11, dated 11/14/2022 and SOD UHQS12, dated 05/30/2023.	{N 504}		

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{N 504}	Continued From page 11 Findings include: On 11/07/2023, at approximately 1:30 PM, Surveyor requested to review the most recent furnace inspection from Administrator A. Administrator A stated, "We just had it done but the people didn't give us a receipt. They told us they would mail it to us. I will call them today and ask them to send it over, then I will send it to you. As of 11/09/2023, no evidence a furnace inspection was conducted was provided to Surveyor for review.	{N 504}		