STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010205	A. BUILDING: _____ B. WING _____	C 10/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS OF FOUNTAIN WAY	1050 FOUNTAIN WAY MENASHA, WI 54952

(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 10/29/2024, Surveyor conducted a complaint investigation and abbreviated survey at Gardens of Fountain Way (The), a CBRF in Menasha. Nine deficiencies were identified. The complaint was unsubstantiated. Census: 21	N 000		
N 191	83.13(3)(d) Posting activity schedule. The CBRF shall post all of the following: Activity schedule as required under s. DHS 83.38(1)(c). This Rule is not met as evidenced by: Based on observation and interview, the provider did not develop and post an activity schedule as required. Findings include: On 10/29/2024 at approximately 11:00 a.m., Surveyor toured the provider's facility. Surveyor was unable to locate an activity schedule. On 10/29/2024 at approximately 12:00 p.m., Surveyor asked Agency Staff C if the facility had an activity schedule for the day. Agency Staff C replied, "I don't know," and asked Resident 1 if there was an activity plan for the day. Resident 1 replied, "Yes. 2:00 pm." On 10/29/2024 at approximately 12:02 p.m., Surveyor interviewed Resident 1. Resident 1 stated s/he ran the facility's activities and would probably do something Halloween related in the	N 191		

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

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N 191	Continued From page 1 afternoon. Surveyor asked Resident 1 if the facility had an activity schedule posted somewhere in the facility. Resident 1 replied, "No. We just have church Tuesday and Thursday mornings and then pick an activity in the afternoon." On 10/29/2024 at approximately 12:30 p.m., Surveyor interviewed Manager A. Manager A confirmed Resident 1 and another resident's family member volunteered to run activities. Manager A stated there was no specific schedule followed or posted, but that s/he could initiate a posting.	N 191		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 employees reviewed had documentation from a physician, physician assistant, clinical nurse practitioner or a	N 220		

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N 220	Continued From page 2 licensed registered nurse indicating all employees had been screened for clinically apparent communicable disease, including tuberculosis, within 90 days before the start of employment. The provider did not have required documentation of communicable disease screens on record for Caregiver D and Caregiver E. Findings include: On 10/29/2024 at approximately 10:30 a.m., Surveyor conducted a review of Caregiver D and Caregiver E's record to verify compliance with communicable disease screens. Surveyor requested training records from Manager B for Caregiver and Caregiver E. On 10/29/2024 at approximately 10:45 a.m., Surveyor reviewed employee records, which documented the following: - Caregiver D was hired on 07/22/2024. Caregiver D's record did not include a tuberculosis test or communicable disease screen. - Caregiver E was hired on 07/23/2024. Caregiver E's record did not include a tuberculosis test or communicable disease screen. On 10/29/2024 at approximately 12:00 p.m., Manager B pulled up text messages that showed Caregiver D had a negative tuberculosis test on 02/26/2024, greater than 90 days prior to his/her date of hire. Manager B pulled up an additional text message that indicated Caregiver E had a tuberculosis test administered, but did not include documentation of the results. Manager B stated s/he did not have documentation of communicable disease screens for either Caregiver D or Caregiver E. Executive Director A stated the provider typically completed the	N 220		

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N 220	Continued From page 3 communicable disease screens so s/he wasn't sure why the documentation was not in the employee record.	N 220		
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 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 record review and interview, the provider did not ensure 1 of 2 employees reviewed had obtained all department approved training as required.	N 239		

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N 239	Continued From page 4 Caregiver D did not have training in fire safety or first aid and choking within 90 days after starting employment. Findings include: On 10/29/2024, Surveyor conducted a review of Caregiver D's record to verify compliance with department approved training requirements. Surveyor requested training records from Manager B for Caregiver D. The record for Caregiver D, hired 07/22/2024, did not contain evidence of training or evidence of meeting an exemption for fire safety or first aid and choking. On 10/29/2024 at approximately 12:30 p.m., Surveyor interviewed Manager B and Executive Director A and shared that Caregiver D would have been due to have fire safety and first aid and choking training completed on or by 10/20/2024. Executive Director A acknowledged Caregiver D was due for trainings and confirmed the provider did not have evidence Caregiver D completed or met an exemption for fire safety training or first aid and choking training. Executive Director A stated Caregiver D had a full-time employment, in addition to the provider's employment, making Caregiver D's availability very limited to complete necessary trainings. On 10/29/2024 at approximately 1:00 p.m., Surveyor reviewed the provider's schedule. The schedule indicated Caregiver D worked the following dates after his/her 90th day of employment without receiving fire safety and first aid and choking training: 10/23/20204 and 10/28/2024 from 7:00 a.m. to 3:00 p.m. On 10/29/2024, Surveyor verified Caregiver D	N 239		

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N 239	Continued From page 5 was not on the Community-Based Care and Treatment training registry for fire safety or first aid and choking.	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 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:	N 243		

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N 243	Continued From page 6 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 E did not have training in resident rights or recognizing, preventing, managing and responding to challenging behaviors within 90 days after starting employment. Findings include: On 10/29/2024, Surveyor conducted a review of Caregiver E's record to verify compliance with all employee training requirements. Surveyor requested training records from Manager B for Caregiver E. The record for Caregiver E, hired 07/23/2024 did not contain evidence of training or evidence of meeting an exemption for resident rights or challenging behaviors training. On 10/29/2024, at approximately 1230 p.m., Surveyor interviewed Manager B and Executive Director A and shared that Caregiver E was overdue for resident rights and challenging behaviors training. Executive Director A checked his/her records and confirmed	N 243		

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N 243	Continued From page 7 Caregiver E had not yet received training in resident rights or challenging behaviors. Executive Director A stated his/her yearly resident rights training had been completed just prior to Caregiver E's date of hire. Executive Director A confirmed the provider did not have evidence Caregiver E completed or met an exemption for resident rights training or challenging behaviors training. On 10/29/2024 at approximately 1:00 p.m., Surveyor reviewed the provider's schedule. The schedule indicated Caregiver E worked the following dates after his/her 90th day of employment without receiving resident rights or challenging behaviors training: 10/21/2024, 10/23/2024, 10/24/2024, 10/25/2024, 10/28/2024 11:00 p.m. to 7:00 a.m.	N 243		
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	N 277		

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N 277	Continued From page 8 provider did not ensure 1 of 1 caregivers reviewed for continuing education received at least 15 hours of continuing education per calendar year. The provider did not have documentation of Caregiver F's 2022 and 2023 continuing education. Findings include: On 10/29/2024 at approximately 10:45 a.m., Surveyor conducted a review of Caregiver F's record, provided by Manager B, to verify compliance with continuing education requirements. Caregiver F's record did not include documentation of continuing education. On 10/29/2024 at approximately 11:00 a.m., Surveyor interviewed Executive Director A. Executive Director A stated s/he tracked caregivers' continuing education and attempted to pull up Caregiver F's 2022 and 2023 record in an electronic record. Executive Director A attempted to obtain electronic records on his/her own and with the assistance of the provider's Information Technology assistance. Executive Director A was unable to locate documentation of any 2022 or 2023 continuing education. Executive Director A stated s/he told the previous director, who left Summer 2024, to document continuing education, but was unsure if/where the education was documented.	N 277		
N 283	83.26(1) Documentation of required employee training The CBRF shall maintain documentation of all employee training under s. DHS 83.21 and task	N 283		

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N 283	Continued From page 9	N 283		

specific training under s. DHS 83.22 and shall include the name of the employee, the name of the instructor, the dates of training, a description of the course content, and the length of the training.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure documentation of task specific training was maintained for 1 of 2 caregivers reviewed.

The provider did not maintain documentation of Caregiver E's personal care and dietary trainings.

Findings include:

On 10/29/2024, Surveyor conducted a review of Caregiver E's record to verify compliance with task specific training requirements. Surveyor requested training records from Manager B for Caregiver E.

The record for Caregiver E, hired 07/23/2024 did not contain evidence of training or evidence of meeting an exemption for personal cares or dietary tasks. On 10/29/2024, at approximately 12:30 p.m., Surveyor interviewed Manager B and Executive Director A and shared that Caregiver E's record did not include training for personal cares or dietary tasks. Executive Director A stated Caregiver E would have received personal care training while "shadowing" during orientation, but confirmed s/he did not have documentation to indicate this occurred. Executive Director A stated s/he had completed dietary staff informally with caregivers recently because Executive Director A had been working in the evenings and teaching caregivers how to cook. Executive Director A

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N 283	Continued From page 10 stated s/he also had a binder that s/he typically reviewed with caregivers regarding dietary tasks, but had not reviewed the binder formally with Caregiver E.	N 283		
N 450	83.41(2)(c) Nutrition: menus. Menus. 1. The CBRF shall make reasonable adjustments to the menu for individual resident ' s food likes, habits, customs, conditions and appetites. 2. The CBRF shall prepare weekly written menus and shall make menus available to residents. Deviations from the planned menu shall be documented on the menu. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a weekly written menu was available to residents and that deviations from the planned menu were documented on the menu. Findings include: On 10/29/2024 at approximately 11:00 a.m., Surveyor toured the provider's facility. Surveyor was unable to locate a menu. On 10/29/2024 at approximately 11:15 a.m., Surveyor interviewed Agency Staff C, who was responsible for dietary tasks and reported working at the facility often. Surveyor asked Agency Staff C if there was a weekly menu available to residents. Agency Staff C showed Surveyor a weekly menu that was posted in the kitchen, accessible to staff. Surveyor asked if residents had access to a weekly menu. Agency Staff C pointed to a whiteboard that was in the	N 450		

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N 450	Continued From page 11 same area of the kitchen and stated the daily menu was typically written on the whiteboard and posted in the dining room. Agency Staff C stated the white board was not posted at that moment because s/he was documenting a change in the lunch menu from chicken to pulled pork. On 10/29/2024 at approximately 12:00 p.m., Surveyor asked Manager B if the provider had a weekly menu prepared and posted for residents. Manager B replied, "No. Just the daily menu on the white board." Surveyor shared concern that residents did not have access to a weekly menu and that deviations from the menu were not posted on the menu. Manager B stated s/he was unaware that a weekly menu needed to be posted and that s/he believed residents were informed of the lunch deviation during breakfast.	N 450		
N 452	83.41(3)(b) Food safety. Food safety. Whether food is prepared at the CBRF or off-site, the CBRF shall store, prepare, distribute and serve food under sanitary conditions for the prevention of food borne illnesses, including food prepared off-site, according to all of the following: 1. The CBRF shall refrigerate all foods requiring refrigeration at or below 40°F. Food shall be covered and stored in a sanitary manner. 2. The CBRF shall maintain freezing units at 0°F or below. Frozen foods shall be packaged, labeled and dated. 3. The CBRF shall hold hot foods at 140°F or above and shall hold cold foods at 40°F or below until serving.	N 452		

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N 452	Continued From page 12 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure food was stored in a sanitary condition for the prevention of food borne illnesses. The provider had food that was not dated in the refrigerator. Findings include: On 10/29/2024 at approximately 11:00 a.m., Surveyor toured the provider's facility with Agency Staff C. Surveyor observed the following in the refrigerators: - Lemon Meringue Pie (Open and half eaten) that was not dated. Agency Staff C stated based on the menu, the food item was from 2 days ago. - A package of deli-style ham that was open and dated 10/18/2024. Agency Staff C stated the date indicated the date the package was purchased, not opened. Agency Staff C was unsure when the package was opened. - A package of deli-style turkey that was open and dated 10/18/2024. Agency Staff C stated the date indicated the date the package was purchased, not opened. Agency Staff C was unsure when the package was opened. - A container of mixed vegetables that was not dated. Agency Staff C believed the vegetables were from 2 days prior. - One container of apple juice and one container of orange juice that were not dated. Agency Staff C stated, "They go through a container at least every 2 days." On 10/29/2024 at approximately 12:30 p.m.,	N 452		

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N 452	Continued From page 13 Surveyor reviewed concern with Manager B and Executive Director A that there were foods with no dates in the provider's kitchen. Executive Director A stated s/he would get labels for staff to use to make sure all food is dated.	N 452		
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 evacuation drills, such as tornado, flooding or other emergency or disaster evacuation drills, were conducted at least semi-annually. Findings include: On 10/29/2024 at approximately 11:00 a.m., Surveyor reviewed the provider's environmental records. The providers record included 1 non-fire drill, which was a gas leak drill conducted on 07/03/2024 at 8:30 a.m., The provider's documentation did not include any documentation of other non-fire drills for 2023 or 2024. On 10/29/2024 at approximately 11:15 a.m., Surveyor reviewed concern with Manager B and Executive Director A that the provider's documentation did not include non-fire drills for 2023. Manager B and Executive Director A stated they were not responsible for the drills in 2023 and did not have any additional documentation to provide Surveyor.	N 526		