STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010740	A. BUILDING: _____ B. WING _____	R-C 11/22/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NOREEN FAMILY HOME	**2913 INGALLS ROAD MENOMONIE, WI 54751**

(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 11/22/2023, Surveyor conducted a verification visit at Noreen Family Home. Four violations were identified. Three of 4 deficiencies were repeat violations. See Statement of Deficiencies (SOD) VFCD11, dated 06/13/2023. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 7	{N 000}		
{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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 3 caregivers sampled completed orientation training prior to assuming job duties. This is a repeat deficiency. See Statement of Deficiency (SOD) VFCD11, dated 06/13/2023.	{N 230}		

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

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{N 230}	Continued From page 1 Findings include: On 11/22/2023, Surveyor reviewed employee records. Resident Care Assistant (RCA) D was hired on 07/24/2023. RCA D's record did not include evidence of successful completion of all orientation topics, specifically training in abuse, neglect, and misappropriation. RCA E was hired 10/09/2023. RCA E's record indicated s/he did not complete training prior to working alone at the facility. RCA E completed orientation training on 10/31/2023. According to the staff schedule, RCA E was working alone at the facility as of 10/12/2023. At approximately 9:30 AM, Surveyor interviewed House Manager (HM) B. HM B reviewed RCA D's record. HM B stated RCA D did not complete abuse and neglect training. At approximately 10:30 AM, HM B said RCA E did not complete orientation training prior to assuming job duties. HM B said RCA E primarily worked overnight shifts alone. Cross reference: N0397 DHS 83.36(1)(b) Qualified Staff In Charge, On Duty And Awake	{N 230}		
{N 287}	83.27(2)(a) Admissions compatible with the license class A CBRF may not admit or retain any of the following persons: A person who has an ambulatory or cognitive status that is not	{N 287}		

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{N 287}	Continued From page 2 compatible with the license classification under s. DHS 83.04(2). This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider admitted a non-ambulatory resident (Resident 1) that was not compatible with the provider's semi-ambulatory license. This is a repeat deficiency. See Statement of Deficiency (SOD) VFCD11, dated 06/13/2023. Findings include: The provider has a C semi-ambulatory (CS) license to care for 8 residents in the client groups advanced aged and developmentally disabled. A CS license means residents may be ambulatory or semi-ambulatory, but one or more may not be physically or mentally capable of responding to a fire alarm by exiting the building without assistance. "Semi-ambulatory" means a person is able to walk with difficulty or only with the assistance of an aid such as crutches, cane, or a walker, according to DHS 83.02(51). DHS 83.02(34) states "non-ambulatory" means a person who is unable to walk but who may be mobile with the help of a wheelchair or other mobility devices. On 08/11/2023, the Department issued a notice and order with SOD VFCD11 that read: "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	{N 287}		

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{N 287}	Continued From page 3 Health Services HEREBY ORDERS that Noreen Family Home: 1. Pursuant to Wis. Stat. § 50.03(5g)(b)3., effective immediately, the licensee will comply with the requirements specified by Wis. Admin. Code § DHS 83.27(2)(a). That is, a CBRF may not admit or retain a person who has an ambulatory or cognitive status that is not compatible with the facility 's license classification." On 11/22/2023 at approximately 10:00AM, Surveyor interviewed House Manager (HM) B. HM B stated Resident 1 was unable to walk and s/he ambulated via wheelchair. HM B stated Licensee C told HM B that s/he was working with the Department to either change the license class or get a waiver for Resident 1 to remain living at the facility. HM B was unaware if either of these things happened. Resident Care Assistant (RCA) A stated Resident 1 struggled to move throughout the facility due to the raised flooring transition. RCA A also stated the main entrance/patio area was unsafe for wheelchairs due to a slope in the concrete that led to an approximate 12-inch drop to grade. On 11/22/2023, Surveyor reviewed the provider's records with the Department and did not find evidence of a waiver request for Resident 1 to remain at the facility.	{N 287}		
{N 397}	83.36(1)(b) Qualified staff in charge, on duty and awake. The CBRF shall ensure all of the following: 1. An administrator or other designated qualified	{N 397}		

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{N 397}	Continued From page 4 resident care staff in charge is on the premises of the CBRF daily to ensure the CBRF is providing safe and adequate care, treatment and services. 2. At least one qualified resident care staff is present in the CBRF when one or more residents are present in the CBRF. 3. At least one qualified resident care staff is on duty and awake if at least one resident in the CBRF is in need of supervision, intervention or services on a 24-hour basis to prevent, control or improve the resident ' s constant or intermittent mental or physical condition that may occur or may become critical at any time including residents who are at risk of elopement, who have dementia, who are self-abusive, who become agitated or emotionally upset or who have changing or unstable health conditions that require close monitoring. 4. At least one qualified resident care staff is on duty and awake if the evacuation capability of at least one resident is 4 minutes or more. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a qualified resident care staff was on site, on duty, and awake when residents were present in October and November. This is a repeat deficiency. See Statement of Deficiency (SOD) VFCD11, dated 06/13/2023. Findings include: The provider is licensed to care for 8 residents in the client groups advanced aged and developmentally disabled. On 08/11/2023, the Department issued a notice and order with SOD VFCD11 that included an	{N 397}		

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{N 397}	Continued From page 5 order not to admit additional residents until violations were corrected, and an order to hire a consultant to assist with developing procedures. The orders included an order to develop a procedure to ensure at least 1 qualified staff was present when residents were home. On 11/22/2023, Surveyor reviewed Resident Care Assistant (RCA) E's record. RCA E was hired on 10/09/2023. According to RCA E's training records, s/he completed initial training on 11/05/2023. Surveyor reviewed the staff schedule. RCA E worked alongside another caregiver on 10/09/2023 from 8:30 AM to 2:00 PM, 10/10/2023 from 8:30 AM to 2:00 PM, and 10/11/2023 from 2:00 PM to 10:00 PM. RCA E worked his/her first shift alone on 10/12/2023 from 10:00 PM to 6:00 AM. RCA E worked a total of 15 shifts alone between 10/12/2023 and 11/05/2023. At approximately 10:30 AM, HM B said RCA E did not complete training until 11/05/2023. HM B discussed the changes they had made to their training system but acknowledged they did not monitor training progress in relation to when staff were able to work alone at the facility. HM B stated noc (overnight) shift was the only shift that worked alone.	{N 397}		
N 492	83.45(1)(a) Exterior areas. Exterior areas. The CBRF shall maintain the yard, any fences, sidewalks, driveways and parking areas of the CBRF in good repair and free of hazards. This Rule is not met as evidenced by:	N 492		

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N 492	Continued From page 6 Based on observation and interview, the provider did not ensure exterior areas were maintained and free of hazards. The main entrance pathway had multiple trip hazards and uneven steps. The raised concrete patio was sloped toward the ground and did not have railings to prevent falls. Findings include: The provider is licensed to care for 8 residents in the client groups advanced aged and developmentally disabled. On 11/22/2023 at approximately 10:00 AM, Surveyor observed the provider's exits. The main exit led to a raised concrete slab (patio) that was the width of approximately 1/2 of the house. The patio was raised 12 inches from grade and did not have a guardrail. There was a noticeable slope in the patio from the main entrance/exit door to the edge of the patio. This slope created a hazard for any wheeled assistive device. The patio had a short retaining wall around the perimeter that was flush with the surface of the patio. Some of the top blocks were missing from the retaining wall, creating a hole (trip hazard) at the edge of the concrete patio. There were steps leading off the concrete patio to a cobblestone paver pathway. The steps were uneven heights and the stone pathway had areas of missing or cracked stones. Both issues created trip hazards. At approximately 10:15 AM, Surveyor interviewed House Manager (HM) B and Resident Care Assistant (RCA) A. HM B stated s/he and RCA A talked to Licensee C about fixing the front patio area but Licensee C refused to fix it. RCA A stated residents in wheelchairs and wheeled walkers struggled with the slope. RCA A stated they asked Licensee C to put a railing around the	N 492		

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N 492	Continued From page 7 patio area to prevent residents from going off the edge but Licensee C stated s/he liked the look of the patio the way it was.	N 492		