STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014179	A. BUILDING: _____ B. WING _____	R 11/03/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MATTHEWS OF SAINT FRANCIS II	3620 E DENTON ST SAINT FRANCIS, WI 53235

(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 11/03/2023, Surveyor completed a standard survey, verification visit, and compliant investigation at Matthews of Saint Francis II. As a result, 5 deficiencies were identified. Two of 5 deficiencies were repeat violations. See Statement of Deficiency (SOD) VIE111 dated 02/16/2022. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. One complaint was unsubstantiated Census: 16	{N 000}		
N 164	83.12(4)(b) Reporting when law enforcement is called. A CBRF shall send a written report to the department within 3 working days after any of the following occurs: Any time law enforcement personnel are called to the CBRF as a result of an incident that jeopardizes the health, safety, or welfare of residents or employees. The CBRF ' s report to the department shall provide a description of the circumstances requiring the law enforcement intervention. This reporting requirement does not apply to residents under the jurisdiction of government correctional agencies. This Rule is not met as evidenced by: Based on record review and interviews, the provider did not report to the department within 3 working days after law enforcement personnel were called to the Community Based Residential Facility (CBRF) as a result of an incident that jeopardized the health, safety, or welfare of	N 164		

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

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N 164	Continued From page 1	N 164		

residents or employees at the facility for 1 of 1 incident reviewed. Resident 8 eloped from the facility.

Findings include:

On 10/27/2023, at approximately 9:37 a.m., Surveyor received and reviewed Resident 8's Service Notes. The following was identified:
-August 18, 2023 "The police arrived at approximately 9:55 a.m., due to being called because [Resident 8] wheeled him/herself off of the premises and went down the street. Staff followed until the police came. When they arrived, [Resident 8] stated to them that s/he wanted to leave here, and s/he wasn't going back into the building because s/he didn't want to be here."

On 10/27/2023 at 9:30 a.m., Surveyor interviewed Associate Administrator (AA) L and Regional Wellness Director (RWD) N. AA L reported Resident 8 required police intervention on several occasions mostly due to not trusting staff. Resident 8 called the police to the building.

On 10/27/2023, at approximately 9:37 a.m., Surveyor interviewed AA L who stated, "I have not reported those incidents to the department. I have sent emails to the guardian, the care manager, our regional director, and our nurse. I did not realize I needed to report them to the Bureau of Assisted Living."

On 10/27/2023, at 1:25 p.m., Surveyor interviewed Lead Medication Technician (LMT) R who explained Resident 8 left the property in August 2023. LMT R explained s/he called the police and followed him/her off the property, to be sure s/he stayed safe. LMT R recalled, "[Resident 8] didn't listen to staff, but [s/he] would listen to

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N 164	Continued From page 2 the police. [S/He] came back to the facility after talking to the police." On 11/03/2023, at 2:00 p.m., Surveyor interviewed Regional Director (RD) M, who stated s/he would know if a report was sent to the department. "It probably was not done." On 10/27/2023, Surveyor reviewed department records for the provider, including documentation of incidents self-reported by the provider. Surveyor did not locate evidence the provider self-reported any incidents that occurred in 2023 involving Resident 8's police intervention.	N 164		
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 documentation was obtained from a physician, physician assistant, clinical nurse practitioner or licensed registered	N 220		

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N 220	Continued From page 3 nurse indicating 2 of 3 employees (Caregiver O and Caregiver P) was screened for clinically apparently communicable disease, including tuberculosis (TB), within 90 days before the start of employment. Caregiver O was not screened for clinically apparent communicable disease. Caregiver P was not screened for TB within 90 days before the start of employment. Findings include: On 10/27/2023, Surveyor reviewed staff records and identified the following: -Caregiver O was hired on 05/09/2022. Caregiver O's record contained a TB screening dated 05/08/2022; however, there was no documentation to show Caregiver O was screened for clinically apparently communicable disease within 90 days before the start of employment. -Caregiver P was hired on 06/13/2023. Caregiver P's record contained a TB test dated 08/05/2023; 7 weeks and 5 days after date of hire. On 10/27/2023, at 4:10 p.m., Surveyor interviewed Regional Director (RD) M. RD M confirmed Caregiver O was not screened for clinically apparent communicable diseases. RD M confirmed Caregiver P was not screened for clinically apparently communicable disease within 90 days before the start of employment.	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	{N 239}		

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{N 239}	Continued From page 4 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 3 employees obtained all department approved training as required. This is a repeat deficiency. See Statement of Deficiency (SOD) VIE111 dated 02/16/2022. Findings include: On 10/27/2023 at 1:25 p.m., Surveyor conducted a review of 3 employees to verify compliance with department approved training requirements. Surveyor requested training records from	{N 239}		

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{N 239}	Continued From page 5 Regional Director (RD) M for Caregiver O. First Aid and Choking The record for Caregiver O, hired 05/09/2022, did not contain evidence of training or evidence of meeting an exemption for first aid and choking. Caregiver O did not receive first aid and choking within 90 days of hire. Fire Safety The record for Caregiver O, hired 05/09/2022, did not contain evidence of training or evidence of meeting an exemption for fire safety. Caregiver O did not receive fire safety training within 90 days of hire. On 10/27/2023 at 1:45 p.m., Surveyor reviewed Wisconsin Community Based Care and Treatment Training Registry. Caregiver O did not have First Aid and Choking or Fire Safety training. On 10/27/2023 at 4:10 p.m., Surveyor interviewed RD M. RD M informed Surveyor Caregiver O did not receive training for first aid and choking and fire safety within 90 days of hire. RD M stated, "We just realized s/he didn't have the trainings and we pulled him/her off the schedule until it is complete. S/He only works every other weekend. We can get it done."	{N 239}		
N 444	83.40 Oxygen storage. Oxygen storage. Oxygen storage shall be in an area that is well ventilated and safe from environmental hazards, tampering, or the chance of accidental damage to the valve stem. If oxygen cylinders are in use, oxygen cylinders	N 444		

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N 444	Continued From page 6 shall be secured in an upright position. If stored upright, cylinders must be secured. If stored horizontally, cylinders shall be on a level surface where they will remain stationary. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure oxygen was secured when stored upright in resident room. Resident 7 had three 164-liter oxygen cylinders stored upright, on the floor and not secured. Findings include: On 10/25/2022 at 3:50 p.m., Surveyor observed Resident 7's room. Three 164-liter oxygen cylinders were stored upright, on the floor and not secured. On 10/25/2023 at 3:55 p.m., Surveyor interviewed Resident 7, who stated the caregivers kept his/her oxygen in his/her room. The oxygen was delivered right to his/her room. S/He explained it was a convenience. Resident 7 indicated only the large cylinder had a secure stand, the other three did not. On 11/03/2023, at 2:00 p.m., Surveyor interviewed Regional Director (RD) M, who stated an outside agency brought the oxygen into the facility. S/He explained the medical technicians knew oxygen should be stored upright and secure. "We will need to re-educate them."	N 444		
{N 446}	83.41(1)(b) Equipment. Equipment. The CBRF shall store equipment and utensils in a clean manner and shall maintain all utensils and equipment in good repair.	{N 446}		

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{N 446}	Continued From page 7 This Rule is not met as evidenced by: Based on observation and interview the provider did not store equipment and utensils in a clean manner and did not maintain all utensils and equipment in good repair. This requirement is being cited for a fourth time. See Statements of Deficiency (SOD) F35811, dated 01/30/2018, SOD F35812, dated 11/02/2018, and SOD VIE111, dated 02/16/2022. Findings include: On 10/25/2023 at 11:20 a.m., Surveyor observed water on the floor, with a line of water coming from under the refrigerator. The puddle of water measured approximately 4 inches by 3 inches and was streaming toward the center of the kitchen floor. On 10/25/2023 at 11:22 a.m., Surveyor interviewed Cook K who stated the refrigerator had been leaking like that since summertime. S/He had mentioned it to the maintenance technician, however, admitted s/he should have written out a work order to have the refrigerator repaired. Cook K explained s/he must mop it up several times a week and sometimes keeps rags under the refrigerator to absorb the water, so no one slipped and fell. On 11/03/2023, Surveyor interviewed Regional Director (RD) M. RD M reported s/he was unaware of the problem. RD M stated s/he would	{N 446}		

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{N 446}	Continued From page 8 check with the maintenance technician and order a new refrigerator, if necessary.	{N 446}		