STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015855	A. BUILDING: _____ B. WING _____	11/15/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOME AGAIN ASSISTED LIVING INC	308 ENGLAND STREET CAMBRIDGE, WI 53523

(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 From 11/13/2023 to 11/15/2023, Surveyor conducted an abbreviated survey at Home Again Assisted Living Inc, a CBRF in Cambridge. Three deficiencies were identified. Census: 34	N 000		
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:	N 239		

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

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N 239	Continued From page 1 Based on record review and interview, the provider did not ensure 2 of 3 employees obtained all department approved training as required. Caregiver B and Caregiver C did not have training in fire safety within 90 days after starting employment. Caregiver B and Caregiver C did not have training in first aid and choking within 90 days after starting employment. Findings include: On 11/13/2023, Surveyor conducted a review of 3 employees to verify compliance with department approved training requirements. Surveyor requested training records from Director A for Caregiver B and Caregiver C. Fire Safety The records for Caregiver B, hired 07/19/2023, and Caregiver C, hired 06/26/2023, did not contain evidence of training or evidence of meeting an exemption for fire safety. On 11/13/2023, at approximately 10:30 a.m., Surveyor interviewed Director A. Director A stated both Caregiver B and Caregiver C had just taken the fire safety class on 11/10/2023, but still needed to take the test to complete the training. Surveyor confirmed the fire safety class was taken greater than 90 days after Caregiver B and Caregiver C's hire. First Aid and Choking The records for Caregiver B, hired 07/19/2023, and Caregiver C, hired 06/26/2023, did not	N 239		

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N 239	Continued From page 2 contain evidence of training or evidence of meeting an exemption for first aid and choking. On 11/13/2023, at approximately 10:30 a.m., Surveyor interviewed Director A. Director A stated both Caregiver B and Caregiver C had just taken the first aid and choking class on 11/10/2023, but still needed to take the test to complete the training. Surveyor confirmed the first aid and choking class was taken greater than 90 days after Caregiver B and Caregiver C's hire. On 11/13/2023 at approximately 11:00 a.m., Surveyor verified neither Caregiver B, nor Caregiver C were on the Community-Based Care and Treatment training registry for fire safety or first aid and choking Director A was given the opportunity to submit any additional evidence of training by 11/14/2023. No documentation of trainings were received.	N 239		
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 ensure an annual inspection by the local fire authority or certified fire inspector was completed and the report was retained for 2 years. The provider did not have record of a fire inspection. Findings include:	N 530		

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N 530	Continued From page 3 On 11/13/2023 at approximately 9:00 a.m., Surveyor reviewed the provider's environmental records. Surveyor was unable to locate a recent fire inspection. On 11/13/2023 at approximately 10:30 a.m., Surveyor requested the facility's most recent fire inspection report from Director A. Director A stated s/he believed the local fire department had completed annual inspections, but s/he would need to follow up for the information. The provider was given until 11/14/2023 to provide follow up documentation. No documentation of a fire inspection was received. On 11/15/2023 at approximately 9:00 a.m., Director A updated Surveyor that s/he had left a message with the local fire department but had not received a response regarding an inspection at the facility. As of 11/17/2023 at 10:00 a.m., a fire inspection report had not been received.	N 530		
N 650	83.59(4)(b) Delayed egress: locking device sign posted Delayed egress door locks are permitted with department approval only in facilities with a supervised automatic fire sprinkler system and a supervised interconnected automatic fire detection system and shall comply with all of the following: A sign shall be posted adjacent to the locking device indicating how the door may be opened.	N 650		

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N 650	Continued From page 4 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a sign was posted adjacent to 2 of 2 delayed egress devices indicating how the device may be opened. Findings include: On 11/13/2023 at approximately 10:00 a.m., Surveyor toured the provider's facility with Director A. As Surveyor toured the lower level, known as the facility's "Memory Care," Surveyor observed 2 exits that were delayed egress. Neither door had a sign that indicated an individual must push on the door for 15 seconds in order to open. One of the doors appeared to previously have a sign with instructions, but the sign had been covered with masking tape. Surveyor reviewed concern with Director A. Director A confirmed the doors were delayed egress and acknowledged there was no sign that indicated how the door could be opened. Director A made note of the concern.	N 650		