STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013449	A. BUILDING: _____ B. WING _____	C 12/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY VILLAS ASSISTED LIVING	S820 WESTLAND DR SPRING VALLEY, WI 54767

(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
U 000	INITIAL COMMENTS On 11/30/2023, Surveyor conducted a complaint investigation and abbreviated survey at Valley Villas Assisted Living. Data collection continued through 12/06/2023. The complaint was unsubstantiated. Two deficiencies were identified. Census: 21 tenants; 18 apartments	U 000		
U 129	89.23(4)(a)2. SERVICES PROVIDER QUALIFICATIONS. Service Providers. Nursing services and supervision of delegated nursing services shall be provided consistent with the standards contained in the Wisconsin nurse practice act. Medication administration and medication management shall be performed by or, as a delegated task, under the supervision of a nurse or pharmacist. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure medication management was delegated under the supervision of a nurse or pharmacist for 2 of 2 caregiver records reviewed. Findings include: Per DHS 89.13(22), the definition of "medication	U 129		

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

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U 129	Continued From page 1	U 129		

management" means "overesight by a nurse, pharmacist or other health care professional to minimize risks associated with use of medications. Medication management includes proper storage of medications; preparation of a medication organization or reminder system; assessment of the effectiveness of medications; monitoring for side effects, negative reactions and drug interactions; and delegation and supervision of medication administration."

On 11/30/2023 at approximately 11:00 AM, Surveyor interviewed Caregiver E who was on the floor working and asked if any tenants received assistance with medication administration. Caregiver E stated several tenants received assistance with medications and some tenants self-administered their own medications.

On 11/30/2023, Surveyor requested to review Caregiver B and Caregiver C's record from House Manager (HM) A.

Caregiver B had a hire date of 08/07/2023. The record for Caregiver B did not contain documentation to show delegation from a nurse or pharmacist was provided for medication management.

Caregiver C had a hire date of 07/11/2023. The record for Caregiver C did not contain documentation to show delegation from a nurse or pharmacist was provided for medication management.

On 11/30/2023 at 12:17 PM, HM A provided Surveyor with an email from Registered Nurse (RN) D with names and a list of items related to medication administration. HM A stated RN D did not complete any paperwork related to delegating

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U 129	Continued From page 2 the task of medication administration for any employee. HM A provided Surveyor with a delegation for Caregiver B, dated 07/17/2019, and informed Surveyor Caregiver B had received a delegation for medication management under the previous RN, but did not have a delegation in place under the current RN. HM A stated s/he would work on getting a form in place to meet the requirement. On 11/30/2023, Surveyor observed the current staff schedule hanging in the medication room. The schedule showed one staff was scheduled per shift. Caregiver B was scheduled to work on 11/20/2023, 11/23/2023, 11/27/2023 11/30/2023 from 2:30 PM-10:30 PM. Caregiver C was scheduled to work on 12/01/2023. On 11/30/2023, HM A provided Surveyor with an updated delegation form for Caregiver B via email. The delegation was signed off by RN D and dated 11/30/2023. HM A informed Surveyor RN D will complete the delegation form for all employees (including Caregiver C) for medication management.	U 129		
U 138	89.23(5) SERVICES DOCUMENTATION. A residential care apartment complex shall document that the requirements for provider qualifications have been met. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure documentation was	U 138		

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U 138	Continued From page 3	U 138		

maintained to show provider qualifications were met for staff training.

Findings include:

On 11/30/2023, Surveyor requested to review Caregiver B and Caregiver C's record. Caregiver B had a hire date of 08/07/2023 and Caregiver C had a hire date of 07/11/2023.The records did not contain documentation to show training was received to meet the following requirements:

-Physical, functional and psychological characteristics associated with aging or likely to be present in the tenant population and their implications for service needs.
-The purpose and philosophy of assisted living, including respect for tenant privacy, autonomy and independence.
-Assigned duties and responsibilities, including the needs and abilities individual tenants for whom staff will be providing care.

On 11/30/2023, Surveyor observed the current weekly staff schedule hanging in the medication room. The schedule showed one staff was scheduled per shift. Caregiver B was scheduled to work on 11/20/2023, 11/23/2023, 11/27/2023 11/30/2023 from 2:30 PM-10:30 PM. Caregiver C was scheduled to work again on 12/01/2023.

On 12/06/2023, House Manager (HM) A provided Surveyor with an email attachment that contained a training and orientation packet that included the above training requirements. HM A stated s/he would begin training all staff using the new orientation packet.