STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015119	A. BUILDING: _____ B. WING _____	R-C 05/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FOREST HAVEN	400 MARTIN DR FREDONIA, WI 53021

(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 05/15/2024, Surveyors conducted a verification visit at Forest Haven. Additional information was gathered through 05/20/2024. As a result of the survey 2 of 5 deficiencies were repeat violations and 1 new deficiency was identified; a total of 3 deficiencies were identified. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 19	{N 000}		
{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 obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating 3 of 3 employees reviewed were screened for clinically apparent communicable disease, including tuberculosis for 2 of 3	{N 220}		

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

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{N 220}	Continued From page 1	{N 220}		

employees within 90 days before the start of employment.

This is a repeat deficiency. See Statement of Deficiency (SOD) WDVX11, dated 11/03/2023.

Findings include:

On 05/15/2024 at approximately 12:00 PM, Surveyors requested employee files for Caregiver A, Caregiver B and Caregiver C from Administrator D.

- Caregiver A had a hire date of 06/05/2023. Caregiver A's record did not have documentation that Caregiver A had been screened for clinically apparent communicable disease within 90 days before the start of employment, including tuberculosis. Caregiver A was tested for tuberculosis on 08/11/2014, greater than 90 days from his/her date of hire. Caregiver A's communicable disease/tuberculosis screening questionnaire had nothing documented/checked on the form to verify Caregiver A had been screened for communicable disease by a physician, physician assistant, clinical nurse practitioner or licensed registered nurse.

- Caregiver B had a hire date of 07/08/2022. Caregiver B's record did not have documentation that Caregiver B had been screened for clinically apparent communicable disease within 90 days before the start of employment, including tuberculosis. Caregiver B was tested for tuberculosis on 01/27/2022, greater than 90 days from his/her date of hire. Caregiver B's communicable disease/tuberculosis screening questionnaire had nothing documented/checked on the form to verify Caregiver B had been screened for communicable disease by a

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{N 220}	Continued From page 2 physician, physician assistant, clinical nurse practitioner or licensed registered nurse. - Caregiver C had a hire date of April 2024. Caregiver C had a tuberculosis test on 04/08/2024, however Caregiver C's communicable disease/screening questionnaire had nothing documented/checked on the form to verify Caregiver C had been screened for communicable disease by a physician, physician assistant, clinical nurse practitioner or licensed registered nurse. On 05/15/2024, Surveyor reviewed department records and verified the provider did not have any approved waivers related to Employee Communicable Disease Screening. On 05/15/2024 at approximately 12:15 PM, Surveyor interviewed Administrator D and Manager E regarding the screening for clinical apparent communicable disease within 90 days of employment, including tuberculosis. Administrator D reviewed records and acknowledged s/he did not do Caregiver A and Caregiver B's communicable disease screening including tuberculosis, s/he thought this applied to new employees going forward. Administrator D shared Caregiver C's tuberculosis results and acknowledged Caregiver C was not screened for communicable disease. Administrator D acknowledged s/he understood and will complete the communicable disease/tuberculosis testing/screening for all employees.	{N 220}		
{N 393}	83.35(5)(a) Initial evaluation of evacuation limitations. Initial evaluation. The CBRF shall evaluate each	{N 393}		

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{N 393}	Continued From page 3 resident within 3 days of the resident ' s admission to determine whether the resident is able to evacuate the CBRF within 2 minutes in an unsprinklered CBRF and 4 minutes in a sprinklered CBRF without any help or verbal or physical prompting, and what type of limitations that resident may have that prevent the resident from evacuating the CBRF within the applicable period of time. A form provided by the department shall be used for the evaluation. The resident ' s evaluation shall be retained in the resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not complete an initial evacuation assessment within 3 days of admission for 1 of 1 resident reviewed. This is a repeat deficiency. See Statement of Deficiency (SOD) WDVX11, dated 11/03/2023. Findings include: On 05/15/2024 at 12:00 PM, Surveyor reviewed Resident 2's record. Resident 2's date of admission was 02/27/2024. There was no evidence Resident 2 had an initial evacuation assessment. On 05/15/2024 at 12:37 PM, Surveyor interviewed Administrator D. Administrator D stated they did not complete an initial evacuation assessment within 3 days of admission for Resident 2, and that it must have been an oversight. The provider did not complete an initial evacuation assessment within 3 days of	{N 393}		

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{N 393}	Continued From page 4 admission. Cross Reference DHS 83.35(5)(b) Evaluation update.	{N 393}		
N 394	83.35(5)(b) Annual evaluation of evacuation limits Evaluation update. The CBRF shall evaluate each resident ' s mental or physical capability to respond to a fire alarm at least annually or when there is a change in the resident ' s mental or physical capability to respond to a fire alarm. This Rule is not met as evidenced by: Based on record review and interview, the provider did not evaluate 1 of 1 resident reviewed, at least annually for his/her mental or physical capability to respond to a fire alarm. Findings include: On 05/15/2024 at 12:00 PM, Surveyor requested Resident 1's record from Administrator D. Resident 1 was admitted on 12/28/2022. Review of Resident 1's record showed an initial evacuation evaluation completed on 12/28/2022. Surveyor could not locate evidence Resident 1 had an evacuation evaluation at least annually. On 05/15/2024 at 12:47 PM, Surveyor interviewed Administrator D. Administrator D stated s/he will update the evacuation evaluation for Resident 1. The provider did not evaluate 1 of 1 resident reviewed, at least annually for his/her mental or physical capability to respond to a fire alarm. Cross Reference	N 394		

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N 394	Continued From page 5 DHS 83.35(5)(a) Initial Evaluation	N 394		