STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015350	A. BUILDING: _____ B. WING _____	C 01/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PATHWAYS TO A BETTER LIFE KIEL CAMPUS	**13111 LAX CHAPEL RD KIEL, WI 53042**

(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 01/04/2024, Surveyor conducted one (1) complaint investigation and an abbreviated survey at Pathways To A Better Life Kiel Campus 1. Additional information was gathered through 01/09/2024. As a result of the survey 2 deficiencies were identified, the complaint was unsubstantiated. Census: 5	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 2 of 2 employees reviewed were screened for clinically apparent communicable disease within 90 days before the start of employment, including tuberculosis.	N 220		

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

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N 220	Continued From page 1 Findings include: On 01/04/2024, Surveyor requested Caregiver B and Caregiver C's employee records from Licensee A. Licensee A stated s/he needed time to gather the information and s/he would send to Surveyor. On 01/04/2024 at 8:25 PM, Surveyor received an email from Licensee A that contained staff information. Caregiver B had a hire date of 04/01/2023. Licensee A did not provide documentation Caregiver B had been screened for clinically apparent communicable disease within 90 days before the start of employment, including tuberculosis. Caregiver C had a hire date of 11/06/2021. Licensee A provided x-ray results from 08/25/2018 and tuberculosis results from 01/14/2022. Licensee A did not provide documentation Caregiver C had been screened for clinically apparent communicable disease within 90 days before the start of employment, including tuberculosis. On 01/05/2024 at 9:22 AM, Surveyor asked Licensee A about the screening for clinically apparent communicable disease within 90 days of employment, including tuberculosis. On 01/05/2024 at 12:26 PM, Licensee A stated to Surveyor, "During Covid, pre-employment physicals were not being offered. All of these individuals were prior residents that we employed after they had enough time to recover, so we have their tb [sic] and free from communicable disease paperwork on file from when they were a	N 220		

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N 220	Continued From page 2 client." On 01/05/2024, Surveyor reviewed department records and verified the provider did not have any approved waivers related to Employee Communicable Disease Screening. On 01/09/2024 at 10:00 AM, Surveyor exited with Licensee A. Licensee A acknowledged staff were not screened for communicable disease screening including tuberculosis within 90 days of hire.	N 220		
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 2 employees (Caregiver B and Caregiver C) reviewed obtained all orientation training as required prior to performing any job duties. Findings include:	N 230		

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N 230	Continued From page 3 The facility is licensed to provide services for up to 8 residents who may be emotionally disturbed/mental illness, alcohol/drug dependent and/or pregnant women/counseling. On 01/04/2024, Surveyor requested Caregiver B and Caregiver C's employee records from Licensee A. Licensee A stated s/he needed time to gather the information and s/he would send to Surveyor. On 01/04/2024 at 8:25 PM, Surveyor received email from Licensee A that contained staff information. Caregiver B had a hire date of 04/01/2023. Caregiver B's employee file had no evidence Caregiver B had all required orientation upon hire and before performing any job duties. There was no evidence Caregiver B was orientated in prevention and reporting of resident abuse, neglect and misappropriation; information regarding assess needs and individual services; emergency and disaster and evacuation procedures; and change in condition. Caregiver C had a hire date of 11/06/2021. Caregiver C's employee file had no evidence Caregiver C had all required orientation upon hire and before performing any job duties. There was no evidence Caregiver C was orientated in prevention and reporting of resident abuse, neglect and misappropriation; information regarding assess needs and individual services; emergency and disaster and evacuation procedures; and change in condition. On 01/05/2024 at 9:22 AM, Surveyor emailed Licensee A with missing items.	N 230		

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N 230	Continued From page 4 On 01/08/2024 at 2:48 PM, Surveyor called Licensee A. Surveyor started reviewing the missing items and then the phone disconnected. Surveyor called back at 2:53 PM and left a message for Licensee A to return call to review the missing items. As of 5:00 PM on 01/08/2024, Surveyor did not receive a call back. On 01/09/2024 at 10:00 AM, Surveyor exited with Licensee A. Licensee A acknowledged s/he needed to work on the orientation documentation and ensure that trainers complete the documentation and return the documentation to him/her.	N 230		