STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018302	A. BUILDING: _____ B. WING _____	R-C 11/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WELLINGTON PLACE AT RIB MOUNTAIN	149500 COUNTY ROAD NN WAUSAU, WI 54401

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{N 000}	Initial Comments On 10/31/2024, Surveyor conducted a verification visit, 3 complaint investigations, and self-report investigation at Wellington Place of Rib Mountain. Data was collected through 11/11/2024. Five deficiencies were identified. Three of the 5 deficiencies were repeat deficiencies. See Statement of Deficiency (SOD) WUGI11 and SOD JBS011. One of 3 complaints were substantiated. The self-report did not result in any citations. Under statutory provisions of Wis. Stat. ch 50, a $200 revisit fee is being assessed. Census: 22	{N 000}		
N 200	83.14(2)(e) Notify within 7 days of administrator change The licensee shall notify the department within 7 days after there is a change in the administrator. This Rule is not met as evidenced by: Based on record review and interview, the licensee did not notify the Department within 7 days after a change in administrator. Findings include: On 10/30/2024, Surveyor reviewed the provider's information with the Department, which indicated Administrator A was the administrator. On 10/31/2024 at approximately 09:45 AM, Surveyor interviewed the Unit Coordinator (UC).	N 200		

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

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N 200	Continued From page 1 UC B stated they currently do not have an administrator, but Director of Operations (DOO) C was filling in as the acting administrator. UC B stated they had not had an administrator for about 1.5 months. On 11/04/2024 at approximately 12:43 PM, Surveyor received an e-mail from DOO C. DOO C stated s/he was the acting administrator at this time. On 11/11/2024 at approximately 10:10 AM, Surveyor interviewed DOO C. DOO C stated s/he would e-mail over the change in administrator.	N 200		
N 243	83.21(1)-(3) All employee training. The CBRF shall provide, obtain or otherwise ensure adequate training for all employees in all of the following: Resident rights. Training shall include general rights of residents including rights as specified under s. DHS 83.32(3). Training shall be provided as applicable under ss. 50.09 and 51.61 and chs. 54, 55, and 304, Stats., and ch. DHS 94, depending on the legal status of the resident or service the resident is receiving. Specific training topics shall include house rules, coercion, retaliation, confidentiality, restraints, self-determination, and the CBRF ' s complaint and grievance procedures. Residents ' rights training shall be completed within 90 days after starting employment. Client Group. Training shall be specific to the client group served and shall include the physical, social and mental health needs of the client group. Specific training topics shall include, as applicable: characteristics of the client group served, activities, safety risks, environmental	N 243		

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N 243	Continued From page 2 considerations, disease processes, communication skills, nutritional needs, and vocational abilities. Client group specific training shall be completed within 90 days after starting employment. Client Group. In a CBRF serving more than one client group, employees shall receive training for each client group. Recognizing, preventing, managing, and responding to challenging behaviors. Specific training topics shall include, as applicable: elopement, aggressive behaviors, destruction of property, suicide prevention, self-injurious behavior, resident supervision, and changes in condition. Challenging behaviors training shall be completed within 90 days after starting employment. This Rule is not met as evidenced by: Based on record review and interview the provider did not ensure 1 of 3 employees reviewed, obtained all training as required within 90 days after starting employment. This is a repeat deficiency. See Statement of Deficiency (SOD) JBS011, dated 01/29/2024. Findings include: Caregiver F did not have training in resident rights within 90 days after starting employment. Caregiver F did not have training in recognizing, preventing, managing, and responding to challenging behaviors within 90 days after starting	N 243		

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N 243	Continued From page 3 employment. Caregiver F did not have training in required client groups within 90 days after starting employment. Findings include: On10/31/2024, Surveyor conducted a review of 3 employees to verify compliance with all employee training requirements. Surveyor requested training records from Care Coordinator (CC) G. CC G provided Caregiver D's training record but was unable to retrieve Caregiver E's and F's training records as s/he did not have access to the training program. On 11/04/2024, Surveyor requested training records for Caregiver E and F from Director of Operations (DOO) C. On 11/04/2024, Surveyor reviewed training records received from DOO C. The record for Caregiver F, hired 05/13/2024, did not contain evidence of training or evidence of meeting an exemption for resident rights, challenging behaviors, or client groups. Caregiver F's training record showed "incomplete" for both challenging behaviors and client groups, and "not attempted" for resident rights. On 11/11/2024 at approximately 10:00 AM, Surveyor interviewed DOO C. DOO C stated they have a good training system in place but they need an internal person to monitor what was and what was not being completed. DOO C stated the plan was to hire a payroll administrator who would oversee managing employee training.	N 243		
N 247	83.22(1)-(4) Task specific training. The CBRF shall provide, obtain or otherwise	N 247		

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N 247	Continued From page 4 ensure adequate training for employees performing job duties in all of the following: Assessment of residents. All employees responsible for resident assessment shall successfully complete training in the assessment of residents prior to assuming these job duties. Specific training topics shall include: assessment methodology, assessment of changes in condition, sources of assessment information, and documentation of the assessment. Individual service plan development. All employees responsible for service plan development shall successfully complete training in individual service plan development prior to assuming these job duties. Specific training topics shall include: identification of the resident ' s needs and desired outcomes, development of goals and interventions, service plan evaluation and review of progress. Provision of personal care. All employees responsible for providing assistance with activities of daily living shall successfully complete training prior to assuming these job duties. Specific training topics shall include, as appropriate: bathing, eating, dressing, oral hygiene, nail and foot care, toileting and incontinence care, positioning and body alignment, and mobility and transferring. Dietary training. All employees performing dietary duties shall complete dietary training within 90 days after assuming these job duties. Specific training topics shall include: determining nutritional needs, menu planning, food preparation and food sanitation. This Rule is not met as evidenced by:	N 247		

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N 247	Continued From page 5 Based on record review and interview, the provider did not ensure 2 of 3 employees reviewed, obtained all task specific training. This is a repeat deficiency. See Statement of Deficiency (SOD) JBS011, dated 01/29/2024. Findings include: Caregiver E and F, who performed dietary duties, did not have training in dietary services within 90 days after assuming job duties. Findings include: On 10/31/2024, Surveyor conducted a review of 3 employees to verify compliance with all task specific training requirements. Surveyor requested training records from Care Coordinator (CC) G. CC G provided Caregiver D's training record but was unable to retrieve Caregiver E's and F's training records as s/he did not have access to the training program. On 11/04/2024, Surveyor requested training records for Caregiver E and F from Director of Operations (DOO) C. Dietary Training On 11/04/2024, Surveyor reviewed training records received from DOO C. The record for Caregiver E, hired 07/10/2024, did not contain evidence of training or evidence of meeting an exemption for dietary training. The record for Caregiver F, hired 05/13/2024 did not contain evidence of training, or evidence of meeting an exemption for, dietary training. On 11/11/2024 at approximately 10:00 AM, Surveyor interviewed DOO C. DOO C confirmed that all caregivers help with dietary tasks. DOO C	N 247		

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N 247	Continued From page 6 stated s/he would ensure dietary training shows up for everyone to complete right away. DOO C stated the plan was to hire a payroll administrator who would oversee managing completion of employee training.	N 247		
{N 441}	83.39(3) Hand washing. Employees shall follow hand washing procedures according to centers for disease control and prevention standards. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure caregivers performed hand hygiene in accordance with the Centers for Disease Prevention and Control (CDC) standards. Caregiver I did not perform hand hygiene per CDC standards on 10/10/2024. This is a repeat deficiency. See Statement of Deficiency (SOD) WUGI11, dated 02/29/2024. Findings include: The CDC provides the following recommendations for hand hygiene in healthcare settings: "Know when to clean your hands. - Immediately before touching a patient. - Before performing an aseptic task such as placing an indwelling device or handling invasive medical devices. - Before moving from work on a soiled body site to a clean body site on the same patient. - After touching a patient or patient's surroundings. - After contact with blood, body fluids, or contaminated surfaces.	{N 441}		

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{N 441}	Continued From page 7 - Immediately after glove removal... On 10/31/2024 at approximately 12:20 PM, Surveyor observed medication administration in the dining room. Surveyor observed Caregiver H eating his/her lunch at the medication cart. Caregiver H then opened the medication cart, grabbed medications, popped pills from the bubble pack straight into his/her hand, placed them into a medication cup, and then administered the pills to the resident. Caregiver H came back to the medication cart and charted on the computer. Caregiver H never performed hand hygiene before or after administering medications to a resident. On 10/31/2024 at approximately 12:35 PM, Surveyor observed another medication administration in the dining room. Caregiver H did the same routine as before. S/he grabbed pills from the medication cart, popped them into his/her bare hand, and then into a medication cup. Caregiver H never performed hand hygiene. On 11/11/2024 at approximately 10:20 AM, Surveyor interviewed Director of Operations (DOO) C. DOO C stated it was expected that caregivers would perform hand hygiene before and after administering medications to residents. DOO C also stated it was expected that caregivers pop medications directly into the cup and not into their bare hands. DOO C stated s/he was going to pass along this information to their nurse consultant. DOO C stated the nurse consultant was coming in for some re-education soon.	{N 441}		
N 489	83.44(2)(a) Rooms clean and free from odors.	N 489		

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N 489	Continued From page 8 The CBRF shall keep all rooms clean and shall make reasonable attempts to keep all rooms free from odors. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that every room was free from odors. Findings include: The provider is licensed to care for 30 residents in the client groups advanced aged, physically disabled, and irreversible dementia/Alzheimer's. On 10/09/2024, the department received a complaint of strong urine odors and an unclean environment. On 10/31/2024 at 10:35 AM, Surveyor was observing the facility when s/he was immediately struck by a strong urine odor. The odor was strongest at Resident 1's room. Surveyor entered Resident 1's room. Resident 1's bed was unmade, with visible stains on it. Resident 1's bathroom garbage was full of used incontinence products. Resident 1's bathroom also had a laundry basket sitting in the shower over half full of dirty clothes that had a strong odor as well. On 10/31/2024 at 10:40 AM, Surveyor interviewed Resident 1. Resident 1 stated that s/he was occasionally incontinent of urine and unable to change him/herself. Resident 1 stated that sometimes the caregivers check every 2 hours to make sure s/he did not need to be changed. Surveyor asked Resident 1 about his/her unmade bed. Resident 1 stated that sometimes the caregivers make his/her bed, sometimes they do not.	N 489		

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N 489	Continued From page 9 On 11/11/2024 at approximately 9:00 AM, Surveyor interviewed Family Member (FM) H. FM H stated s/he visits Resident 1 on a weekly basis. FM H stated that every time s/he visits, Resident 1's room smells strongly of urine. FM H stated Resident 1's bathroom was always filthy. S/he stated there was usually urine/feces covering the toilet and soiled laundry in the basket that sits in his/her shower. FM H also stated that Resident 1's bed was never made. FM H stated s/he spoke with Care Coordinator G the last time s/he visited and requested a carpet cleaning. On 11/11/2024 at approximately 10:30 AM, Surveyor interviewed Director of Operations (DOO) C. DOO C stated that right now, caregivers are responsible for cleaning resident rooms. DOO C stated that the acuity of residents had recently increased and s/he was going to post for a housekeeping position to help with this.	N 489		