STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015622	A. BUILDING: _____ B. WING _____	04/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCFARLAND VILLA ASSISTED LIVING	5206 PAULSON CT MC FARLAND, WI 53558

(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 04/28/2025 through 04/30/2025, the Bureau of Assisted Living, Southern Regional Office, conducted a standard survey at McFarland Villa Assisted Living, a CBRF located in McFarland, WI. As a result of this survey, 1 deficiency of DHS Chapter 83 were issued. Census: 30	N 000		
N 277	83.25 Continuing education The administrator and resident care staff shall receive at least 15 hours per calendar year of continuing education beginning with the first full calendar year of employment. Continuing education shall be relevant to the job responsibilities and shall include, at a minimum, all of the following: (1) Standard precautions; (2) Client group related training; (3) Medications; (4) Resident rights; (5) Prevention and reporting of abuse, neglect and misappropriation; (6) Fire safety and emergency procedures, including first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure resident care staff received at least 15 hours per calendar year of continuing education beginning with the first full calendar year of employment, which included, at a minimum, all of the following: (1) Standard precautions; (2) Client group related training; (3) Medications; (4) Resident rights; (5) Prevention and reporting of abuse, neglect and	N 277		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015622	A. BUILDING: _____ B. WING _____	04/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCFARLAND VILLA ASSISTED LIVING	5206 PAULSON CT MC FARLAND, WI 53558

(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 277	Continued From page 1 misappropriation; (6) Fire safety and emergency procedures, including first aid. On 04/29/2025, Surveyor reviewed 2 staff training records. Two of 2 records reviewed did not have at least 15 hours of continuing education for the calendar year of 2023 and 2024. FINDINGS INCLUDE: On 04/28/2025, Surveyor arrived at facility for a standard survey. On 04/28/2025 at 9:30 a.m., Surveyor received the staff roster from Operations Manager C. Surveyor reviewed Wellness Coordinator A and Caregiver B for continuing education for 2023 and 2024. Operations Manager C stated the records were requested from the online training source. Surveyor requested training records be sent over by 04/29/2025 at 12:00 p.m. Operations Manager C emailed the training records on 04/29/2025. EXAMPLE 1: Wellness Coordinator A On 04/29/2025, Surveyor reviewed Wellness Coordinator A's staff record. Wellness Coordinator A was hired on 08/29/2018. On 04/29/2025, Surveyor reviewed Wellness Coordinator A's continuing education training for the calendar year of 2023 and 2024. Wellness Coordinator A had approximately 6 hours of continuing education training documented for 2023. Wellness Coordinator A had not received continuing education in resident rights and medications in 2023. EXAMPLE 2: Caregiver B	N 277		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015622	A. BUILDING: _____ B. WING _____	04/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MCFARLAND VILLA ASSISTED LIVING	5206 PAULSON CT MC FARLAND, WI 53558

(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 277	Continued From page 2 On 04/29/2025, Surveyor reviewed Caregiver B's staff record. Caregiver B was hired on 01/12/2021. On 04/29/2025, Surveyor reviewed Caregiver B's continuing education training for the calendar year 2023 and 2024. Caregiver B had 7 hours of continuing education training documented for 2023 and 12.5 hours documented for 2024. Caregiver B had not received continuing education in resident rights and medications in 2023 and 2024. On 04/30/2025 at 11:49 a.m., Surveyor discussed the above concern with Operations Manager C. Operations Manager C acknowledged that Wellness Coordinator A did not receive at least 15 hours of continuing education training in the calendar year of 2023. Operations Manager C acknowledged that Caregiver B did not receive at least 15 hours of continuing education training in the calendar year of 2023 and 2024. Operations Manager C stated that trainings were not documented during staff meetings.	N 277		