STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015388	A. BUILDING: _____ B. WING _____	C 06/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUTUMN FIELDS	E426 CO RD SS LUXEMBURG, WI 54217

(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 06/17/2024 with additional information gathered through 06/19/2024, Surveyor conducted a standard survey and complaint investigation at Autumn Fields in Luxemburg. One (1) of 1 complaints is unsubstantiated. As a result of the survey, 6 deficiencies were identified. Of the 6 deficient practices identified, 1 was a repeat violation. See SOD (Statement of Deficiency) FYGZ11, dated 03/08/2022 for additional information. Census: 21	N 000		
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 two (2) out of two (2) employees received orientation training prior to performing work duties. Personal Care Workers (PCW) A and B did not have training in prevention and reporting of	N 230		

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

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resident abuse, neglect and misappropriation; assessed needs of residents; emergency and disaster plan and evacuation; CBRF policies; and recognizing and responding to resident changes of condition prior to performing work duties.

Findings Include:

On 06/17/2024 at 2:05 PM, Surveyor reviewed PCW A's employee record. The record showed PCW A was hired by the provider on 12/04/2023. Surveyor noted there was no evidence training was provided for the following topics: prevention and reporting of resident abuse, neglect and misappropriation; assessed needs of residents; emergency and disaster plan and evacuation; CBRF policies; and recognizing and responding to resident changes of condition.

On 06/17/2024 at 2:17 PM, Surveyor reviewed PCW B's employee record. The record showed PCW B was hired by the provider on 10/02/2023. Surveyor noted there was no evidence training was provided for the following topics: prevention and reporting of resident abuse, neglect and misappropriation; assessed needs of residents; emergency and disaster plan and evacuation; CBRF policies; and recognizing and responding to resident changes of condition.

On 06/17/2024 at approximately 2:30 PM, Surveyor spoke with Administrator C and Administrator D who acknowledged PCWs A and B did not have any orientation training in their employee records.

On 06/18/2024 at 12:00 PM, Surveyor interviewed PCW A via phone regarding the missing orientation training. PCW A confirmed s/he did not have this training.

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N 230	Continued From page 2 On 06/18/2024 at 12:22 PM, Surveyor emailed Administrator C inquiring about PCW A and B's orientation training and if there was additional documentation showing they completed orientation training. On 06/18/2024 at 12:41 PM, Surveyor received a follow up email from Administrator C who confirmed the absence of orientation training for PCW A and B. S/he stated, "I am working on a new set up for this training for on coming staff and I will be working on a plan for staff now to complete this as soon as possible." Cross reference DHS 83.20(2)(a)-(d) Department Approved Training Course DHS 83.21(1)-(3) All Employee Training	N 230		
N 239	83.20(2)(a)-(d) Department-approved training courses. Standard Precautions. All employees who may be occupationally exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions before the employee assumes any responsibilities that may expose the employee to such material. Fire safety. Within 90 days after starting employment, all employees shall successfully complete training in fire safety. First aid and choking. Within 90 days after starting employment, all employees shall successfully complete training in first aid and procedures to alleviate choking.	N 239		

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N 239	Continued From page 3 Medication administration and management. Any employee who manages, administers or assists residents with prescribed or over-the-counter medications shall complete training in medication administration and management prior to assuming these job duties. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure 1 of 2 employees obtained all department approved training as required. Personal Care Worker (PCW) A did not have training in fire safety within 90 days after starting employment. Findings include: On 06/17/2024 at 2:05 PM, Surveyor reviewed PCW A's employee record. The record for PCW A, hired 12/04/2023, did not contain evidence of training or evidence of meeting an exemption for fire safety. On 06/17/2024 at approximately 2:25 PM, Surveyor interviewed Administrator C who acknowledged PCW A was missing fire safety training and did not meet an exemption. Administrator C stated s/he was hoping to get this scheduled by next month. On 06/17/2024, Surveyor verified PCW A was not on the Community-Based Care and Treatment training registry for fire safety.	N 239		

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N 239	Continued From page 4 On 06/18/2024 at 12:00 PM, Surveyor interviewed PCW A via phone who stated s/he completed fire safety training at a previous facility s/he worked at. PCW A reported s/he does not have any certificates showing s/he completed it, but would reach out to the previous facility to see if s/he could obtain documentation. On 06/19/2024 at 11:21 AM, Surveyor received an email from Administrator C who reported PCW A reached out to the previous facility s/he worked at, but was unable to obtain verification s/he completed fire safety training. Administrator C confirmed PCW A will need to retake the course. Cross reference DHS 83.19 Orientation DHS 83.21(1)-(3) All Employee Training	N 239		
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,	N 243		

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N 243	Continued From page 5 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 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 interview and record review, the provider did not ensure 2 of 2 employees reviewed, obtained all training as required within 90 days after starting employment. Personal Care Workers (PCW) A and B did not have training in recognizing, preventing, managing and responding to challenging behaviors or client groups within 90 days after starting employment. Findings include:	N 243		

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N 243	Continued From page 6 The provider is licensed to serve up to 22 residents who may have a traumatic brain injury, irreversible dementia/Alzheimer's, be physically disabled, terminally ill or advanced age. On 06/17/2024 at 2:05 PM, Surveyor reviewed PCW A's employee record. The record for PCW A, hired 12/04/2023, did not contain evidence of training or evidence of meeting an exemption for challenging behaviors or client group. There was no documentation provided for PCW A showing s/he had training in challenging behaviors or client group within 90 days of hire. On 06/17/2024 at 2:17 PM, Surveyor reviewed PCW B's employee record. The record for PCW B, hired 10/02/2023, did not contain evidence of training or evidence of meeting an exemption for challenging behaviors or client group. There was no documentation provided for PCW B showing s/he had training in challenging behaviors or client group within 90 days of hire. On 06/17/2024 at approximately 2:30 PM, Surveyor spoke with Administrator C and Administrator D who acknowledged PCW A and B did not have training in challenging behaviors or client groups or that they met an exemption. Administrator C asked for some additional time to search for the information in their records. On 06/18/2024 at 12:00 PM, Surveyor interviewed PCW A via phone regarding the missing all employee training. PCW A confirmed s/he did not have this training. On 06/18/2024 at 12:22 PM, Surveyor emailed Administrator C inquiring about PCW A and B's all training and if there was additional documentation showing they completed the required training.	N 243		

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N 243	Continued From page 7 On 06/18/2024 at 12:41 PM, Surveyor received a follow up email from Administrator C who confirmed the absence of all training for PCW A and B. S/he stated, "I am working on a new set up for this training for oncoming staff and I will be working on a plan for staff now to complete this as soon as possible." The provider did not ensure PCWs A and B obtained all training as required within 90 days after starting employment. Cross reference DHS 83.19 Orientation DHS 83.20(2)(a)-(d) Department Approved Training Courses	N 243		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on record review and interview, the	N 389		

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provider did not ensure individual service plans (ISP) were signed by the resident or resident's legal representative for Resident 1 and Resident 2.

This is a repeat deficiency. See Statement of Deficiency (SOD) FYGZ11, dated 03/08/2022.

Findings Include:

On 06/17/2024 at approximately 10:25 AM, Surveyor reviewed resident records provided by Administrator C, which indicated the following:

Resident 1 was admitted to the facility on 07/02/2022. Resident 1 had an activated Health Care Power of Attorney. Resident 1's record included an ISP, dated 06/04/2024, but the ISP was not signed by his/her legal representative.

Resident 2 was admitted to the facility on 02/15/2021. Resident 2 had an activated Health Care Power of Attorney and was enrolled in a managed care organization. Resident 2's record included an ISP, dated 04/19/2024, but the ISP was not signed by his/her legal representative.

On 06/17/2024 at approximately 1:00 PM, Administrator D stated if there is a change with the care plan it is discussed over the phone with the family. Administrator D reported, "They are not signed by anyone. Never in the 10 years I've been here have I had family sign off on the care plan." Surveyor discussed and reviewed DHS 83.35(3)(d) with Administrator C and Administrator D.

On 06/19/2024 at 9:40 AM, Surveyor interviewed Registered Nurse (RN) E who acknowledged the ISP's for Resident 1 and Resident 2 were not

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N 389	Continued From page 9 signed by the resident or resident's legal representative. RN E stated, "I didn't realize they needed to be signed, but will do this from now on."	N 389		
N 392	83.35(4) Resident satisfaction evaluation. Satisfaction evaluation. At least annually, the CBRF shall provide the resident and the resident ' s legal representative the opportunity to complete an evaluation of the resident ' s level of satisfaction with the CBRF ' s services. The evaluation shall be completed on either a department form or a form developed by the CBRF and approved by the department. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each resident and their legal decision maker had the opportunity to complete a department approved evaluation of the resident's satisfaction of the provider's services. Findings include: On 06/17/2024 at approximately 10:25 AM, Surveyor reviewed Resident 1 and Resident 2's records for satisfaction surveys and was unable to locate them. Resident 1 has been at the facility since 07/02/2022 and Resident 2 has been at the facility since 02/15/2021. On 06/17/2024 at 11:00 AM, Surveyor interviewed Administrator C who stated they did not have any completed satisfaction surveys for Resident 1 or Resident 2. Administrator C reported, "I am not aware of them." Surveyor discussed and reviewed DHS 83.35(4). Administrator C stated	N 392		

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N 392	Continued From page 10 s/he will develop a process for these and will start sending them out this year. On 06/17/2024 at 12:09 PM, Surveyor interviewed Administrator D who stated, "I am unaware those were needed."	N 392		
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 ensure 2 of 2 residents residing at the facility were evaluated annually for their mental or physical capability to respond to a fire alarm. Findings include: On 06/17/2024 at approximately 10:25 AM, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 07/02/2022. Resident 1's evacuation assessment was dated 07/06/2022. On 06/17/2024 at approximately 10:35 AM, Surveyor reviewed Resident 2's record. Resident 2 was admitted to the facility on 02/15/2021. Resident 2's evacuation assessment was dated 02/16/2021. On 06/17/2024 at approximately 12:35 PM, Surveyor interviewed Administrator D who stated the evacuation assessment's for Resident 1 and	N 394		

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N 394	Continued From page 11 2 were only done upon admission. Administrator D confirmed no additional evacuation assessments have been completed since their admission.	N 394		