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 _____	R-C 11/11/2024

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AUTUMN FIELDS	E426 CO RD SS LUXEMBURG, WI 54217

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{N 000}	Initial Comments On 11/11/2024, Surveyors conducted 2 complaint investigations and a verification visit at Autumn Fields. Two of 2 complaints were unsubstantiated. Four of 6 previous deficiencies were corrected. Five deficiencies were identified. Two of 5 deficiencies were repeat violations. See Statement of Deficiency (SOD) YSXZ11, dated 06/19/2024. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 19	{N 000}		
N 218	83.16(2) Resident care staff at least 18 years old Resident care staff shall be at least 18 years old. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure resident care staff were at least 18 years old. The provider did not send a written request for waivers to the department for hiring 2 resident care staff (Personal Care Worker F and Personal Care Worker G) currently employed at the facility. Findings include: Surveyor note: According to DHS 83.02(47)(47) "Resident care staff" means the licensee and all employees who have one or more of the following responsibilities for residents: supervising a resident's activities or whereabouts, managing or administering a resident's medications, providing personal care or treatments for a resident, planning or conducting training or activity programming for a resident. Resident care staff	N 218		

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

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N 218	Continued From page 1 does not include volunteers and employees who work exclusively in the food service, maintenance, laundry service, housekeeping, transportation, or security or clerical areas, and employees that do not work on the premises of the CBRF. On 11/11/2024, Surveyors conducted a verification visit and complaint investigations. Surveyors reviewed Personal Care Worker (PCW) F's employee record. Surveyor noted PCW F was hired as a resident care staff on 07/16/2024. Surveyor noted PCW F's date of birth was 01/26/2007. Surveyors reviewed PCW G's sample employee record. Surveyor noted PCW G was hired as a resident care staff on 08/27/2024. Surveyor noted PCW G's date of birth was 11/07/2007. Surveyor reviewed the department's provider record and noted no evidence of requests or approved waivers for resident care staff under the age of 18. On 11/11/2024 at approximately 2:30 PM, Surveyors interviewed Administrator C who stated PCW F and PCW G were part of a youth apprenticeship program and worked second shift as resident care staff. Administrator C verified PCW F and PCW G were younger than 18 years old and requests for waivers were not sent to the department for approval to employ PCW F and PCW G as resident care staff. Cross Reference: N0230 83.19 Orientation N0239 83.20(2)(a)-(d) Department-Approved Training Courses	N 218		

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{N 230}	Continued From page 2	{N 230}		
{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 four (4) out of four (4) employees received orientation training prior to performing work duties. Personal Care Workers (PCW) A and B did not have training in assessed needs of residents prior to performing work duties. PCW F and G did not have training in prevention and reporting of resident abuse, neglect and misappropriation; assessed needs of residents; emergency and disaster plan and evacuation; and recognizing and responding to resident changes of condition prior to performing work duties. This is a repeat deficiency. See Statement of Deficiency (SOD) YSXZ11, dated 06/19/2024.	{N 230}		

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{N 230}	Continued From page 3 Findings Include: On 11/11/2024, Surveyors conducted a verification visit and complaint investigations. 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 assessed needs of residents. 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 assessed needs of residents. Surveyor reviewed PCW F's employee record. The record showed PCW F was hired by the provider on 07/16/2024. Surveyor noted there was no evidence training was provided for prevention and reporting of resident abuse, neglect and misappropriation; assessed needs of residents; emergency and disaster plan and evacuation; and recognizing and responding to resident changes of condition. Surveyor reviewed PCW G's employee record. The record showed PCW G was hired by the provider on 08/27/2024. Surveyor noted there was no evidence training was provided for prevention and reporting of resident abuse, neglect and misappropriation; assessed needs of residents; emergency and disaster plan and evacuation; and recognizing and responding to resident changes of condition. On 11/11/2024 at approximately 2:30 PM, Surveyors interviewed Administrator C who	{N 230}		

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{N 230}	Continued From page 4 verified PCW A, B, F and G have not completed orientation training. S/he stated s/he is working on an orientation training PowerPoint and once it is complete s/he will review it with all staff. Cross reference: N0239 DHS 83.20(2)(a)-(d) Department Approved Training Course	{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. 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.	{N 239}		

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{N 239}	Continued From page 5 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) F did not have training in fire safety and first aid and choking within 90 days after starting employment. This is a repeat deficiency. See Statement of Deficiency (SOD) YSXZ11, dated 06/19/2024. Findings include: On 11/11/2024 at 1:15 PM, Surveyor reviewed PCW F's employee record. The record for PCW F, hired 07/16/2024, did not contain evidence of training or evidence of meeting an exemption for fire safety or first aid and choking. On 11/11/2024 at approximately 2:30 PM, Surveyor interviewed Administrator C who verified PCW F was missing fire safety training and first aid and choking, and did not meet an exemption. On 11/11/2024, Surveyor verified PCW F was not on the Community-Based Care and Treatment training registry for fire safety or first aid and choking. Cross reference: N0230 DHS 83.19 Orientation	{N 239}		
N 305	83.28(6) Resident rights, grievance procedure, rules Resident rights, grievance procedure, and house rules. Before or at the time of admission, the	N 305		

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N 305	Continued From page 6 CBRF shall provide and explain resident rights, the house rules of the CBRF as required under s. DHS 83.32 (2), and the grievance procedure, including written information regarding the names, addresses and telephone numbers of all resident advocacy groups serving the client groups in the facility, including the long term care ombudsman program and the protection and advocacy services of Disability Rights Wisconsin, Inc. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 residents (Resident 3) sampled was provided and explained the provider's grievance procedure and resident rights. Findings include: The provider is licensed to provide services for up to 22 residents who may be physically disabled, have traumatic brain injury, of advanced age, terminally ill, and/or have Alzheimer's/dementia. On 11/11/2024, Surveyors conducted a verification visit. Surveyor reviewed Resident 3's sample record and noted s/he was admitted to the facility on 10/17/2024. Surveyor reviewed a form titled "Resident Rights" and noted the signature page was blank. Surveyor reviewed a form titled "Grievance Procedure" which included written information regarding the names, addresses and telephone numbers of all resident advocacy groups serving the client groups in the facility, and noted the signature page was blank. At approximately 12:30 PM, Surveyors	N 305		

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N 305	Continued From page 7 interviewed Administrator C who stated s/he did not admit Resident 3 and so did not do the admission paperwork with Resident 3 and his/her legal representative. Administrator C acknowledged s/he will meet with Resident 3's legal representative and provide and explain the provider's grievance procedure and resident rights with him/her. Cross Reference: N0310 83.29(2) Admission Agreement Include Services, Charges	N 305		
N 310	83.29(2) Admission agreement include services, charges The admission agreement shall be given in writing and explained orally in the language of the prospective resident or legal representative. Admission is contingent on a person or that person ' s legal representative signing and dating an admission agreement. The admission agreement shall include all of the following: (a) An accurate description of the basic services provided, the rate charged for those services and the method of payment; (b) Information about all additional services offered, but not included in the basic services. The CBRF shall provide a written statement of the fees charged for each of these services; (c) The method for notifying residents of a change in charges for services; (d) Terms for resident notification to the CBRF of voluntary discharge. This paragraph does not apply to a resident in the custody of a government correctional agency; (e) Terms for refunding charges for services paid in advance, entrance fees, or security deposits in the case of transfer, death or voluntary or involuntary discharge; (f) A statement that the amount of the security deposit	N 310		

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N 310	Continued From page 8 may not exceed one month ' s fees for services, if security deposit is collected; (g) Terms for holding and charging for a resident ' s room during a resident ' s temporary absence. This paragraph does not apply to a resident in the custody of a government correctional agency; (h) Reasons and notice requirements for involuntary discharge or transfer, including transfers within the CBRF. This paragraph does not apply to a resident in the custody of a government correctional agency. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident's legal representative (Resident 3) sampled was given in writing and explained orally the provider admission agreement. Resident 3's legal representative did not sign and date the admission agreement. Findings include: The provider is licensed to provide services for up to 22 residents who may be physically disabled, have traumatic brain injury, of advanced age, terminally ill, and/or have Alzheimer's/dementia. On 11/11/2024, Surveyors conducted a verification visit. Surveyor reviewed Resident 3's sample record and noted s/he was admitted to the facility on 10/17/2024 and had an activated Power of Attorney for Healthcare. Surveyor reviewed a form titled "Admission Agreement" which included the description of services and charges to be provided to Resident 3 at the facility. Surveyor noted the signature page was blank.	N 310		

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N 310	Continued From page 9 At approximately 12:30 PM, Surveyors interviewed Administrator C who stated s/he did not admit Resident 3 and so did not do the admission paperwork with Resident 3 and his/her legal representative. Administrator C acknowledged s/he will meet with Resident 3's legal representative and provide and explain the admission agreement and obtain signature signifying admission to the facility. Cross Reference: N0305 83.28(6) Resident Rights, Grievance Procedure, Rules	N 310		