STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018008	A. BUILDING: _____ B. WING _____	C 06/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARCHWOOD SENIOR LIVING	**25025 75TH STREET SALEM, WI 53168**

(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 06/05/2024, Surveyors conducted a standard survey and complaint investigation at Archwood Senior Living, a Community-Based Residential Facility (CBRF) in Salem, WI. Four deficiencies identified. Complaint unsubstantiated. Census: 28	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 2 of 3 (Caregiver B and Caregiver C) caregivers reviewed had orientation training including job responsibilities, prevention and reporting of resident abuse, neglect and misappropriation of resident property, emergency and disaster plan and evacuation procedures, Community Based Residential Facility policies	N 230		

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

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N 230	Continued From page 1 and procedures and recognizing and responding to resident changes of condition. Findings include: On 06/05/2024, Surveyors reviewed Caregiver B and Caregiver C's record. Caregiver B was hired on 08/28/2023. Caregiver C was hired on 05/24/2021. Surveyor could not locate orientation training for Caregiver B and Caregiver C. On 06/05/2024 at approximately 11:45 AM, Surveyors interviewed Executive Director A. Executive Director A reported Caregiver B and Caregiver C were hired prior to his/her employment but stated they should have had orientation training upon hire. Executive Director A confirmed s/he could not locate any documentation Caregiver B and Caregiver C completed orientation training upon hire.	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	N 239		

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N 239	Continued From page 2 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. This Rule is not met as evidenced by: Based on record review and staff interview, the provider did not ensure 2 of 3 employees reviewed received Department approved training courses within 90 days after starting employment. Caregiver C did not have training in Fire Safety and First Aid and Choking. Caregiver D did not have training Fire Safety. Findings include: On 06/05/2024 at approximately 10:30 AM, Surveyor reviewed Caregiver C's employee record. Caregiver C was hired on 05/24/2021. The record for Caregiver C, did not contain evidence of training or evidence of meeting an exemption for Fire Safety and First Aid and Choking. On 06/05/2024 at approximately 10:45 AM, Surveyor reviewed Caregiver D's employee record. Caregiver D was hired on 08/15/2023. The record for Caregiver D, did not contain evidence of training or evidence of meeting an exemption for Fire Safety.	N 239		

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N 239	Continued From page 3 On 06/05/2024, at approximately 11:45 AM, Surveyors interviewed Executive Director A. Executive Director A stated they were hired before his/her employment, but they should have been completed and s/he could not find any documentation that it was completed. On 06/05/2024 at 12:00 PM, Surveyors verified Caregiver C was not on the Community-Based Care and Treatment training registry for Fire Safety and First Aid and Choking. On 06/05/2024 at 12:00 PM, Surveyors verified Caregiver D was not on the Community-Based Care and Treatment training registry for Fire Safety.	N 239		
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 staff interview, the provider did not ensure 1 of 1 caregiver reviewed	N 277		

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N 277	Continued From page 4 (Caregiver C) received 15 hours per calendar year of continuing education beginning with the first calendar year of employment including standard precautions, client group related training, medications, resident rights, prevention and reporting of abuse, neglect and misappropriation and fire safety and emergency procedures, including first aid. Findings include: On 06/05/2024, Surveyor requested to review Caregiver C's employee record. Caregiver C was hired on 05/24/2021. Surveyor located Caregiver C's continuing education for calendar year 2023 but the continuing education training did not include medications, fire safety and emergency procedures including first aid. On 06/05/2024 at approximately 11:45 AM, Surveyors interviewed Executive Director A. Executive Director A reported Caregiver C should have had training in those topics for 2023 but s/he could not locate any documentation that s/he received the training in required topics.	N 277		
N 416	83.37(2)(e) Other administration given or delegated by RN Other administration. Injectables, nebulizers, stomal and enteral medications, and medications, treatments or preparations delivered vaginally or rectally shall be administered by a registered nurse or by a licensed practical nurse within the scope of their license. Medication administration described under sub. (2)(e) may be delegated to non-licensed employees pursuant to s. N 6.03(3).	N 416		

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N 416	Continued From page 5 This Rule is not met as evidenced by: Based on record review and interview, the provider did not administer injectable medications by a registered nurse or a licensed practical nurse within the scope of the license and medication administration was not delegated to non-licensed employees pursuant to s.N6.03(3) for 2 of 2 employees reviewed (Caregiver B and Caregiver C). Findings include: On 06/05/2024, Surveyors reviewed Caregiver B and Caregiver C's record. Caregiver B was hired on 08/28/2023. Caregiver C was hired on 05/24/2021. Surveyor reviewed Caregiver B's and Caregiver C's RN delegation records. Caregiver B and Caregiver C did not have records of delegation. On 06/05/2024, Surveyors interviewed Executive Director A and Director of Nursing (DON) E about nurse delegation for the facility. Executive Director A stated s/he could not locate nurse delegation for Caregiver B and Caregiver C. Executive Director A stated Caregiver B and Caregiver C were medication passers and would have administered insulin. Executive Director A stated DON E would have been the one to delegate those tasks to Caregiver B and Caregiver C. DON E stated s/he had been working at the facility since February of 2024 and there were three residents in the facility who received insulin and the insulin was administered by staff. Executive Director A and DON E stated they were in the process of getting all medication passers delegated to by DON E.	N 416		