

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0018008	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 03/11/2025
NAME OF PROVIDER OR SUPPLIER ARCHWOOD SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP CODE 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 03/11/2025, Surveyor conducted a verification visit at Archwood Senior Living, a Community-Based Residential Facility (CBRF) in Salem, WI. One deficiency identified. This is a repeat deficiency from Statement of Deficiency (SOD) YT5Y11, dated 06/05/2024. Under statutory provisions of Wis. Stat. ch. 50, a \$200 revisit fee is being assessed. Census: 32	{N 000}		
{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}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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{N 239}	Continued From page 1 This Rule is not met as evidenced by: Based on record review and staff interview, the provider did not ensure 2 of 4 employees reviewed received Department approved training courses within 90 days after starting employment. Caregiver F and Caregiver G did not have training in First Aid and Choking. This is a repeat deficiency. See Statement of Deficiency (SOD) YT5Y11, dated 06/05/2024. Findings include: On 03/11/2025 at approximately 10:30 AM, Surveyor reviewed Caregiver F's and Caregiver G's employee records. Caregiver F was hired on 10/08/2024 and Caregiver G was hired on 09/17/2024. The record for Caregiver F and Caregiver G, did not contain evidence of training or evidence of meeting an exemption for First Aid and Choking. On 03/11/2025, at approximately 11:15 AM, Surveyor interviewed Executive Director A. Executive Director A stated they should have been completed within 90 days and they both did not complete the training because they are both signed up to complete the training next week. On 03/11/2025 at 11:15 AM, Surveyor verified Caregiver F and Caregiver G was not on the Community-Based Care and Treatment training registry for First Aid and Choking.	{N 239}		