STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018999	A. BUILDING: _____ B. WING _____	C 05/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINDEN HOUSE 1	603 BAY STREET CHIPPEWA FALLS, WI 54729

(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 05/19/2025, Surveyor conducted a complaint investigation at Linden House I. Data was collected through 5/22/2025. The complaint was substantiated. Two deficiencies were identified. Census: 4	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 interview and record review, the provider did not ensure 3 employees obtained all department approved training as required. Findings include: The department received a complaint regarding department approved training courses not being completed. Caregiver B, Caregiver C, and Caregiver D did not have training in fire safety within 90 days after starting employment. Caregiver B, Caregiver C, and Caregiver D did not have training in first aid and choking within 90 days after starting employment. Caregiver B, Caregiver C, and Caregiver D, who had responsibilities that would create exposure to blood, body fluids or other moist body substances, did not have training in standard precautions prior to assuming these duties. Caregiver B and Caregiver C, who had responsibilities for medication administration, did not have training in medication administration and management prior to assuming these duties. Findings include: On 05/20/2025, Surveyor conducted a review of 3 employees to verify compliance with department approved training requirements. Surveyor requested training records from Program Manager A, for Caregiver B, Caregiver C, and Caregiver D.	N 239		

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N 239	Continued From page 2 Fire Safety The record for Caregiver B, hired 01/23/2025, did not contain evidence of training or evidence of meeting an exemption for fire safety. The record for Caregiver C, hired 01/26/2025, did not contain evidence of training or evidence of meeting an exemption for fire safety. The record for Caregiver D, hired 05/07/2023, did not contain evidence of training or evidence of meeting an exemption for fire safety. On 05/22/2025 at approximately 9:00 AM, Surveyor interviewed Program Manager A. Program Manager A confirmed the provider did not have evidence Caregiver B, Caregiver C, or Caregiver D completed or met an exemption for fire safety training. On 05/20/2025, Surveyor verified Caregiver B, Caregiver C, and Caregiver D were not on the Community-Based Care and Treatment training registry for fire safety. First Aid and Choking The record for Caregiver B, hired 01/23/2025, did not contain evidence of training or evidence of meeting an exemption for first aid and choking. The record for Caregiver C, hired 01/26/2025, did not contain evidence of training or evidence of meeting an exemption for first aid and choking. The record for Caregiver D, hired 05/07/2023, did not contain evidence of training or evidence of meeting an exemption for first aid and choking.	N 239		

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N 239	Continued From page 3 On 05/22/2025, at approximately 9:00 AM, Surveyor interviewed Program Manager A. Program Manager A confirmed the provider did not have evidence Caregiver B, Caregiver C, or Caregiver D completed or met an exemption for first aid and choking training. On 05/20/2025, Surveyor verified Caregiver B, Caregiver C, and Caregiver D were not on the Community-Based Care and Treatment training registry for first aid and choking. Medication Administration The record for Caregiver B, hired 01/23/2025, did not contain evidence of training or evidence of meeting an exemption for medication administration. The record for Caregiver C, hired 01/26/2025, did not contain evidence of training or evidence of meeting an exemption for medication administration. On 05/22/2025, at approximately 9:00 AM, Surveyor interviewed Program Manager A. Program Manager A confirmed the provider did not have evidence Caregiver B or Caregiver C completed or met an exemption for medication administration training prior to assuming these job duties. On 05/20/2025, Surveyor verified Caregiver B and Caregiver C were not on the Community-Based Care and Treatment training registry for medication administration. Standard Precautions The record for Caregiver B, hired 01/23/2025, did	N 239		

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N 239	Continued From page 4 not contain evidence of training or evidence of meeting an exemption for standard precautions. The record for Caregiver C, hired 01/26/2025, did not contain evidence of training or evidence of meeting an exemption for standard precautions. The record for Caregiver D, hired 05/07/2023, did not contain evidence of training or evidence of meeting an exemption for standard precautions. On 05/22/2025, at approximately 9:00 AM, Surveyor interviewed Program Manager A. Program Manager A confirmed the provider did not have evidence Caregiver B, Caregiver C, or Caregiver D completed or met an exemption for standard precautions prior to assuming these job duties. On 05/20/2025, Surveyor verified Caregiver B, Caregiver C, and Caregiver D were not on the Community-Based Care and Treatment training registry for standard precautions.	N 239		
N 419	83.37(3)(c) Medication storage: locked cabinet. Administered by facility. The CBRF shall keep medicine cabinets locked and the key available only to personnel identified by the CBRF. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all medicine cabinets were kept locked and the key only available to personnel identified by the Community Based Residential Facility (CBRF). Findings include:	N 419		

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N 419	Continued From page 5 The department received a complaint regarding unlocked medications at the facility. The provider is licensed to care for 8 residents in the client groups emotionally disturbed/mental illness, developmentally disabled, and traumatic brain injury. On 05/19/2025 at approximately 9:30 AM, Surveyor asked to see the medication storage system. Surveyor was walked into a room that appeared to be an office. This room was located right off the living room with an open doorway. Surveyor noticed a set of keys on a lanyard sitting on the counter below 2 locked cabinets. Surveyor observed the caregiver pick up the keys on the counter and unlock the two medication cabinets that contained resident medications. On 5/19/2025 at approximately 9:50 AM, Surveyor returned to the office room to find the same keys sitting on the counter. On 5/22/2025, Surveyor interviewed Program Manager (PM) A about the locked medication storage. PM A acknowledged that the keys to the medication cabinet should not be sitting out. S/he stated they had always told staff to just put the lanyard around their neck, but then staff end up taking the keys home. PM A stated they will figure out a way to ensure the keys are not left out moving forward.	N 419		