STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	310460	A. BUILDING: _____ B. WING _____	12/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LUEDER HOUSE	1473 ANNEX RD JEFFERSON, WI 53549

(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 From 12/11/2023 to 12/14/2023, Surveyor conducted a standard survey at Lueder House, a CBRF in Jefferson. Two deficiencies were identified. Census: 3	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. This Rule is not met as evidenced by:	N 239		

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

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N 239	Continued From page 1 Based on record review and interview, the provider did not ensure 1 of 3 employees obtained all department approved training as required. Caregiver D, who had responsibilities for medication administration, did not have training in medication administration and management, through a department-approved entity, prior to assuming these duties. Findings include: On 12/11/2023, Surveyor conducted a review of 3 employees to verify compliance with department approved training requirements. Surveyor requested training records from Administrator A for Caregiver D. Medication Administration Administrator A confirmed Caregiver D administrated medications at the facility. The record for Caregiver D, hired 06/07/2022, did not contain evidence of training completed by a department-approved entity or evidence of meeting an exemption for medication administration. Caregiver D's record included a certification for medication administration, from a Division Director in Illinois. Surveyor asked Administrator A if Caregiver D received training from a department-approved entity. Administrator A stated s/he thought Caregiver D had received adequate training. "DHS designated University of Wisconsin Green Bay to develop the curriculum for CBRF training programs. The University of Green Bay coordinates the approval of qualified trainers. It	N 239		

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N 239	Continued From page 2 also maintains public directories for approved programs, instructors and trainees as set in Wis. Admin. Code DHS 83.20." (Source: Wisconsin Department of Health Services Community-Based Residential Facilities: Approved Training Programs, January 17, 2023, https://www.dhs.wisconsin.gov/regulations/cbrf/training.htm (retrieval date - December 14, 2023).) Administrator A was given until 12/12/2023 to provide follow up documentation. No documentation related to Caregiver D's training was received. On 12/13/2023 at approximately 2:00 p.m., Surveyor received an update from Manager C that stated s/he understood Caregiver D's medication training did not transfer over from Illinois and that Manager C would get Caregiver D registered for department-approved medication 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	N 243		

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N 243	Continued From page 3 starting employment. Client Group. Training shall be specific to the client group served and shall include the physical, 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 record review and interview, the provider did not ensure 1 of 3 employees obtained all task specific training. Caregiver B, who performed dietary duties, did not have training in dietary services within 90 days after assuming these job duties. Findings include:	N 243		

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N 243	Continued From page 4 On 12/11/2023, Surveyor conducted a review of 3 employee records to verify compliance with task specific training requirements. Surveyor requested training records from Administrator A for Caregiver B. Administrator A confirmed caregivers completed meal preparations at the facility. The record for Caregiver B, hired 11/28/2022, did not contain evidence of training or evidence of meeting an exemption for dietary training. On 12/11/2023, at approximately 10:15 am., Surveyor interviewed Administrator A. Administrator A confirmed Caregiver B had performed dietary tasks since hire. Administrator A stated s/he would need to follow up with the facility's trainer regarding dietary trainings. Administrator A was given until 12/12/2023 to provide follow up documentation. No documentation related to dietary training for Caregiver B was received. On 12/13/2023 at approximately 2:00 p.m., Manager C followed up with Surveyor and stated s/he was getting Caregiver B registered for dietary training.	N 243		