STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017565	A. BUILDING: _____ B. WING _____	C 08/30/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RYAN COMMUNITY INC	913 S WEST AVE APPLETON, WI 54915

(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 08/30/2023, Surveyor conducted a complaint investigation and standard survey at Ryan Community Inc. Six deficiencies were identified. The complaint was substantiated. Census: 15	N 000		
N 404	83.37(1)(e) Medication regimen, administration review. Medication Regimen Review. 1. If residents ' medications are administered by a CBRF employee, the CBRF shall arrange for a pharmacist or a physician to review each resident ' s medication regimen. This review shall occur within 30 days before or 30 days after the resident ' s admission, whenever there is a significant change in medication, and at least every 12 months. 2. At least annually, the CBRF shall have a physician, pharmacist, or registered nurse conduct an on-site review of the CBRF ' s medication administration and medication storage systems. 3. The CBRF shall obtain a written report of findings under subds. 1. and 2., and address any irregularities for appropriate action. When the review is done by someone other than the prescribing practitioner, the prescribing practitioner shall receive a copy of the report when there are irregularities identified with the resident's medication regimen, which may need physician involvement to address. This Rule is not met as evidenced by: Based on interview and record review, the	N 404		

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

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N 404	Continued From page 1 provider did not arrange on an annual basis, for a physician, pharmacist, or registered nurse to conduct an on-site review of the CBRF's medication administration and medication storage systems in 2021 and 2022. Findings include: On 08/25/2023, Surveyor conducted a standard survey and asked Deputy Director A for the annual review of the medication administration and storage review for 2021 and 2022. The provider did not have evidence an annual review of the medication administration and storage review for 2021 and 2022. On 08/25/2023 at 1:15 PM, Surveyor conducted an exit conference and shared findings with Deputy Director A. Deputy Director A stated s/he did not know the above information was a requirement for CBRFs. Deputy Director A stated s/he started in 2019 and the provider never had an annual medication administration or storage review.	N 404		
N 445	83.41(1)(a) Food supply. Food supply. 1. The CBRF shall maintain a food supply that is adequate to meet the needs of the residents. 2. Food shall be obtained from acceptable sources. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure food was obtained from acceptable sources. The provider obtained their	N 445		

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N 445	Continued From page 2 food through a food bank and food pantry. Food Banks or Food Pantries- Food Provided to those individuals in circumstances that warrants that need. When the provider applies for a CBRF license, they verify financial stability per, "Wis. Admin. Code § DHS 83.07 Fit and qualified (1) Eligibility. (c) Financial history. Financial stability, including: 1. Financial history and finacial viability of the owner or related organization." Findings include: The provider is a class AA (ambulatory) community-based residential facility licensed to serve up to 21 residents in the client group of correctional clients. On 02/16/2023, the department received a complaint that alleged concerns with the provider's food supply. On 08/25/2023, Surveyor conducted a complaint investigation and identified the following: On 08/25/2023 at 9:30 AM, during the tour of the facility, Surveyor observed 2 refrigerators and 2 freezers in the basement. Many items in the freezers had a label from "Feeding America." On 08/25/2023 at 9:35 AM, Surveyor interviewed Deputy Director A. Deputy Director A stated the provider got bakery items, milk, eggs, and assorted other items from St. Joe's pantry in Appleton. Deputy Director A noted St. Joe's pantry pick up occurred every Tuesday. Deputy Director A further stated the provider also ordered from Feeding America as needed with bulk dry	N 445		

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N 445	Continued From page 3 items such as canned goods, cereal, and snacks. Deputy Director A confirmed Feeding America is a food bank. Surveyor asked if food was obtained through any other sources, Deputy Director A said, "No." Cross Reference: N0452 DHS 83.41(3)(b) Food Safety	N 445		
N 452	83.41(3)(b) Food safety. Food safety. Whether food is prepared at the CBRF or off-site, the CBRF shall store, prepare, distribute and serve food under sanitary conditions for the prevention of food borne illnesses, including food prepared off-site, according to all of the following: 1. The CBRF shall refrigerate all foods requiring refrigeration at or below 40°F. Food shall be covered and stored in a sanitary manner. 2. The CBRF shall maintain freezing units at 0°F or below. Frozen foods shall be packaged, labeled and dated. 3. The CBRF shall hold hot foods at 140°F or above and shall hold cold foods at 40°F or below until serving. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure food was stored under sanitary conditions to prevent food-borne illness. Findings include: On 08/25/2023, Surveyor toured the facility and	N 452		

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N 452	Continued From page 4 observed the following: At 9:30 AM, in the basement of the facility, Surveyor observed a refrigerator full of bakery items such as cookies, donuts, bagels, small cakes, and muffins. Surveyor observed the following expired food: -One packaged blueberry muffin that noted sell by 08/14/2023, the provider wrote a date of 08-17-2023 on the package. -Five packages of 12 count sugared molasses cookies that noted sell by 08/08/2023, the provider wrote a date of 08/17/2023. -Five individual packaged long john with snow white icing donuts that had an expiration date of 08/13/2023, the provider wrote a date of 08/17/2023. -One packaged raspberry dream mini mouse cake that noted a best if used by 08/20/2023, the provider wrote a date of 08/21/2023. -One packaged peanut butter crispy bar that noted sell by 08/12/2023, the provider wrote a date of 08/17/2023. -Four packages of 12 count macadamia nut cookies that noted sell by 08/09/2023. -One package of 12 count sugared molasses cookies that noted sell by 07/10/2023, the provider wrote 08/17/2023. At 12:33 PM, Surveyor observed another refrigerator in the basement of the facility that contained milk. Surveyor observed 2 gallons of 1% low fat milk that had an expiration date of 08/22/2023. In the upstairs refrigerator inside the kitchen, Surveyor observed 1 gallon of milk with an expiration date of 08/15/2023. In the basement pantry, Surveyor observed a box of golf fish crackers stored on the floor. In the upstairs pantry, Surveyor observed a box of	N 452		

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N 452	Continued From page 5 potatoes stored on the floor. According to the U.S. Food and Drug Administration (FDA), food "shall be protected from contamination" by storing it at least 6 inches above the floor (Source: U.S. FDA, 2022 Food Code, January 18, 2023, https://www.fda.gov/food/fda-food-code/food-code-2022 (retrieval date - August 30, 2023). On 08/25/2023 at 9:35 AM, Surveyor interviewed Deputy Director A. Surveyor expressed concern with how many of the bakery items were expired and being served to clients. Deputy Director A stated the provider gets bakery items and milk from a local food bank. Deputy Director A stated if the package of the bakery items is not damaged, they will keep the items refrigerated past their sell by, best by, or expiration date. Deputy Director A noted the provider will write on the package the date the items are brought into the facility. Deputy Director A stated adult protective services visited in February 2023 to investigate food concerns and they told us to create a policy about food storage. Deputy Director A noted during the tour, the box of golf fish crackers and potatoes should have not been stored on the floor. On 08/25/2023 at 11:30 AM, Surveyor interviewed Resident 1. Resident 1 stated the residents oversee cooking meals and updating the food inventory at the facility. Resident 1 stated the only food concern s/he had was expired milk. Resident 1 stated s/he often saw expired milk in the fridge. Surveyor reviewed the provider's policy on food storage: "Purpose:	N 452		

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N 452	Continued From page 6 To provide safe storage, handling, and consumption of all foods. Policy: The provider used shelf life of non-perishable items rather than best by dates. Non-perishable items that are stored in proper containers and sealed are good for years past the best by dates according to the USDA. Frozen food will be stored properly and remain frozen until they are ready to be prepared. The provider will label all food as it comes in the facility with date received. Prepared food will be labeled and disposed of after 3 days." Cross Reference: N0445 DHS 83.41(1)(a) Food Supply	N 452		
N 488	83.44(1)(c) Clothes dryers enclosed and vented Clothes dryers. The CBRF shall enclose any clothes dryer having a rated capacity of more than 37,000 Btu/hour in a one-hour fire resistive rated enclosure. If the clothes dryer requires a vent, the CBRF shall use dryer vent tubing that is of rigid material with a fire rating that exceeds the temperature rating of the dryer. The dryer vent tubing shall be clean and maintained. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 3 clothes dryers utilized a vent that was made of rigid vent tubing. Findings include: On 08/25/2023 at 9:49 AM, Surveyor observed the laundry room off the main kitchen. Surveyor observed that the clothes dryer vent was made of	N 488		

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N 488	Continued From page 7 flexible material for approximately 1 foot. On 08/25/2023 at 9:50 AM, Surveyor interviewed Deputy Director A. Deputy Director A stated when the dryer was installed s/he told the install company to make sure the vent was made of rigid material. Deputy Director A stated s/he would follow up with their maintenance person to get the vent changed to a rigid material.	N 488		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure other evacuation drills were conducted at least semi-annually in 2021, 2022, and 2023. Findings include: On 08/25/2023, Surveyor reviewed safety records and identified the following: -The provider did not have evidence other evacuation drills were completed in 2021. The provider had evidence of 1 other evacuation drill completed in 2022. The provider did not have evidence of 1 other evacuation drill completed in the first half of 2023. On 08/25/2023 at 1:15 PM, Surveyor conducted an exit conference and shared findings with Deputy Director A. Deputy Director A stated the provider has not been good about meeting the	N 526		

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N 526	Continued From page 8 requirement for other evacuation drills. Deputy Director A noted s/he will have staff conduct at least 2 other evacuation drills before the year is over.	N 526		
Z 022	50.065(3)(b) COMPLETE BACKGROUND CHECK PROCESS Every 4 years or at any other time within that period that an entity considers appropriate, the entity shall request the information specified in sub. (2) (b) 1. to 5. for all caregivers of the entity. This Rule is not met as evidenced by: Based on record review and interview, the provider did not conduct a background check at the time of hire for Deputy Director A and did not ensure his/her background check was conducted every 4 years. The complete background check is to include the Background Information Disclosure Form (BID), the criminal history search form from the Department of Justice (DOJ), and the information maintained by the Department of Safety and Professional Service (DSPS) regarding a person's credentials (IBIS). Findings include: On 08/25/2023, Surveyor reviewed employee	Z 022		

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Z 022	Continued From page 9 records and identified the following: -Deputy Director A was hired 06/10/2019 and his/her record did not include a BID, DOJ, or IBIS letter due at time of hire. Deputy Director A's record did not include a background check due in 06/2023. On 08/25/2023 at 1:15 PM, Surveyor conducted an exit conference and shared findings with Deputy Director A. Deputy Director A stated the provider ran a background check on him/her through Hire Right National Criminal Search but did not have evidence a background check was conducted through the DOJ. Deputy Director A could not provide a reason as to why the documentation was not completed at the 4-year mark.	Z 022		