STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016710	A. BUILDING: _____ B. WING _____	R-C 04/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARING HANDS ASSISTED LIVING	2514 WISCONSIN AVE NEW HOLSTEIN, WI 53061

(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 04/21/2025, with information gathered through 04/23/2025, Surveyor conducted a verification visit and a standard survey at Caring Hands Assisted Living in New Holstein. Three (3) of 5 previous deficiencies have been corrected. As a result of the survey, 5 deficiencies have been issued. Two (2) of the 5 deficiencies are repeat deficiencies. See Statement of Deficiency (SOD) 2QKW11 dated 08/12/2024 and SOD WGPQ11 dated 02/13/2023 for additional information. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 41	{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.	N 230		

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

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N 230	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 employees (Caregivers C and D) received orientation training including preventing and reporting of resident abuse, neglect and misappropriation of resident property, emergency and disaster plan and evacuation procedures and recognizing and responding to resident changes of condition. Caregiver C was hired on 09/05/2023. Caregiver C's employee record did not contain orientation training related to preventing and reporting of resident abuse, neglect and misappropriation of resident property, emergency and disaster plan and evacuation procedures and recognizing and responding to resident changes of condition. Caregiver D was hired on 09/09/2024. Caregiver D's employee record did not contain orientation training related to preventing and reporting of resident abuse, neglect and misappropriation of resident property, emergency and disaster plan and evacuation procedures and recognizing and responding to resident changes of condition. Findings Include: On 04/21/2025, Surveyor conducted an employee record review. A sample of employees was selected, including the employee records of Caregivers C and D. Caregiver C was hired on 09/05/2023. Caregiver C's employee record did not contain orientation training related to preventing and reporting of resident abuse, neglect and misappropriation of resident property, emergency and disaster plan and evacuation procedures and recognizing and responding to resident changes of condition.	N 230		

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N 230	Continued From page 2 Caregiver D was hired on 09/09/2024. Caregiver D's employee record did not contain orientation training related to preventing and reporting of resident abuse, neglect and misappropriation of resident property, emergency and disaster plan and evacuation procedures and recognizing and responding to resident changes of condition. On 04/21/2025 at approximately 11:00 AM, Surveyor interviewed Licensee A regarding the orientation training for Caregivers C and D. Licensee A stated s/he would talk with Administrator B and send Surveyor any additional documentation via email. On 04/21/2025 at approximately 3:20 PM, Surveyor sent an email to Licensee A and Administrator B requesting any additional documentation regarding orientation training for Caregivers C and D. On 04/22/2025 at approximately 12:00 PM, Administrator B sent a document titled "Caregiver Orientation Record" for Caregiver C and Caregiver D. The document contained an Activities of Daily Living checklist for areas in dressing, hair care, oral hygiene, toileting assistance, bathing assistance, mobility and transfer assistance. The document did not contain training related to preventing and reporting of resident abuse, neglect and misappropriation of resident property, emergency and disaster plan and evacuation procedures and recognizing and responding to resident changes of condition. At the time of survey exit, Surveyor did not receive any additional documentation regarding Caregivers C and D's orientation training.	N 230		

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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 interview, the provider did not ensure 1 of 2 employees (Caregiver C) received at least 15 hours of continuing education per calendar year which included standard precautions, resident rights, and preventing and reporting of abuse, neglect and misappropriation. Caregiver C was hired on 09/05/2023. Caregiver C's employee record did not contain 15 hours of continuing education in 2024 including education in standard precautions, resident rights, and preventing and reporting of abuse, neglect and misappropriation. Findings Include: On 04/21/2025, Surveyor conducted an employee record review as part of the standard survey process. A sample of employees was selected, including the employee record of Caregiver C.	N 277		

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N 277	Continued From page 4 Caregiver C was hired on 09/05/2023. Surveyor noted Caregiver C received a total of 3 1/2 hours (08/15/2024 - 2 hours and 12/12/2024 - 1 1/2 hours) of continuing education training in 2024. In additional, Caregiver C's employee record did not contain education in 2024 related to standard precautions, resident rights and preventing abuse, neglect and misappropriation. On 04/21/2025 at approximately 11:00 AM, Surveyor interviewed Licensee A regarding continuing education for Caregiver C. Licensee A stated s/he would look for additional documentation and talk with Administrator B. On 04/21/2025 at approximately 3:20 PM, Surveyor sent an email to Licensee A and Administrator B requesting any additional documentation regarding continuing education in 2024 for Caregiver C. On 04/22/2025 at approximately 12:00 PM, Administrator B replied via email stating, "[Caregiver C] did not work the entire year of 2024. [S/he] resigned more than once then returned." The email did not contain any additional continuing education for Caregiver C in 2024. At the time of survey exit, Surveyor did not receive any additional documentation regarding Caregiver C's continuing education in 2024.	N 277		
{N 352}	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights:	{N 352}		

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{N 352}	Continued From page 5 Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 1 received medication in the dosage and at intervals prescribed by a practitioner. This is a repeat deficiency. See Statement of Deficiency (SOD) 2QKW11 dated 08/12/2024 for additional details. Findings include: On 04/21/2025, Surveyor conducted a verification visit. A sample of residents was selected, including the resident record of Resident 1. Surveyor reviewed Resident 1's March and April 2025 Medication Administration Record (MAR). Surveyor noted an order for Vancomycin HCl 125 mg (milligrams) capsule - Take 1 capsule by mouth daily. Begin taking on March 15, 2025. Resident 1 did not receive Vancomycin HCl 125 mg on 03/15/2025, 03/16/2025, 03/17/2025, 03/19/2025, 03/21/2025, 03/22/2025, 03/23/2025, 03/25/2025, 03/28/2025, 03/29/2025, 03/30/2025, 03/31/2025, and 04/01/2025. Surveyor noted staff notation indicating "med is done with" or "not here" or "this med ended" or "med not in cart" or "order ended." Surveyor did not find a discontinue order for Vancomycin HCl 125mg in Resident 1's record. On 04/21/2025 at approximately 3:20 PM, Surveyor sent an email to Licensee A and	{N 352}		

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{N 352}	Continued From page 6 Administrator B requesting any additional documentation regarding Resident 1's Vancomycin HCl 125 mg capsule orders. On 04/22/2025 at approximately 1:15 PM, Administrator B replied via email, "I spoke with the med passers regarding the Vanco[Vancomycin]--documentation mistake. I will be doing an education on Friday regarding the critical need for proper and thorough documentation. They remember passing the medication especially when it decreased to once daily." Administrator B was not able to provide documentation indicating the Vancomycin was discontinued during this timeframe.	{N 352}		
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. This is a repeat deficiency. See Statement of Deficiency (SOD) WGPQ11 dated 02/13/2023 for additional details. Findings Include: The provider is licensed as Class CNA (nonambulatory) and serves residents with advanced age and irreversible dementia/Alzheimer's.	N 526		

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N 526	Continued From page 7 On 04/21/2025 at 9:30 AM, Surveyor reviewed other evacuation drills from 2023 and 2024 as documented by the provider. Surveyor found only one tornado drill for 2023 (04/21/2023) and no drills for 2024. On 04/21/2025 at approximately 11:00 AM, Surveyor interviewed Licensee A regarding the drills. Licensee A stated s/he would look for additional documentation and talk with Administrator B. On 04/21/2025 at approximately 3:20 PM, Surveyor sent an email requesting any additional documentation regarding the drills. At the time of survey exit, Surveyor did not receive any additional documentation regarding other disaster drills in 2023 and 2024.	N 526		
Z 012	50.065(2)(bm) OUT OF STATE BACKGROUND CHECKS If the person who is the subject of the search under par. (am) or (b) is not a resident of this state or if at any time within the 3 years preceding the date of the search that person has not been a resident of this state, or if the department or entity determines that the person's employment, licensing, or state court records provide a reasonable basis for further investigation, the department or the entity shall make a good faith effort to obtain from any state or other United States jurisdiction in which the person is a resident or was a resident within the 3 years preceding the date of the search information that is equivalent to the information specified in par. (am) 1. or (b) 1.	Z 012		

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Z 012	Continued From page 8 The department or entity may require the person to be fingerprinted on 2 fingerprint cards, each bearing a complete set of the person's fingerprints. The department of justice may provide for the submission of the fingerprint cards to the federal bureau of investigation for the purposes of verifying the identity of the person fingerprinted and obtaining the records of his or her criminal arrests and convictions. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure an out of state background check was completed at the time of hire for 1 of 2 (Caregiver C) employees reviewed. Caregiver C completed a Background Information Disclosure (BID) which indicated s/he lived in North Carolina, Texas, Florida and Arizona within the last three years. Caregiver C's employee record did not contain an out of state background check. Findings include: On 04/21/2025, Surveyor reviewed employee records for Caregiver C. Caregiver C had a hire date of 09/05/2023. Caregiver C completed a BID, which indicated s/he lived in North Carolina, Texas, Florida and Arizona within the last three years. The Department of Justice (DOJ) and Integrated Background Information System (IBIS) background check information report was completed. Caregiver C's employee record did	Z 012		

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Z 012	Continued From page 9 not contain an out of state background check. On 04/22/2025 at approximately 1:15 PM, Surveyor received an email from Administrator B stating s/he did not conduct an out of state background check for Caregiver C.	Z 012		