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	0018305	A. BUILDING: _____ B. WING _____	C 03/07/2024

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ABRIDGE CARE COTTAGE OF CHILTON	323 FIELD LANE CHILTON, WI 53014

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N 000	Initial Comments On 03/06/2024, Surveyor conducted a standard survey and two (2) complaint investigations at Abridge Care Cottage of Chilton. Additional information was gathered through 03/07/2024. As a result of the survey, six (6) deficiencies were identified, 2 complaints were unsubstantiated. Census: 18	N 000		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating 1 of 2 employees reviewed were screened for clinically apparent communicable disease within 90 days before the start of employment. Findings include:	N 220		

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

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N 220	Continued From page 1 On 03/06/2024 at 12:00 PM, Surveyors requested employee files for Caregiver C from Administrator A and Resident Manager B. Administrator A provided employee files for Caregiver C. Caregiver C had a hire date of 10/31/2023. Caregiver C's record did not have documentation that Caregiver C had been screened for clinically apparent communicable disease within 90 days before the start of employment. On 03/06/2024 at 1:15 PM, Surveyor interviewed Administrator A about the screening for clinically apparent communicable disease within 90 days of employment, including tuberculosis. Administrator A stated s/he was unable to find the documentation Caregiver C had been screened for clinically apparent communicable disease within 90 days before the start of employment. On 03/06/2024, Surveyor reviewed department records and verified the provider did not have any approved waivers related to Employee Communicable Disease Screening. The provider did not obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating employees were screened for clinically apparent communicable disease within 90 days before the start of employment.	N 220		
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:	N 230		

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N 230	Continued From page 2 (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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure prior to performing job duties, 1 of 2 employees (Caregiver C) were provided with orientation training. Orientation training includes, (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 (5) CBRF policies and procedures; (6) Recognizing and responding to resident changes of condition. Findings include: The facility is licensed to provide services for up to 25 residents who are advanced aged, physically disabled, terminally ill and/or have irreversible dementia/Alzheimer's. On 03/06/2024 at 12:00 PM, Surveyor requested Caregiver C's employee records from Administrator A. Administrator A provided Surveyor with Caregiver C's employee record. Caregiver C had a hire date of 10/31/2023.	N 230		

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N 230	Continued From page 3 Caregiver C's employee file had no evidence Caregiver C had all required orientation upon hire and before performing any job duties. There was no evidence Caregiver C was orientated in prevention and reporting of resident abuse, neglect and misappropriation; and change in condition was not documented until 03/01/2024. On 03/06/2024 at 1:15 PM, Surveyor interviewed Administrator A regarding employee orientation. Administrator A confirmed Caregiver C works limited hours and s/he was unaware Caregiver C did not have the required training. Administrator A confirmed Caregiver C had been working and was currently on the schedule. Administrator A stated s/he would remove Caregiver C from the schedule until the trainings are completed. Administrator A stated they started using Alea Assisted Living Academy for staff orientation and training's. The provider did not ensure prior to performing job duties staff completed orientation. Cross reference DHS 83.20(2)(a)-(d) Department Approved Training Course DHS 83.21(1)-(3) All Employee Training	N 230		
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	N 239		

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N 239	Continued From page 4 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: Based on interview and record review, the provider did not ensure 1 of 2 employees obtained all department approved training as required. Caregiver C did not have training in fire safety within 90 days after starting employment. Caregiver C did not have training in first aid and choking within 90 days after starting employment. Findings include: On 03/06/2024, at 12:00 PM, Surveyor conducted a review of 1 employee to verify compliance with department approved training requirements. Surveyor requested training records from Administrator A for Caregiver C.	N 239		

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N 239	Continued From page 5 Fire Safety The record for Caregiver C, hired 10/31/2023, did not contain evidence of training or evidence of meeting an exemption for fire safety. On 03/06/2024, at approximately 1:15 PM, Surveyor interviewed Administrator A. Administrator A confirmed s/he did not have evidence Caregiver C completed or met an exemption for fire safety training. On 03/06/2024, Surveyor verified Caregiver C was not on the Community-Based Care and Treatment training registry for fire safety. First Aid and Choking The record for Caregiver C, hired 10/31/2023, did not contain evidence of training or evidence of meeting an exemption for first aid and choking. On 03/06/2024, at approximately 1:15 PM, Surveyor interviewed Administrator A. Administrator A confirmed s/he did not have evidence Caregiver C completed or met an exemption for first aid and choking training. On 03/06/2024, Surveyor verified Caregiver C was not on the Community-Based Care and Treatment training registry for first aid and choking. On 03/06/2024, Administrator A acknowledged Caregiver C was scheduled to complete fire safety and first aid/choking but had a school conflict. Administrator A stated s/he would ensure Caregiver C is signed up to receive the training's. Cross reference DHS 83.19 Orientation DHS 83.21(1)-(3) All Employee Training	N 239		

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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 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	N 243		

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N 243	Continued From page 7 employment. This Rule is not met as evidenced by: Based on interview and record review the provider did not ensure 1 of 2 employees reviewed, obtained all training as required within 90 days after starting employment. Caregiver C did not have training in recognizing, preventing, managing and responding to challenging behaviors within 90 days after starting employment. Findings include: On 03/06/2024, Surveyor conducted a review of 1 employee to verify compliance with all employee training requirements. Surveyor requested training records from Administrator A for Caregiver C. Recognizing, Preventing, Managing and Responding to Challenging Behaviors The record for Caregiver C, hired 10/31/2023, did not contain evidence of training or evidence of meeting an exemption for challenging behaviors training. On 03/06/2024, at approximately 1:15 PM, Surveyor interviewed Administrator A. Administrator A confirmed the s/he did not have evidence Caregiver C completed or met an exemption for challenging behaviors training. Administrator A stated s/he will remove Caregiver C from the schedule until the training's are completed. Administrator A stated they started using Alea Assisted Living Academy to track all	N 243		

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N 243	Continued From page 8 employee training's. Cross reference DHS 83.19 Orientation DHS 83.20(2)(a)-(d) Department Approved Training Course	N 243		
N 302	83.28(4)(a) Resident health screening and documentation Resident health screening. 1. Within 90 days before or 7 days after admission, a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse shall screen each person admitted to the CBRF for clinically apparent communicable disease, including tuberculosis, and document the results of the screening. 2. Screening for tuberculosis and all immunizations shall be conducted using centers for disease control and prevention standards. 3. The CBRF shall maintain the screening documentation in each resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 residents sampled (Resident 1) were screened for communicable disease including tuberculosis within 7 days after admission. Findings include: On 03/06/2024, Surveyor reviewed resident records. Resident 1 was admitted on 02/15/2024.	N 302		

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N 302	Continued From page 9 Resident 1 did not have documentation s/he was screened for communicable disease including tuberculosis. On 03/06/2024 at 12:00 PM, Surveyor interviewed Administrator A. Administrator A stated Resident 1 was an emergent admission and they s/he had to be moved in fast. Administrator A acknowledged s/he did not have documentation Resident 1 was screened for communicable disease including tuberculosis. The provider did not ensure 1 of 2 residents sampled (Resident 1) were screened for communicable disease including tuberculosis within 7 days after admission.	N 302		
N 538	83.48(3)(a) Fire detection systems inspected annually. After the first year following installation, fire detection systems shall be inspected, cleaned and tested annually by certified or trained and qualified personnel in accordance with the specifications in NFPA 72 and the manufacturer ' s specifications and procedures. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the fire detection system was inspected annually in 2023. This had the potential to affect all 18 residents in the facility. Findings include: The facility is licensed to provide services for up to 25 residents who are advanced aged, physically disabled, terminally ill and/or have irreversible dementia/Alzheimer's.	N 538		

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N 538	Continued From page 10 On 03/06/2024, Surveyor reviewed the provider's inspection records binder. Surveyor was unable to locate the fire detection system inspections for 2023. Surveyor interviewed Maintenance E. Maintenance E confirmed s/he had an inspection for 2022 but was unable to locate an inspection for 2023. Maintenance E stated s/he believed the system was scheduled to be inspected this month (March). On 03/06/2024 at 12:00 PM, Surveyor interviewed Administrator A. Administrator A confirmed they could not locate the smoke/heat annual inspections for 2023. Administrator A stated s/he would schedule for the inspection to be completed in March 2024. The provider did not ensure the fire detection system was inspected annually as required.	N 538		