STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019365	A. BUILDING: _____ B. WING _____	01/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOPE REALITY LLC	2792 LEDGEMONT STREET FITCHBURG, WI 53711

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N 000	Initial Comments On 01/22/2024, Surveyor conducted a standard survey at Hope Reality LLC, a CBRF in Fitchburg. Six deficiencies were identified. Census: 4	N 000		
N 219	83.17(1) Licensee conduct caregiver background check Caregiver background check. At the time of hire, employment or contract and every 4 years after, the licensee shall conduct and document a caregiver background check following the procedures in s. 50.065, Stats., and ch. DHS 12. A licensee shall not employ, contract with or permit a person to reside at the CBRF if the person has been convicted of the crimes or offenses, or has a governmental finding of misconduct, found in s. 50.065, Stats., and ch. DHS 12, Appendix A, unless the person has been approved under the department ' s rehabilitation process as defined in ch. DHS 12. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a caregiver background check following the procedures in s. 50.065 and ch. DHS 12 was completed for 2 of 2 caregivers reviewed. Caregiver B and Caregiver C did not have background checks completed upon hire following the procedures in s. 50.065 and ch. DHS 12. Findings include:	N 219		

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

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N 219	Continued From page 1 On 01/22/2024 at approximately 9:40 a.m., Surveyor reviewed employee records. Records indicated the following: - Caregiver B was hired 10/31/2023. Caregiver B's record included a background information disclosure (BID) that indicated s/he resided out of state from 2013-2023. The record did not contain a background check from the other state. Caregiver B's record did not include a background check completed by the department of safety and professional services (IBIS). - Caregiver C was hired in October 2023. Caregiver C's record did not include an IBIS. On 01/22/2024 at approximately 9:45 a.m., Surveyor interviewed Licensee A regarding caregiver background checks. Licensee A stated s/he did not request a background check from the state Caregiver B had resided in from 2013 to 2023 and that s/he did not have IBIS background checks for either caregiver.	N 219		
N 397	83.36(1)(b) Qualified staff in charge, on duty and awake. The CBRF shall ensure all of the following: 1. An administrator or other designated qualified resident care staff in charge is on the premises of the CBRF daily to ensure the CBRF is providing safe and adequate care, treatment and services. 2. At least one qualified resident care staff is present in the CBRF when one or more residents are present in the CBRF. 3. At least one qualified resident care staff is on duty and awake if at least one resident in the CBRF is in need of supervision, intervention or services on a 24-hour basis to prevent, control or improve the resident ' s constant or intermittent mental or physical	N 397		

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N 397	Continued From page 2	N 397		

condition that may occur or may become critical at any time including residents who are at risk of elopement, who have dementia, who are self-abusive, who become agitated or emotionally upset or who have changing or unstable health conditions that require close monitoring. 4. At least one qualified resident care staff is on duty and awake if the evacuation capability of at least one resident is 4 minutes or more.

This Rule is not met as evidenced by:
Based on observation, record review and interview, the provider did not ensure at least 1 qualified care staff was present when residents were present at the facility.

Findings include:

On 01/22/2024 at approximately 8:15 a.m., Surveyor observed Caregiver B was the only caregiver present at the facility, where 4 residents resided.

On 01/22/2024 at approximately 9:40 a.m., Surveyor reviewed employee records. Records indicated the following:

- Caregiver B, hired 10/31/2023, did not complete training in fire safety.
- Caregiver C, hired in October 2023, did not complete any trainings upon hire.

On 01/22/2024 at approximately 9:45 a.m., Surveyor interviewed Licensee A. Licensee A confirmed the facility's staffing pattern was 1 caregiver from 8:00 a.m. to 8:00 p.m. and 1 caregiver from 8:00 p.m. to 8:00 a.m. Surveyor asked Licensee A about Caregiver B and Caregiver C's trainings. Licensee A explained that

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N 397	Continued From page 3 Caregiver B was signed up to take the fire safety training but couldn't go on the day s/he was signed up. Licensee A stated Caregiver C worked as a "fill-in", but Licensee A didn't have time to train Caregiver C. Licensee A did not have record of trainings completed by Caregiver C prior to his/her hire. Licensee C stated Caregiver C worked approximately every 2 weeks for a short time, but was unable to provide a termination date. Licensee C stated staffing was his/her biggest struggle as a provider. Licensee C stated, "By the time you are ready to train them, they are gone."	N 397		
N 399	83.36(2) Maintain current written staffing schedule Staffing schedule. The CBRF shall maintain a current written schedule for staffing the CBRF. The schedule shall include each employee ' s full name, job assignment and time worked. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a written schedule for staffing was maintained with each employee's full name, job assignment and time worked. Findings include: On 01/22/2024 at approximately 9:40 a.m., Surveyor requested a copy of the written staff schedule for January 2024 from Licensee A. Licensee A stated s/he did not have a staff schedule, but showed Surveyor a list on his/her phone that had dates listed with "[Licensee A], "On" or "Extra" listed. Surveyor requested clarification of who worked when the list stated	N 399		

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N 399	Continued From page 4 "On" or "Extra." Licensee A was unable to provide clarifying documentation. Licensee A stated s/he was short-staffed so it was always him/her or Caregiver B working.	N 399		
N 525	83.47(2)(d) Fire drills. Fire drills. 1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of the drill and the CBRF ' s total evacuation time. The CBRF shall record residents having an evacuation time greater than the time allowed under s. HFS 83.35(5) and the type of assistance needed for evacuation. Fire evacuation drills may be announced in advance. 2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleeping hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the employees scheduled to work during the residents ' normal sleeping hours. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure fire drills included the date and time of the drill. Two of 2 fire drills reviewed did not include the date and time the drills were completed. Findings include: On 01/22/2024 at approximately 9:30 a.m., Surveyor reviewed the provider's environmental	N 525		

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N 525	Continued From page 5 records. The records included 2 fire drills that did not document the date or time the fire drills were conducted. On 01/22/2024 at approximately 9:45 a.m., Surveyor asked Licensee A if s/he had documentation of when the fire drills had been conducted. Licensee A reviewed the fire drills and stated s/he would record the date and time for future drills.	N 525		
N 531	83.47(4)(a) Fire extinguishers: type and inspection. At least one portable dry chemical fire extinguisher with a minimum 2A, 10-B-C rating shall be provided on each floor of the CBRF. All fire extinguishers shall be maintained in readily usable condition. Inspections of the fire extinguisher shall be done by a qualified professional one year after initial purchase and annually thereafter. Each fire extinguisher shall be provided with a tag documenting the date of inspection. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 2 of 2 fire extinguishers reviewed had a tag documenting the date of inspection. Findings include: On 01/22/2024 at approximately 8:40 a.m., Surveyor toured the facility. Surveyor observed 2 of 2 fire extinguishers on the main level did not include a tag that documented the date of inspection. On 01/22/2024 at approximately 9:45 a.m.,	N 531		

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N 531	Continued From page 6 Surveyor interviewed Licensee A. Surveyor shared observation that the fire extinguishers were not tagged with their date of inspection. Licensee A walked over to a fire extinguisher and stated, "You're right. They are new though."	N 531		
N 637	83.59(1)(g) Proper exit locations, sidewalks, driveways. All habitable floors shall have at least 2 exits providing unobstructed travel to the outside. Small class AA CBRFs licensed on or before the effective date of this section with no more than 2 habitable floors may have one exit from the second floor. Exits, sidewalks and driveways used for exiting shall be kept free of ice, snow, and obstructions. For facilities serving only ambulatory residents, the CBRF shall maintain a cleared pathway from all exterior doors to be used in an emergency to a public way or safe distance away from the building. For facilities serving semi-ambulatory and non-ambulatory residents, a CBRF shall maintain a cleared, hard surface, barrier-free walkway to a public way or safe distance away from the building for at least 2 primary exits from the building. All other required exits shall have at least a cleared pathway maintained to a public way or safe distance from the building. An exit door or walkway to a cleared driveway leading away from the CBRF also meets this requirement. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 1 of 2 emergency exits was kept free of ice and snow. Findings include:	N 637		

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N 637	Continued From page 7 On 01/22/2024 at approximately 8:40 a.m., Surveyor toured the facility. Surveyor observed 1 of 2 emergency exits, which was a patio door, had approximately 6 to 8 inches of snow piled up against the door. Surveyor observed it was not currently snowing. On 01/22/2024 at approximately 9:45 a.m., Surveyor interviewed Licensee A. Surveyor pointed out that 1 of 2 emergency exits was obstructed with snow. Licensee A replied, "It is. My partner should have taken care of that." On 01/25/2024 at approximately 7:00 a.m., Surveyor reviewed past weather for the facility's area, which documented the following past weather: - 01/12/2024: 8.6 inches of snow fall. - 01/13/2024: 1.9 inches of snow fall. - 01/14/2024 - 01/17/2024: 0 inches of snow fall. - 01/18/2024: .6 inches of snow fall. - 01/19/2024: .2 inches of snow fall. - 01/20/2024 - 01/21/2024: 0 inches of snow fall Source: National Centers for Environmental Information, Past Weather, January 21, 2024, https://www.ncei.noaa.gov/access/services/data/v1?dataset=daily-summaries&startDate=2024-01-01&endDate=2024-01-31&stations=USW00014837&format=pdf, (retrieval date - January 25, 2024). The facility had not cleared snow from 1 of 2 emergency exits that had fallen greater than 3 days prior to Surveyor's observation.	N 637		