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 _____	R 04/16/2024

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

(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 04/15/2024 to 04/16/2024, Surveyor conducted a verification visit at Hope Reality LLC, a CBRF in Fitchburg. Two deficiencies were identified. Both deficiencies were repeat deficiencies - See Statement of Deficiency (SOD) B8OR11, dated 01/22/2024. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 4	{N 000}		
{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 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.	{N 397}		

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

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{N 397}	Continued From page 1	{N 397}		

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. Caregiver D worked by him/herself without completing all required trainings.

This is a repeat deficiency. See Statement of Deficiency (SOD) B8OR11, dated 01/22/2024.

Findings include:

On 04/15/2024 at approximately 11:00 a.m., Surveyor observed Caregiver D was the only caregiver present at the facility, where 4 residents resided.

On 04/15/2024 at approximately 11:15 a.m., Surveyor reviewed Caregiver D's record, provided by Licensee A. The record indicated Caregiver D was hired on 02/15/2024. Caregiver D's record included a certificate for fire safety training; however, the certificate did not indicate the training was through a department-approved entity. Surveyor requested follow up documentation from Licensee A to confirm Caregiver D's fire safety training was through a department-approved instructor.

On 04/15/2024 at approximately 11:30 a.m., Surveyor confirmed Caregiver D's fire safety training was not on the Community Based Residential Facility registry.

On 04/15/2024 at approximately 11:40 a.m., Surveyor reviewed the provider's staff schedule, dated 03/12/2024 through 04/06/2024, which

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HOPE REALITY LLC	2792 LEDGEMONT STREET FITCHBURG, WI 53711

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{N 397}	Continued From page 2 indicated Caregiver D routinely worked alone. On 04/16/2024 at approximately 9:00 a.m., Licensee A provided Surveyor with documentation that indicated Caregiver D was unsuccessful completing the test associated with fire safety; therefore Caregiver D's certificate was invalid. Licensee A stated Caregiver D was now scheduled to receive fire safety training on 04/22/2024.	{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. This is a repeat deficiency. See Statement of Deficiency (SOD) B8OR11, dated 01/22/2024. Findings include: On 04/15/2024 at approximately 11:40 a.m., Surveyor requested a copy of the written staff schedule since 03/12/2024 from Licensee A. Surveyor reviewed a staff schedule through 04/06/2024; however, Licensee A did not have a written schedule dated 04/06/2024 to present. Surveyor asked Licensee A why there was not a current staff schedule. Licensee A stated s/he	{N 399}		

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{N 399}	Continued From page 3 didn't have a written schedule because Caregiver D was now the "live-in caregiver." Surveyor than clarified that the home required 24-hour awake staff and asked if Caregiver D worked the entirety of hours from 04/07/2024 to 04/15/2024. Licensee A replied, '"No," and explained that other caregivers worked when Caregiver D was off.	{N 399}		