

ATTESTATION OF CORRECTION

By inserting the name of the facility in the space below and returning this form to the Bureau of Assisted Living Regional Office, the sender attests that all deficiencies have been or will be corrected **within 45 days of receipt of this notice.**

Name – Provider / Supplier	
Grace Lodge Assisted Living Facility	
Street Address / City / Zip Code	
1000 Day St, Rhinelander WI 54501	
License / Certification No. (X1):	0016771
Survey Date (X3):	04/04/2024
Survey Event ID No.:	G5OK11
ATTESTATION	
On behalf of the facility listed below, the facility attests that all deficiencies have been or will be corrected within 45 days of receipt of this notice.	

Name of Facility: Grace Lodge Assisted Living Facility: Plan of Correction: All facility staff will complete the following trainings upon hire prior to shadowing shifts on the floor: Standard Precautions, Fire Safety, and First Aid and Choking. Facility staff that are hired as Personal Care Assistants will also complete Medication Administration. Training will be completed through ALEA (Assisted Living Education Academy). During the orientation process facility staff will review the employee handbook, disaster manual, resident rights, and care plans. Caregiver B listed on Statement of Deficiency has completed fire safety, first aid, and universal precautions. A complete review of staff files has been completed to ensure all staff members are up to date with required trainings. Training certificates have been printed as verification of completion. Tenant's needs are assessed prior to admission, 30 days thereafter admission, and yearly thereafter. Facility reserves the right to complete a reassessment when change of condition with tenants occur. Risks are assessed at each assessment and care planned. If there is an unmet need that goes above the care planned task a negotiated risk will be completed and reviewed with the tenant/and or responsible party.	
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