STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017406	A. BUILDING: _____ B. WING _____	C 12/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODSIDE TERRACE ASSISTED LIVING	1820 WESTMOOR TERRACE ELM GROVE, WI 53122

(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 11/29/2023 with information gathered through 12/06/2023, Surveyor conducted a complaint investigation and standard survey at Woodside Terrace. Seven deficiencies were identified. The complaint was not substantiated. Census: 8	N 000		
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 all resident care staff reviewed received at least 15 hours per calendar year of continuing education beginning with the first full calendar year of employment including at a minimum all of the following: standard precautions; client group related training; resident rights; prevention and reporting of abuse, neglect and misappropriation; fire safety	N 277		

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

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N 277	Continued From page 1 and emergency procedures, including first aid. Findings include: On 11/29/2023, at approximately 9:30 AM, Surveyor requested that Licensee A provide the employee file for Caregiver B. Caregiver B's date of hire was 02/24/2020. Surveyor requested to review the continued education Caregiver B received in 2022. Licensee A provided evidence of training in oxygen, catheter care and medications. The training did not include standard precautions; resident rights; prevention and reporting of abuse, neglect and misappropriation; fire safety and emergency procedures, including first aid. On 12/06/2023, at 1:15 PM, Surveyor interviewed Licensee A regarding the continued education for Caregiver B. Licensee A stated s/he was not aware that continued education was required in those specific areas. Licensee A confirmed the training provided was all the training Caregiver B had received in 2022. Surveyor asked about the duration of the training in oxygen, catheter care and medications as the continued education document did not contain any duration. Licensee A did not know the duration. Licensee A stated moving forward, Licensee A would ensure all required areas are received. Surveyor informed Licensee A that in 2023, Caregiver B would require all the training. Licensee A acknowledge understanding of the requirement and stated s/he does want to be compliant with the requirements.	N 277		
N 394	83.35(5)(b) Annual evaluation of evacuation limits Evaluation update. The CBRF shall evaluate	N 394		

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N 394	Continued From page 2 each resident ' s mental or physical capability to respond to a fire alarm at least annually or when there is a change in the resident ' s mental or physical capability to respond to a fire alarm. This Rule is not met as evidenced by: Based on record review and staff interview, the provider did not complete an annual evacuation update for 2 out of 2 residents reviewed who required an annual evaluation update. Findings include: On 11/29/2023, Surveyor reviewed the record of Resident 1. Resident 1 was admitted to the provider on 02/25/2020. The evacuation assessment in Resident 1's record was dated 02/25/2020. The record did not contain an annual evacuation update. On 11/29/2023, Surveyor reviewed the record of Resident 2. Resident 2 was admitted to the provider on 07/02/2021. The evacuation assessment in Resident 2's record was dated 07/05/2021. The record did not contain an annual evacuation update. On 12/06/2023, at 1:51 PM, Surveyor interviewed Licensee A regarding the updated assessments. Licensee A stated s/he was not aware the assessment needed to be completed on the assessment form or complete a new form. Licensee A stated they do their fire drills and s/he believed that was the assessment update. Licensee A stated the assessment would be completed annual and with a change in condition moving forward.	N 394		

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N 446	Continued From page 3	N 446		
N 446	83.41(1)(b) Equipment. Equipment. The CBRF shall store equipment and utensils in a clean manner and shall maintain all utensils and equipment in good repair. This Rule is not met as evidenced by: Based on observation and staff interview, the provider did not ensure all equipment and utensils were store in a clean manner. Findings include: On 11/29/2023, at 9:15 AM, Surveyor toured the kitchen in the facility. Surveyor observed the following: -Microwave outer surface was soiled and sticky to the touch. The handle was broken. The inner surface of the microwave was very soiled. - The doors on the cabinets under the sink were broken. The varnish was dull and sticky to the touch. -The doors on the remaining kitchen cabinets were broken, did not close properly. The varnish was dull and sticky to the touch. The cabinets contained dishes, food storage, pots and pan and cooking utensils. -Two drawers in the refrigerator were broken. The drawers contained carrots and potatoes. -The shelves in the refrigerator contained numerous dried spills and food particles. -The kitchen floor was stained in several areas. -Plastic bags were stuffed between the wall at the refrigerator. The floor contained an accumulation of dirt and dust debris.	N 446		

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N 446	Continued From page 4 -Three out of 6 door pulls (knobs) were missing from the buffet cabinet by the refrigerator. - Cabinets on the island between the dining area and kitchen, doors did not close. -Stove top very soiled. On 11/29/2023, at approximately 12:00 PM, Surveyor showed Licensee A the areas in the kitchen that needed attention. Licensee A acknowledged the kitchen needed to be cleaned and the floor was recently re-done but it is difficult to keep clean due to the type of paint finish used. Licensee A stated they recently did the flooring down the hall and in the living room and may replace the floor with the same material. Licensee A stated the kitchen cabinets do need work, and they have contacted a person to do the repair/replacements. Licensee A stated they just are not sure if the cabinets would be replaced or repaired as the person had not returned calls the licensee had made.	N 446		
N 491	83.44(2)(c) Interior floors, walls and ceilings. Every interior floor, wall and ceiling shall be clean and in good repair. This Rule is not met as evidenced by: Based on observation and staff interview, the provider did not ensure all interior walls and ceiling were clean and in good repair. Findings include: On 11/29/2023, at approximately 9:15 AM, Surveyor toured the home. Surveyor observed the full bathroom with blue painted walls, off the kitchen area.	N 491		

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N 491	Continued From page 5 The blue painted walls contained chips in the paint exposing white dry wall in multiple areas. The mirror in the bathroom contained an accumulation of dirt and dried water stains. Another wall contained blue tape with blue paint over lapping the white ceiling in the area above the sink. The hallway vents contained an accumulation of rust and dust particles. On 11/29/2023, at approximately 12:00 PM, Surveyor interviewed Licensee A regarding the paint, dry wall and rusty vents. Licensee A stated the bathroom was recently painted but did not know why the dry wall was chipped, why the vents were rusty and dirty, or why the white ceiling contained smudges of blue paint. Licensee A agreed the bathroom needed to be repaired to be in compliance.	N 491		
N 499	83.45(3) Toxic substances. Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area. This Rule is not met as evidenced by: Based on observation and staff interview, the provider did not ensure that all cleaning compounds and toxic substances were stored in a secure area. Findings include: Woodside Terrace is a Class CS	N 499		

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N 499	Continued From page 6 (Semi-ambulatory) home and serves irreversible dementia/Alzheimer's and advanced aged. The home has a capacity to serve 8 adults. On 11/29/2023, at 9:27 AM, Surveyor observed the following: The cabinet in the blue painted bathroom was not locked. Stored inside the cabinet was a container of Lysol toilet bowl cleaner, Spray Away glass cleaner, and 2 containers of Comet Cleanser. The items contained a warning label that read, "Keep out of reach of children" and, " Harmful if swallowed." Stored in an unsecured cabinet next to the kitchen sink, Surveyor observed 3 containers of Clorox Spray Cleaner. The items contained a warning label that read, "Keep out of reach of children" and "Harmful if swallowed." Stored in an unsecured cabinet under the kitchen sink Surveyor observed a container of ammonia, carpet cleaner and glass cleaner. On 11/29/2023, at approximately 12:00 PM, Surveyor interviewed Licensee A regarding the toxic chemicals being left unsecured. Licensee A stated they do have a locked cleaning supply cabinet however, staff must not be utilizing the cabinet. Licensee A stated s/he is aware that the items should be stored securely and would ensure that they were secured immediately.	N 499		
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.	N 525		

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N 525	Continued From page 7 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 staff interview, the provider did not ensure fire evacuation drills shall be conducted at least quarterly with both employees and residents. Findings include: Woodside Terrace is a Class CS (Semi-ambulatory) home and serves irreversible dementia/Alzheimer's and advanced aged. The home has a capacity to serve 8 adults. On 11/29/2023, at approximately 9:45 AM Surveyor requested Licensee A provide documentation of all fire and evacuation drills conducted in 2022 and 2023. Licensee A provided a binder containing information and stated the drills would be documented in the binder. Surveyor reviewed the binder and noted a drill completed on 03/25/2022. The binder did not include any other fire drills.	N 525		

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N 525	Continued From page 8 On 11/29/2023 at approximately 11:30 AM, Surveyor interviewed Licensee A who stated they had completed other drills but the documentation was at the office. Licensee A stated it would be provided to Surveyor by 5 PM on 11/29/2023. On 11/29/2023, Surveyor received the drills provided by Licensee A. Surveyor reviewed documentation of the drills noted the following drills completed on 03/25/2022 and 10/12/2022 for 2022 and on 04/11/2023 and 07/15/2023 for 2023. On 12/05/2023 at 3:38 PM, Surveyor interviewed Licensee A regarding the fire drills. Surveyor asked if they had any other drills. Licensee A confirmed those dates were accurate regarding the fire drills conducted in 2022 and to date in 2023. Surveyor asked if they conducted fire drills on a quarterly basis. Licensee A stated s/he was not aware that drills needed to be conducted quarterly and that s/he completed power outage drills and severe weather drills and thought that met the requirement for the fire drills.	N 525		
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 staff interview, the provider did not ensure evacuation drills such as tornado, flooding or other emergency or disaster drills were conducted at least semi-annually.	N 526		

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N 526	Continued From page 9 Findings include: Woodside Terrace is a Class CS (Semi-ambulatory) home and serves irreversible dementia/Alzheimer's and advanced aged. The home has a capacity to serve 8 adults. On 11/29/2023, at approximately 9:45 AM Surveyor requested Licensee A provide documentation of all evacuation drills conducted in 2022 and 2023. Licensee A provided a binder containing information and stated the drills would be documented in the binder. Surveyor reviewed the binder and noted a severe weather drill was conducted 07/2022. The binder did not include other evacuation drills. On 11/29/2023, at approximately 11:30 AM, Surveyor interviewed Licensee A who stated they had completed other drills but the documentation was at the office. Licensee A stated it would be provided to Surveyor by 5 PM on 11/29/2023. On 11/29/2023, Surveyor received a copy of evacuation drills documentation provided by Licensee A. Surveyor reviewed a drill dated 09/06/2023 labeled power outage and a drill dated 10/12/2022 labeled tornado drill. On 12/05/2023 at 3:38 PM, Surveyor interviewed Licensee A regarding the evacuation drills. Surveyor asked if they had any other drills. Licensee A stated those were the evacuation drills conducted in 2022 and to date in 2023. Surveyor asked if they conducted evacuation drills such as severe weather, tornado, flooding the first half of 2023. Licensee A stated s/he was not aware that drills needed to be conducted semi-annually.	N 526		