STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017750	A. BUILDING: _____ B. WING _____	R-C 09/08/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SV NORTH NINE ACRES	**229 VAN DYKE ST OCONTO, WI 54153**

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{N 000}	Initial Comments On 09/07/2023, with additional information gathered through 09/08/2023, Surveyor conducted 1 complaint investigation, a standard survey, and a verification visit at SV North Nine Acres. The complaint was substantiated. Four out of five deficient practices were corrected and 1 out of 5 were recited. Four deficient practices were identified in total. Under statutory provisions, a $200 revisit fee is being assessed for the verification visit. Census: 16	{N 000}		
N 223	83.18(1) Employee records maintained and current. A separate record for each employee shall be maintained, kept current, and at a minimum, include: (a) Written job description including duties, responsibilities and qualifications required for the employee; (b) Beginning date of employment; (c) Educational qualifications for administrators; (d) Completed caregiver background check following procedures under s. 50.065, Stats., and ch. HFS 12; (e) Documentation of training, or exemption verification. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure training records for each employee were maintained and current. Two of three (Caregivers D and F) employee records did not include documentation of all required trainings. The caregiver records did not include any documentation of exemptions from training.	N 223		

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

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N 223	Continued From page 1 Findings include: On 09/07/2023 at 10:55 AM, Surveyor requested records for Caregivers D and F including training filed in their employee records. On 09/08/2023, Surveyor interviewed Administrator C and Manager A at approximately 12:00 PM. Administrator C stated no file for employee D could be located. Administrator C stated the training was completed, but there was no documentation to support that Caregivers B and F received all appropriate trainings and did not have any exemptions from the trainings. On 09/08/2023 at 3:53 PM, Surveyor received an e-mail from Regional Administrator B: "[Caregiver D]- no training could be found. [Caregiver F] I am being told [his/her] hire date was 4/23/23 however worked the floor ... [Caregiver F] said [s/he] did [his/her] training however we do not have it in [his/her] file. We do have [his/her] skills check off and orientation." Surveyor reviewed the skills check off and orientation lists were not complete with times, dates, or legible signatures to verify the employee or trainer and could not verify compliance. No other documentation of training was found in his/her records.	N 223		
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,	N 277		

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N 277	Continued From page 2 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 1 of 1 resident care staff reviewed (Caregiver E) received all required continuing education in 2022, 2021, 2020, 2019, 2018, or 2017. Findings include: On 09/07/2023 at 10:55 AM, Surveyor requested to review Caregiver E's continuing education training for 2022. On 09/08/2023, Surveyor reviewed Caregiver E's continuing education record. Caregiver E was hired on 07/16/2016. Caregiver E's continuing education record for 2022 showed all areas were left blank and had an associated "overdue" date. Caregiver E's employee file noted the last time Caregiver E received continuing education was in 2019 for resident rights and client group only and did not include training in the required areas of standard precautions, medications, prevention and reporting of abuse, neglect and misappropriation, and fire safety and emergency procedures, including first aid. The last documented training in standard precautions, medication administration, and fires safety and first aid was prior to hire in 2014. No abuse, neglect, and misappropriation training was found	N 277		

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N 277	Continued From page 3 in the employee record. On 09/08/2023, at approximately 12:00 PM, Surveyor interviewed Administrator C, who acknowledged Caregiver E was not exempt from training and had not been compliant in maintaining his/her continuing education. Administrator C presented Surveyor with a written warning that was given to Caregiver E for not completing his/her 2022 continuing education. Administrator C could not state if the lack of continuing education for 2021, 2020, 2019, 2018, and 2017 had been addressed. Administrator C stated s/he was aware it was still the provider's responsibility to ensure caregivers received training. Surveyor asked for copies of the record and any additional information to show all training that had been received since hire. No copies or additional training records were sent to the Surveyor as of 09/18/2023. The provider did not ensure at least 1 of 1 resident care staff (Caregiver E) received all required continuing education training annually.	N 277		
N 358	83.32(3)(n) Rights of Residents: Safe environment In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Safe environment. Live in a safe environment. The CBRF shall safeguard residents from environmental hazards to which it is likely the residents will be exposed, including both conditions that are hazardous to anyone and conditions that are hazardous to the resident because of the residents ' conditions or disabilities.	N 358		

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N 358	Continued From page 4 This Rule is not met as evidenced by: Based on observation and interview, the provider did not maintain a safe environment. Areas of the facility that contained harmful substances and/or equipment were not continually safe guarded against resident access. Finding include: The provider is licensed to serve up to 20 residents who may be of advanced age, physically disabled, terminally ill, and/ or have irreversible dementia/ Alzheimer's disease. Surveyor note: All observations were noted to be greater than 5 minutes where the areas were unsecured and not within a caregiver's visual control. On 09/07/2023, Surveyor arrived at the facility at 9:10 AM. Surveyor observed a door off of the front hallway leading into a storage area was open and not within caregiver's visual control. At approximately 11:00 AM, Surveyor conducted a tour of the facility accompanied by Manager A and noticed the storage room door remained open. Surveyor entered the room and observed it contained refrigerators, equipment storage, electrical panels, and a furnace. Manager A stated the room should have been secured against resident access for safety. At 11:02 AM, Surveyor observed an activity closet was unsecured and contained activities as well as a furnace and electrical equipment. Manager A stated the room should have been secured against resident access for safety. At 11:04 AM, Surveyor observed cleaning	N 358		

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N 358	Continued From page 5	N 358		

chemicals in the common bathroom that were not secured against resident access. Manager A stated the chemicals should have been secured against resident access for safety.

At 11:08 AM, Surveyor entered the medication room which was left unlocked. The room contained medication boards that were left unsecured waiting to be destroyed, along with cleaning chemicals. Manager A stated the room should have been secured against resident access for safety.

At 11:20 AM, Surveyor observed the kitchen had chemicals stored beneath the sink and in a cupboard that were unsecured and not continually within caregivers visual control. Residents had access to the kitchen. Manager A stated the chemicals should have been secured against resident access for safety.

At 11:25 AM, Surveyor observed the staff bathroom was left open and contained chemical cleaners. Manager A stated the chemicals should have been secured against resident access for safety.

At approximately 12:30 PM, Surveyor interviewed Regional Administrator B and Manager A. Manger A confirmed there were residents present in the facility that required supervision and were unsafe to have access to the areas in the facility that were identified during the tour.

Prior to exiting the facility on 09/07/2023 at approximately 3:00 PM, Surveyor observed all areas discussed, with the exception of the medication room, remained unsecured.

On 09/08/2023, Surveyor was present at the

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N 358	Continued From page 6 facility. Prior to leaving the facility at approximately 1:00 PM, Surveyor walked through the facility and observed the storage room door was open and unaccompanied for greater than 10 minutes, the activity closet door remained unsecured, Surveyor was able to open the medication room, and the kitchen still contained unsecured chemicals.	N 358		
{N 481}	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not maintain a safe, homelike environment as evidenced by multiple areas of the facility in need of repair. This is a repeat deficiency. See Statement of Deficiency (SOD) LRTJ11 dated 10/18/2022. Findings include: On 09/07/2023 at approximately 11:00 AM, Surveyor conducted a tour of the facility accompanied by Manager A. At 11:12 AM, Surveyor observed some resident rooms were fitted with hard flooring while others had carpeting. Surveyor and Manager A observed hallways with resident rooms had a strong odor that appeared to be stale urine. The odor was	{N 481}		

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{N 481}	Continued From page 7 observed to be present throughout both resident room hallways but was noticeably stronger in the southeast hallway. Manager A stated s/he believed resident rooms with carpeting were contributing to the odor. During a kitchen observation at approximately 11:20 AM, Surveyor observed one cupboard missing on the bottom corner cabinet that led in and out of the dining room into the kitchen. The bottom cupboard under the sink was hanging loose from the hinge. The dishwasher was 4 inches smaller than the cutout space. The left half of the V-shaped corner top cabinet door was missing. There was missing molding near the floor in the kitchen between the tall cabinet and the doorway that led from the kitchen to the dining area. The countertops had areas of wear and were in need of replacement. Residents had access to the kitchen. Surveyor observed at approximately 11:24 AM the North hallway had cracked tiles in the flooring, and walls that had multiple scuff marks in need of painting. The flooring exiting the North hallway into the common space room had noticeable wear in the high traffic areas and was buckling in areas as well. The couch in the common room was stained and a side table in the dining room had splattered paint. Surveyor observed on the South (at approximately 11:15 AM) and North (at approximately 11:25 AM) ends of the hallways, the exits lead to outdoor cement walkways. Both walkways had cement that shifted resulting in an approximate 1-inch bump. The bump was identified as a potential tripping hazard and as an area that could not be easily negotiated by residents with ambulatory assistive devices.	{N 481}		

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{N 481}	Continued From page 8 Manager A stated there were residents at the facility who would have difficulty negotiating the bump and acknowledged it needed to be corrected. On 09/07/23 at approximately 12:20 PM, Surveyor interviewed Regional Administrator B and Manager A. Manager A stated the person responsible for facility maintenance was Maintenance Person G. Manager A stated Maintenance Person G would get to projects on his/her own schedule. Regional Administrator B stated carpets in resident rooms would be replaced as the residents moved and/ or passed away. After review of the code, Manager A and Regional Administrator B acknowledged if the carpets could not be cleaned, they would need to be replaced even if the resident was still residing in the room as it is a health concern to breathe in ammonia and an issue of the resident's right to dignity and a clean environment. Regional Administrator B stated there were plans to remodel the kitchen but all plans had not been approved yet, however new countertops had been ordered. After review of the previous Statement of Deficiency, Regional Administrator B acknowledged the previously cited concerns had not been corrected in the approximate 11 months since the last survey.	{N 481}		