| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0013514 | A. BUILDING: _____ B. WING _____ | R-C 07/25/2023 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **NEW PERSPECTIVE SUPERIOR** | **1915 N 34TH ST SUPERIOR, WI 54880** |

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| {N 000} | Initial Comments<br><br>On 07/17/2023, Surveyor conducted a standard survey, verification visit, and complaint investigation at New Perspective. Data was collected through 07/25/2023.<br><br>Four violations were identified<br><br>The complaint was unsubstantiated.<br><br>Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed.<br><br>Census: 28. | {N 000} | | |
| N 239 | 83.20(2)(a)-(d) Department-approved training courses.<br><br>Standard Precautions. All employees who may be occupationally exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions before the employee assumes any responsibilities that may expose the employee to such material.<br>Fire safety. Within 90 days after starting employment, all employees shall successfully complete training in fire safety.<br>First aid and choking. Within 90 days after starting employment, all employees shall successfully complete training in first aid and procedures to alleviate choking.<br>Medication administration and management. Any employee who manages, administers or assists residents with prescribed or over-the-counter medications shall complete training in medication administration and management prior to assuming these job duties. | N 239 | | |

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

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| N 239 | Continued From page 1<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure 1of 3 employees obtained all department approved training as required.<br><br>Caregiver C did not have training in fire safety within 90 days after starting employment.<br><br>Caregiver C did not have training in first aid and choking within 90 days after starting employment.<br><br>Findings include:<br><br>On 07/17/2023, Surveyor conducted a review of 3 employees to verify compliance with department approved training requirements. Surveyor requested training records from Executive Director (ED) B.<br><br>Fire Safety<br><br>The record for Caregiver C, hired 12/21/2022, did not contain evidence of training or evidence of meeting an exemption for fire safety. On 07/24/2023, at approximately 4:00 PM, Surveyor interviewed ED B. ED B confirmed the provider did not have evidence Caregiver C completed or met an exemption for fire safety training. ED B stated Caregiver C was scheduled to attend training in 02/2023 but had called in to work that day. ED B stated a training was scheduled for 03/2023 but they missed assigning Caregiver C to that training. ED B stated Caregiver C is assigned training on 08/08/2023. | N 239 | | |

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| N 239 | Continued From page 2<br><br>On 07/24/2023, Surveyor verified Caregiver C was not on the Community-Based Care and Treatment training registry /for fire safety.<br><br>First Aid and Choking<br><br>The record for Caregiver C, hired 12/21/2022, did not contain evidence of training or evidence of meeting an exemption for first aid and choking. On 07/24/2023, at approximately 4:00 PM, Surveyor interviewed ED B. ED B confirmed the provider did not have evidence Caregiver C completed or met an exemption for first aid and choking training. ED B stated Caregiver C was scheduled to attend training in 02/2023 but had called in to work that day. ED B stated a training was scheduled for 03/2023 but they missed assigning Caregiver C to that training. ED B stated Caregiver C is assigned training on 08/08/2023.<br><br>On 07/24/2023, Surveyor verified Caregiver C was not on the Community-Based Care and Treatment training registry for first aid and choking. | N 239 | | |
| N 488 | 83.44(1)(c) Clothes dryers enclosed and vented<br><br>Clothes dryers. The CBRF shall enclose any clothes dryer having a rated capacity of more than 37,000 Btu/hour in a one-hour fire resistive rated enclosure. If the clothes dryer requires a vent, the CBRF shall use dryer vent tubing that is of rigid material with a fire rating that exceeds the temperature rating of the dryer. The dryer vent tubing shall be clean and maintained.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider | N 488 | | |

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| N 488 | Continued From page 3<br>did not ensure 4 clothing dryers had rigid dryer vent tubing.<br><br>Findings include:<br><br>The provider is licensed to care for 44 residents in the client groups terminally ill, irreversible dementia/Alzheimer's disease, advanced aged, and traumatic brain injury.<br><br>On 07/17/2023 at approximately 10:37 AM, Surveyor observed 2 dryers did not have rigid dryer vent tubing. At approximately 10:40 AM, Surveyor interviewed Environmental Services Director (ESD) A. ESD A stated there were 4 dryers in the building and none of them had rigid dryer vent tubing. ESD A stated they would be replaced.<br><br>On 07/24/2023 at approximately 4:00 PM, Surveyor interviewed Executive Director (ED) B. ED B stated ESD A was currently searching for a vendor to replace the dryer vent tubing.<br><br>The provider did not ensure 4 clothing dryers had rigid vent tubing. | N 488 | | |
| N 617 | 83.55(6)(b) Bath and toilet areas: water temperature<br><br>The CBRF shall set the temperature of all water heaters connected to sinks, showers and tubs used by residents at a temperature of at least 140°F. The temperature of water at fixtures used by residents shall be automatically regulated by valves and may not exceed 115°F, except for CBRFs serving residents recovering from alcohol or drug dependency or clients of a government correctional agency. | N 617 | | |

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| N 617 | Continued From page 4<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure the temperature of water at fixtures used by residents did not exceed 115 degrees Fahrenheit.<br><br>Findings include:<br><br>The provider is licensed to care for 44 residents in the client groups terminally ill, irreversible dementia/Alzheimer's disease, advanced aged, and traumatic brain injury.<br><br>On 07/17/2023, Surveyor reviewed a document titled WATER TEMPS. The document included recorded temperatures ranging from 92 to 140 degrees Fahrenheit and were taken weekly in 26 locations. At approximately, 1:00 PM, Surveyor interviewed Environmental Services Director (ESD) A. ESD A stated the residents had access to only 2 of the 26 locations listed on the WATER TEMPS document. ESD A stated the locations were the activity kitchen and spa. Surveyor observed the WATER TEMPS document included temperatures taken on 05/12/2023 and 07/14/2023 that were 120 degrees Fahrenheit in the 2 locations accessible to residents. ESD A stated resident rooms included a shower and sink, and temperatures were not taken in resident rooms.<br><br>On 07/24/2023 from 3:00 PM to 4:27 PM, Surveyor interviewed Executive Director (ED) B. ED B stated temperatures were not taken in resident rooms because ESD A may not have understood the code.<br><br>The provider did not ensure water temperatures | N 617 | | |

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| N 617 | Continued From page 5<br>did not exceed 115 degrees Fahrenheit at fixtures used by residents. | N 617 | | |
| N 666 | 83.59(7)(a) Emergency egress lighting provided<br><br>All exit passageways and stairways shall be provided with emergency egress lighting with a stand-by power source.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure the 3 exit passageways had functional emergency egress lighting with a stand-by power source.<br><br>Findings include:<br><br>The provider is licensed to care for 44 residents in the client groups terminally ill, irreversible dementia/Alzheimer's disease, advanced aged, and traumatic brain injury.<br><br>On 07/17/2023, Surveyor observed an emergency exit light at the North exit was not lit. At approximately 10:50 AM, Surveyor interviewed Environmental Services Director (ESD) A. ESD A stated a fire department inspection had occurred in March 2023 and the inspection found concerns with some emergency exit lights.<br><br>On 07/17/2023, Surveyor reviewed a document titled [CITY NAME] FIRE DEPARTMENT INSPECTION REPORT, dated 03/09/2023, that read, in part, "Fail ...emergency lighting ...Storage batteries shall be of suitable rating and capacity to supply and maintain the total load for a minimum period of 1 ½ hours ...exit and emergency lights need repair throughout the building." | N 666 | | |

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| N 666 | Continued From page 6<br><br>At 4:30 PM, Surveyor interviewed ESD A and Executive Director (ED) B. ESD A and ED B recalled they had ordered new batteries for the exit lights and replaced the batteries, but that did not correct the problem. ESD A stated the north emergency exit light would stay lit but would fail when the power was out and 2 emergency exit lights to the courtyard would not light up even with the power on. ESD A stated at that point they determined the problem was electrical. ESD A stated s/he would immediately reach out to an electrician.<br><br>The provider did not ensure the 3 exits lights were functional for approximately 5 months. | N 666 | | |