Wisconsin Department of Health Services

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 06/24/2024

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

(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 06/18/2024, Surveyor conducted a verification visit and investigated a self-report at New Perspective. Data was collected through 06/24/2024. Three violations were corrected. One deficiency was identified. This is a repeat violation. See Statement of Deficiency (SOD) MIBP12, dated 07/25/2023. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 26.	{N 000}		
{N 239}	83.20(2)(a)-(d) Department-approved training courses. 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. Fire safety. Within 90 days after starting employment, all employees shall successfully complete training in fire safety. First aid and choking. Within 90 days after starting employment, all employees shall successfully complete training in first aid and procedures to alleviate choking. Medication administration and management. Any employee who manages, administers or assists residents with prescribed or over-the-counter medications shall complete training in medication	{N 239}		

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

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 06/24/2024

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

(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 239}	Continued From page 1 administration and management prior to assuming these job duties. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 6 employees obtained all department approved training as required. Caregiver A, B, and D did not have training in fire safety within 90 days after starting employment. Caregiver A and B did not have training in first aid and choking within 90 days after starting employment. Caregiver A, who had responsibilities that would create exposure to blood, body fluids or other moist body substances, did not have training in standard precautions prior to assuming these duties. Findings include: On 06/18/2024, Surveyor conducted a review of 6 employees to verify compliance with department approved training requirements. Surveyor requested the training records for Caregiver A, B, C, D, E and F. Fire Safety The record for Caregiver A, hired 02/15/2023, Caregiver B, hired 01/30/2024, and Caregiver D, hired 08/14/2023, did not contain evidence of training or evidence of meeting an exemption for	{N 239}		

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 06/24/2024

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

(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 239}	Continued From page 2 fire safety. On 06/24/2024, at approximately 2:00 PM, Surveyor interviewed Business Manager (BM) H. BM H confirmed the provider did not have evidence Caregiver A, B, or D completed, or met an exemption for, fire safety training. On 06/24/2024, Surveyor verified Caregiver A, B, and D were not on the Community-Based Care and Treatment training registry for fire safety. First Aid and Choking The record for Caregiver A, hired 02/15/2023, and Caregiver B, hired 01/30/2024, did not contain evidence of training or evidence of meeting an exemption for first aid and choking. On 06/24/2024, at approximately 2:00 PM. Surveyor interviewed BM H. BM H confirmed the provider did not have evidence Caregiver A or B completed or met an exemption for first aid and choking training. On 06/24/2024, Surveyor verified Caregiver A and B were not on the Community-Based Care and Treatment training registry for first aid and choking. Standard Precautions The record for Caregiver A, hired 02/15/2023, did not contain evidence of training or evidence of meeting an exemption for standard precautions. On 06/24/2024, at approximately 2:00 PM, Surveyor interviewed BM H. BM H confirmed Caregiver A performs job tasks that may expose the employee to blood or other bodily fluids. BM H confirmed the provider did not have evidence BM H completed or met an exemption for standard precaution training prior to assuming these job duties.	{N 239}		

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 06/24/2024

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

(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 239}	Continued From page 3 On 06/24/2024, Surveyor verified Caregiver A was not on the Community-Based Care and Treatment training registry for standard precautions. On 06/18/2024 at approximately 10:45 AM, Surveyor interviewed Executive Director (ED) G, who began his/her role on 06/17/2024. ED G stated former ED I and BM H would have been responsible to ensure that staff training was completed. On 06/24/2024, from 2:00 PM to 2:22 PM, Surveyor interviewed BM H, who confirmed Caregiver A, B and D were on the work schedule.	{N 239}		