

Wisconsin Department of Health Services

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>0019387</b>                    | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>02/19/2024</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>SHILOH ASSISTED LIVING GREENVILLE</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>140 S MAYFLOWER DRIVE<br/>GREENVILLE, WI 54942</b> |                                                                                                                          |                                                                    |
| (X4) ID<br>PREFIX<br>TAG                                                     | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ID<br>PREFIX<br>TAG                                                                            | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                                           |
| N 000                                                                        | Initial Comments<br><br>On 02/15/2024 with additional information gathered through 02/19/2024, Surveyor conducted a complaint investigation and probationary license survey at Shiloh Assisted Living Greenville. As a result, the complaint was unsubstantiated and 1 deficiency was identified.<br><br>Census: 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 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

Wisconsin Department of Health Services

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| N 239                                                                        | <p>Continued From page 1</p> <p>This Rule is not met as evidenced by:<br/>Based on interview and record review, the provider did not ensure 1 of 1 employee obtained all department approved training as required.</p> <p>Caregiver A did not have training in fire safety and first aid and choking within 90 days after starting employment and standard precautions prior to working with residents.</p> <p>Findings include:</p> <p>On 02/15/2024, Surveyor conducted a review of 2 employee files to verify compliance with department approved training requirements. Surveyor requested training records from Administrator B and Team Lead C.</p> <p>On 02/15/2024 at 11:50 AM, Surveyor reviewed the employee file for Caregiver A. The record for Caregiver A, hired 10/10/2023, did not contain evidence of meeting an exemption for fire safety, first aid and choking or standard precautions.</p> <p>On 02/15/2024, Surveyor verified Caregiver A was not on the CBCT (Community-Based Care and Treatment) training registry for fire safety, first aid and choking or standard precautions.</p> <p>On 02/15/2024 at approximately 2:00 PM, Surveyor interviewed Administrator B and Team Lead C who stated Caregiver A has also been trained at a sister facility, so some of his/her staff record may be at that facility. Surveyor asked Administrator B to provide documentation by 12:00 PM on 02/19/2024.</p> <p>On 02/19/2024 at 9:30 AM, Surveyor received a fax from Administrator B. Surveyor reviewed the documents; however, there was no training</p> | N 239                                                                       |                                                                                                                          |  |                                                                    |

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| N 239                                                                        | <p>Continued From page 2</p> <p>documentation pertaining to Caregiver A.</p> <p>On 02/19/2024 at 11:50 AM, Surveyor sent a follow up email to Administrator B requesting Caregiver A's training documentation. At 1:51 PM, Surveyor sent an additional email to Administrator B asking for all requested documentation to be provided by 4:00 PM on 02/19/2024.</p> <p>On 02/19/2024 at 1:54 PM, Surveyor received a second fax from Administrator B which contained an orientation checklist for Caregiver A. Surveyor observed Caregiver A's orientation checklist and did not see evidence s/he completed training in fire safety, first aid and choking or standard precautions.</p> <p>On 02/19/2024 at 2:25 PM, Surveyor sent another follow up email to Administrator B requesting verification Caregiver A completed the required Community-Based Residential Facility (CBRF) trainings to include fire safety, first aid and choking or standard precautions.</p> <p>On 02/19/2024 at 2:52 PM, Surveyor received a third fax from Administrator B which included Caregiver A's orientation checklist. Surveyor observed Caregiver A's orientation checklist and listed under "Department approved training - training to be completed within 90 days" the following trainings were listed - fire safety, first aid and choking and standard precautions. Surveyor also observed there was handwritten documentation stating, "Scheduled to take."</p> <p>On 02/19/2024 at 3:40 PM, Surveyor spoke with Administrator B over the phone who stated s/he thought Caregiver A took the required CBRF trainings as "I saw [him/her] in the class along with 3 other staff." Administrator B stated s/he</p> | N 239                                                                       |                                                                                                                          |  |                                                                    |

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| N 239                                                                        | <p>Continued From page 3</p> <p>would contact Caregiver A to verify whether or not s/he completed fire safety, first aid and choking and standard precautions. Administrator B stated s/he would let Surveyor know once s/he spoke with Caregiver A.</p> <p>On 02/19/2024 at 5:29 PM, Surveyor received an email from Administrator B confirming Caregiver A did not complete fire safety, first aid and choking and standard precautions. Administrator B stated, "[S/he] was in the class but had to leave so [s/he] didn't finish the class. That is where the confusion was. I know I saw [him/her] there and so did [Licensee D] and we were unaware [s/he] didn't finish the class. So we will get [him/her] into the class as soon as possible."</p> <p>The provider did not ensure 1 of 1 employee obtained all department approved training as required.</p> | N 239                                                                       |                                                                                                                          |  |                                                                    |