STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018486	A. BUILDING: _____ B. WING _____	C 10/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OPEN ARMS BLOSSOM	**3834 BLOSSOM DRIVE MOUNT PLEASANT, WI 53406**

(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 10/22/2024 with information gathered through 10/23/2024, Surveyors conducted a standard survey and complaint investigation at Open Arms Blossom, a Community-Based Residential Facility (CBRF) in Mount Pleasant, WI. 11 deficiencies identified. Complaint unsubstantiated. Census: 6 On 10/22/2024 with information gathered through 10/23/2024, Surveyors conducted a standard survey and a complaint investigation at Open Arms Blossom, a Community-Based Residential Facility (CBRF) in Mount Pleasant WI. 11 deficiencies were identified. Complaint unsubstantiated. Census: 5	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	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
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N 239	Continued From page 1	N 239		

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 administration and management prior to assuming these job duties.

This Rule is not met as evidenced by:
Based on record review and staff interview, the provider did not ensure 1 of 1 employee reviewed received Department approved training as required

Caregiver E 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.

Caregiver E did not have training in first aid and choking within 90 days after starting employment.

Findings include:

On 10/22/2024 at approximately 10:00 AM, Surveyors reviewed Caregiver E's employee records. Caregiver E was hired on 05/15/2024.

The record for Caregiver E, did not contain evidence of training or evidence of meeting an exemption for standard precautions and first aid

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N 239	Continued From page 2 and choking. On 10/22/2024, Surveyor verified Caregiver E was not on the Community-Based Care and Treatment training registry for first aid and choking and standard precautions. On 10/22/2024 at approximately 10:30 AM, Surveyors interviewed Administrator A and Chief Operating Officer (COO) D. COO D stated s/he was unaware training for first aid and choking needed to be completed within 90 days of hire and standard precautions needed to be completed prior to assuming the job duties. COO D stated s/he would make sure moving forward, the Department approved training classes would be completed within 90 days of hire or when the caregiver assumes the job duties.	N 239		
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	N 277		

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N 277	Continued From page 3 provider did not ensure 1 of 1 staff received at least 15 hours per calendar year of continuing education in calendar year 2023. Caregiver F only had 8 hours of continuing education in 2023. Findings include: On 10/22/2024, at approximately 10:00 AM, Surveyors reviewed Caregiver F's record. Caregiver F was hired on 05/12/2022. Surveyors only saw evidence of 8 hours of continuing education for calendar year 2023 for Caregiver F. On 10/22/2024 at approximately 10:30 AM, Surveyors interviewed Chief Operating Officer (COO) C. COO C stated s/he was unaware the requirements were 15 hours since this is his/her first survey for a Community-Based Residential Facility (CBRF) and most their homes are Adult Family Homes (AFH). COO C stated s/he would make sure moving forward all staff that need continuing education receive 15 hours a year.	N 277		
N 305	83.28(6) Resident rights, grievance procedure, rules Resident rights, grievance procedure, and house rules. Before or at the time of admission, the CBRF shall provide and explain resident rights, the house rules of the CBRF as required under s. DHS 83.32 (2), and the grievance procedure, including written information regarding the names, addresses and telephone numbers of all resident advocacy groups serving the client groups in the facility, including the long term care ombudsman program and the protection and advocacy services of Disability Rights Wisconsin, Inc.	N 305		

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N 305	Continued From page 4 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents (Resident 1 and Resident 2) reviewed were provided and explained the house rules before or at the time of admission. Findings include: On 10/22/2024 at approximately 9:28 AM, Surveyors requested to review Resident 1's and Resident 2's record. Surveyors identified the following: - Resident 1 was admitted on 05/22/2024 and his/her record did not contain evidence of Resident 1 being provided with house rules before or at the time of admission. - Resident 2 was admitted on 04/19/2023 and his/her record did not contain evidence of Resident 2 being provided with house rules before or at the time of admission. On 10/22/2024 at approximately 12:00 PM, Surveyors interviewed Administrator A. Administrator A stated if it was completed it would have been in their records.	N 305		
N 308	83.29(1)(b) Written information on services, charges Services and charges. Written information regarding services and charges. Before or at the time of admission, the CBRF shall provide written information regarding services available and the charges for those services to each resident, including persons admitted for respite care, or the	N 308		

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N 308	Continued From page 5 resident ' s legal representative,. This information shall include any charges for services not covered by the daily or monthly rate, any entrance fees, assessment fees and security deposit. This Rule is not met as evidenced by: Based on record review and interview, the provider did not provide written information regarding services available and the charges for those services to 2 of 2 residents (Resident 1 and Resident 2). Findings include: On 10/22/2024 at approximately 9:28 AM, Surveyors reviewed resident records and identified the following: - Resident 1 was admitted on 05/22/2024 and his/her record did not contain evidence of written information regarding charges for services. - Resident 2 was admitted on 04/19/2023 and his/her record did not contain evidence of written information regarding charges for services. On 10/22/2024 at approximately 12:00 PM, Surveyors interviewed Administrator A. Administrator A stated s/he was not aware this was a requirement. Administrator A stated moving forward s/he will ensure resident records contain written information regarding charges for services.	N 308		
N 392	83.35(4) Resident satisfaction evaluation. Satisfaction evaluation. At least annually, the CBRF shall provide the resident and the resident '	N 392		

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N 392	Continued From page 6 s legal representative the opportunity to complete an evaluation of the resident ' s level of satisfaction with the CBRF ' s services. The evaluation shall be completed on either a department form or a form developed by the CBRF and approved by the department. This Rule is not met as evidenced by: Based on record review and interview, the provider did not provide 1 of 1 resident reviewed (Resident 2) and/or their legal representatives, an opportunity to complete an evaluation of the resident's level of satisfaction within the community-based residential facility (CBRF) services. Findings include: On 10/22/2024 at approximately 9:28 AM, Surveyors requested to review Resident 2's records. Surveyors identified the following: -Resident 2 was admitted on 04/19/2023 and had a legal guardian. Resident 2's record did not contain evidence of an annual satisfaction survey provided for calendar year 2024. On 10/22/2024 at approximately 12:00 PM, Surveyors interviewed Administrator A. Administrator A stated Resident 2's guardian did not complete the survey. Surveyors asked if Administrator A had evidence of sending the letter/survey to Resident 2's guardian. Administrator A stated s/he did not have evidence of sending the letter/survey to Resident 2's guardian.	N 392		
N 416	83.37(2)(e) Other administration given or delegated by RN	N 416		

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N 416	Continued From page 7 Other administration. Injectables, nebulizers, stomal and enteral medications, and medications, treatments or preparations delivered vaginally or rectally shall be administered by a registered nurse or by a licensed practical nurse within the scope of their license. Medication administration described under sub. (2)(e) may be delegated to non-licensed employees pursuant to s. N 6.03(3). This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 caregiver, who administered injectable medication, was delegated by a registered nurse or licensed practical nurse within the scope of their license to do so. Caregiver F administered insulin injections without delegation. Findings include: On 10/22/2024, Surveyors requested to review Caregiver F's employee record. Caregiver F was hired on 05/12/2022. Caregiver F's record did not contain evidence of nurse delegation for administering injectable medication. On 10/22/2024 at approximately 12:00 PM, Administrator A indicated five residents received insulin injections. On 10/22/2024 at approximately 12:30 PM, Surveyors interviewed Administrator A and Chief Operating Officer (COO) C. Administrator A and COO C stated Caregiver F passed medications and administered insulin to the five residents. Administrator A and COO C stated they were not aware nurse delegation was needed since most of their homes are Adult Family Homes (AFH) and not Community-Based Residential Facilities	N 416		

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N 416	Continued From page 8 (CBRFs). COO C stated s/he would ensure moving forward this is part of the hiring process to have staff delegated to administer injectable medication by the facility nurse.	N 416		
N 452	83.41(3)(b) Food safety. Food safety. Whether food is prepared at the CBRF or off-site, the CBRF shall store, prepare, distribute and serve food under sanitary conditions for the prevention of food borne illnesses, including food prepared off-site, according to all of the following: 1. The CBRF shall refrigerate all foods requiring refrigeration at or below 40°F. Food shall be covered and stored in a sanitary manner. 2. The CBRF shall maintain freezing units at 0°F or below. Frozen foods shall be packaged, labeled and dated. 3. The CBRF shall hold hot foods at 140°F or above and shall hold cold foods at 40°F or below until serving. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure food was stored and served under sanitary conditions for the prevention of food borne illnesses, which had the potential to affect 6 of 6 residents residing in the facility. Findings include: On 10/22/2024 at approximately 9:20 AM,	N 452		

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N 452	Continued From page 9 Surveyors observed a pack of bacon thawing in water in kitchen sink. Surveyors took the temperature of the bacon; the thermometer read 78.4 degrees Fahrenheit. According to the SERVSAFE 7th Edition Coursebook ©2017 National Restaurant Association Educational Foundation chapter 8, page 3 refers to thawing frozen food and states, "When frozen food is thawed and exposed to the temperature danger zone, pathogens in the food will begin to grow. To reduce this growth, NEVER thaw food at room temperature." (SERVSAFE Course Book, 7th Ed., 2017, ch.8 p.3) On 10/22/2024 at approximately 9:25 AM, Surveyors interviewed Caregiver B. Caregiver B stated s/he took the bacon out at 7:00 AM and placed the bacon in water in the kitchen sink to thaw. On 10/22/2024 at approximately 12:00 PM, Surveyors interviewed Administrator A. Administrator A stated staff know not to thaw food in water and to thaw it in the refrigerator.	N 452		
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 interview, the provider did not conduct other evacuation drills at least semi-annually for calendar year 2023. Findings include:	N 526		

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	0018486	A. BUILDING: _____ B. WING _____	C 10/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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N 526	Continued From page 10 On 10/22/2024, Surveyors requested to review other evacuation drills for calendar year 2023. There was only one of other evacuation drill completed for calendar year 2023 on 05/24/2023. On 10/22/2024 at approximately 11:30 AM, Surveyors interviewed Administrator A and Chief Operating Officer C if there were any other evacuation drills conducted in calendar year 2023. Administrator A stated s/he did not see any other drill that was completed in 2023 but moving forward would make sure they are completed semi-annually.	N 526		
N 530	83.47(3) Fire inspection. Fire inspection. The CBRF shall arrange for an annual inspection by the local fire authority or certified fire inspector and shall retain fire inspection reports for 2 years. This Rule is not met as evidenced by: Based on record review and staff interview, the provider did not ensure the fire inspection by the local fire authority or certified fire inspector was completed for 1 of 1 calendar year (2023). Findings include: On 10/22/2024 at approximately 9:00 AM, Surveyors requested from Licensee D the annual fire inspection for calendar year 2023. Licensee D gave Surveyors a binder which did not have the annual fire inspection for calendar year 2023. On 10/22/2024 at approximately 10:00 AM,	N 530		

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N 530	Continued From page 11 Surveyors interviewed Licensee D. Licensee D stated s/he did not have a copy of it and would have to contact the local fire department for the documentation. Surveyors requested information to be sent no later than 4:00 PM on 10/23/2024. As of 10/23/2024 at 4:00 PM, Surveyors did not receive evidence of the annual fire inspection for calendar year 2023 from Licensee D.	N 530		
N 538	83.48(3)(a) Fire detection systems inspected annually. After the first year following installation, fire detection systems shall be inspected, cleaned and tested annually by certified or trained and qualified personnel in accordance with the specifications in NFPA 72 and the manufacturer ' s specifications and procedures. This Rule is not met as evidenced by: Based on record review and staff interview, the provider did not ensure the fire detection system was inspected for 1 of 1 calendar year (2023). Findings include: On 10/22/2024 at approximately 9:00 AM, Surveyors requested from Licensee D the annual fire detection system inspection for calendar year 2023. Licensee D gave Surveyors a binder which did not have the annual fire detection system inspection for calendar year 2023. On 10/22/2024 at approximately 10:00 AM, Surveyors interviewed Licensee D. Licensee D stated s/he did not have a copy of it and would have to contact the company they use for the documentation. Surveyors requested information	N 538		

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N 538	Continued From page 12 to be sent no later than 4:00 PM on 10/23/2024. As of 10/23/2024 at 4:00 PM, Surveyors did not receive evidence of the annual fire detection system inspection for calendar year 2023 from Licensee D.	N 538		
N 558	83.48(8)(b) Sprinkler system installation and maintenance Installation and maintenance. 1. All sprinkler systems shall be installed by a state licensed sprinkler contractor. All sprinkler systems shall be maintained, inspected and tested at least annually or at intervals determined by the requirements in NFPA 25. 2. In facilities with sprinklers, sprinkler heads shall be placed at the top of each linen or trash chute and in the rooms where the chutes terminates. 3. The sprinkler system flow alarm shall be connected to the CBRF ' s fire alarm system. This Rule is not met as evidenced by: Based on record review and staff interview, the provider did not ensure the sprinkler system was inspected for 1 of 1 calendar year (2023). Findings include: On 10/22/2024 at approximately 9:00 AM, Surveyors requested from Licensee D the annual sprinkler system inspection for calendar year 2023. Licensee D gave Surveyors a binder which did not have the annual sprinkler system inspection for calendar year 2023. On 10/22/2024 at approximately 10:00 AM, Surveyors interviewed Licensee D. Licensee D stated s/he did not have a copy of it and would	N 558		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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N 558	Continued From page 13 have to contact the company they use for the documentation. Surveyors requested information to be sent no later than 4:00 PM on 10/23/2024. As of 10/23/2024 at 4:00 PM, Surveyors did not receive evidence of the annual sprinkler system inspection for calendar year 2023 from Licensee D.	N 558		