STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018900	A. BUILDING: _____ B. WING _____	01/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW BEGINNINGS 5	23495 STATE HWY 64 CORNELL, WI 54732

(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
M 000	INITIAL COMMENTS On 01/07/2025, Surveyor conducted a standard survey at New Beginnings 5. Two deficiencies were identified. Census: 4	M 000		
M 235	88.04(2)(h) COMPLY WITH OSHA The licensee and all service providers involved in the operation of the adult family home shall comply with the universal precautions contained in the U.S. Occupational Safety and Health Administration Standard 29 CFR 1910.1030 for the control of blood-borne pathogens. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure all service providers involved in the operation of the adult family home complied with the universal precautions contained in the U.S. Occupational Safety and Health Administration (OSHA) Standard 29 CFR 1910.1030 for the control of blood-borne pathogens. Findings include: U.S. OSHA Standard 29 CFR 1910.1030 states, in part: "The employer shall train each employee with occupational exposure in accordance with the requirements of this section. Such training must be provided at no cost to the employee and during working hours. The employer shall institute a training program and ensure employee	M 235		

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
	0018900	A. BUILDING: _____ B. WING _____	01/07/2025

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M 235	Continued From page 1 participation in the program. Training shall be provided as follows: At the time of initial assignment to tasks where occupational exposure may take place; At least annually thereafter." This provider is licensed to care for 4 residents in the following client groups: alcohol/drug dependent, physically disabled, emotionally disturbed/mental illness, advanced age, correctional clients, traumatic brain injury, irreversible dementia/Alzheimer's disease, terminally ill, and developmentally disabled. On 01/07/2025, Surveyor reviewed Caregiver B's employee file. Caregiver B was hired 05/08/2023. Caregiver B's file did not contain annual training for universal precautions related to the control of blood-borne pathogens in 2024. On 01/07/2025 at approximately 3:30 p.m., Surveyor interviewed Manager A and asked if Caregiver B had annual training related to universal precautions. Manager A did not have documented training for Caregiver B for universal precautions.	M 235		
M 246	88.04(5)(b) TRAINING-8 HOURS ANNUALLY Except as provided in pars. (c) and (d), the licensee and each service provider shall complete 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in	M 246		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018900	A. BUILDING: _____ B. WING _____	01/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW BEGINNINGS 5	23495 STATE HWY 64 CORNELL, WI 54732

(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
M 246	Continued From page 2 which the initial training is received. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each caregiver completed 8 hours of continued education related to the health, safety, welfare, rights and treatment of the residents. Caregiver B did not have any documented training in 2024. Findings include: This provider is licensed to care for 4 residents in the following client groups: alcohol/drug dependent, physically disabled, emotionally disturbed/mental illness, advanced age, correctional clients, traumatic brain injury, irreversible dementia/Alzheimer's disease, terminally ill, and developmentally disabled. On 01/07/2025, Surveyor reviewed Caregiver B's employee file. Caregiver B was hired 05/08/2023. Caregiver B's file did not contain any documented training for 2024. On 01/07/2025 at approximately 2:30 p.m., Surveyor interviewed Manager A. Manager A said s/he had completed training related to ice and falls but did not have this documented. S/he said s/he had difficulty finding sources for training of staff. Manager A did not provide Surveyor with any further documented training for Caregiver B.	M 246		