STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018750	A. BUILDING: _____ B. WING _____	R-C 09/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VITACARE LIVING - MENOMONIE II	1902 TALEN STREET MENOMONIE, WI 54751

(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 09/04/2024, Surveyor completed a verification visit and standard licensure survey at Vitacare Living - Menomonie II. Data was collected through 09/05/2024. Two violations were identified. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 11	{N 000}		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 4 employees sampled (Caregiver E) were screened for communicable disease prior to working with residents. Findings include:	N 220		

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

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N 220	Continued From page 1 On 09/04/2024, Surveyor reviewed employee records. Caregiver E was hired on 04/23/2024 and began working on 05/01/2024. His/her record included a baseline tuberculosis (TB) test, but it did not include evidence Caregiver E was screened for other communicable diseases. On 09/05/2023 at 7:13 AM, Surveyor received an email from Clinical Nurse Director (CND) A indicating Caregiver E was not screened for communicable diseases other than TB. CND A stated the provider updated their policy and would be screening for symptoms of communicable disease, including TB, going forward.	N 220		
N 230	83.19 Orientation Before an employee performs any job duties, the CBRF shall provide each employee with orientation training which shall include all of the following: (1) Job responsibilities; (2) Prevention and reporting of resident abuse, neglect and misappropriation of resident property; (3) Information regarding assessed needs and individual services for each resident for whom the employee is responsible; (4) Emergency and disaster plan and evacuation procedures under s. HFS 83.47(2); (5) CBRF policies and procedures; (6) Recognizing and responding to resident changes of condition. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 4 caregivers sampled (Caregiver C and Caregiver D), completed	N 230		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018750	A. BUILDING: _____ B. WING _____	R-C 09/05/2024

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VITACARE LIVING - MENOMONIE II	1902 TALEN STREET MENOMONIE, WI 54751

(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 230	Continued From page 2 orientation training prior to assuming job responsibilities. Findings include: On 09/04/2024, Surveyor reviewed employee records. Caregiver C was hired on 11/30/2022 and began working on 12/26/2022. Caregiver D was hired on 06/10/2022 and began working on 06/17/2022. Neither record included evidence of successful completion of the following orientation topics prior to assuming job responsibilities: preventing and reporting resident abuse, neglect and misappropriation of resident property and recognizing and responding to resident changes of condition. On 09/04/2024 at 2:22 PM, Surveyor interviewed Clinical Nurse Director (CND) A and Executive Director (ED) B. ED B discussed the various management changes that occurred since Caregiver C and Caregiver D were hired. ED B stated training procedures and training documentation changed multiple times, but s/he would try to locate evidence that Caregiver C and Caregiver D completed all aspects of orientation training. On 09/05/2024 at 7:13 AM, Surveyor received an email from CND A that read, "[Caregiver D]... Missing evidence of completing orientation prior to working with residents - 6 main parts to be covered per the code; main ones missing: Identifying Change in Condition and Abuse & Neglect of Residents... Unable to find specifics of those two courses at this time... [Caregiver C]... Unable to confirm if orientation completed in timeframe needed - unable to find appropriate documents at this time."	N 230		