STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011326	A. BUILDING: _____ B. WING _____	09/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOLF RIVER CBRF	N2222 WHITE CEDAR ROAD NEOPIT, WI 54150

(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 An abbreviated survey was conducted on 09/12/2023 with information gathered through 09/13/2023 at Wolf River CBRF. As a result of this survey 4 deficiencies were identified. 1 deficiency was a repeat deficiency from SOD (Statement of Deficiency) 0PNV11, dated 05/07/2019. Census: 7	N 000		
N 243	83.21(1)-(3) All employee training. The CBRF shall provide, obtain or otherwise ensure adequate training for all employees in all of the following: Resident rights. Training shall include general rights of residents including rights as specified under s. DHS 83.32(3). Training shall be provided as applicable under ss. 50.09 and 51.61 and chs. 54, 55, and 304, Stats., and ch. DHS 94, depending on the legal status of the resident or service the resident is receiving. Specific training topics shall include house rules, coercion, retaliation, confidentiality, restraints, self-determination, and the CBRF ' s complaint and grievance procedures. Residents ' rights training shall be completed within 90 days after starting employment. Client Group. Training shall be specific to the client group served and shall include the physical, social and mental health needs of the client group. Specific training topics shall include, as applicable: characteristics of the client group served, activities, safety risks, environmental considerations, disease processes, communication skills, nutritional needs, and vocational abilities. Client group specific training shall be completed within 90 days after starting	N 243		

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

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N 243	Continued From page 1 employment. Client Group. In a CBRF serving more than one client group, employees shall receive training for each client group. Recognizing, preventing, managing, and responding to challenging behaviors. Specific training topics shall include, as applicable: elopement, aggressive behaviors, destruction of property, suicide prevention, self-injurious behavior, resident supervision, and changes in condition. Challenging behaviors training shall be completed within 90 days after starting employment. This Rule is not met as evidenced by: Based on record review and staff interview the provider did not ensure 1 of 2 staff reviewed had completed training in client group and managing challenging behaviors within 90 days as required and had no evidence of exemption for this training. Findings include: On 09/12/2023, Surveyor reviewed staff training records. CG (Caregiver) - B was hired on 11/02/2022 but had no evidence of training or exemption for training in client group and managing challenging behaviors within 90 days of hire as required. This facility serves residents with Advanced Age, Irreversible Dementia/Alzheimer's. In an interview with Surveyor at approximately 2:00 PM on 09/12/2023, DIR (Director) - A stated the records for CG - B could not be found and	N 243		

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N 243	Continued From page 2 that there had been a change in staff who monitored training requirements. DIR - A indicated that if any records were found they would be emailed to Surveyor by 09/13/2023. On 09/13/2023 DIR - A sent an email to Surveyor confirming no documentation could be found of the required training.	N 243		
N 427	83.38(1)(c) Leisure time activities. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Leisure time activities. The CBRF shall provide a daily activity program to meet the interests and capabilities of the residents. Employees shall encourage and promote resident participation in the activity program. The CBRF shall develop and post the activity schedule in an area available to residents. This Rule is not met as evidenced by: Based on observation, record review, and staff and resident interviews the provider did not ensure leisure time activities were provided, having the potential to affect all 7 residents. Residents 1 and 2 indicated they would participate in leisure activities if any were offered. Findings include: On 09/12/2023, Surveyor conducted a survey and	N 427		

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N 427	Continued From page 3 observed there were no activities provided throughout the day to any of the 7 residents in the facility. Observation of the facility's activity board showed it was blank for the month of September 2023 and there was no activity calendar posted. During an interview with Surveyor on 09/12/2023 at 11:00 AM, Resident 1 stated there "is not much going on here" and s/he wished there were activities offered. Resident 1 said the facility had a bingo ball but they never play bingo and that there are no activities offered. Resident 1 stated, "You would have to think up your own activities." During an interview with Surveyor on 09/12/2023 at 11:40 AM, Resident 2 stated all activities "are up to you" or "you have to go out into the community for something to do." Resident 2 stated there were no activities at the facility that s/he was aware of. Resident 2 stated s/he "certainly would go to activities if they had them." The facility was noted to have a shelf with board games, coloring sheets, foam dice, bowling pins, etc. but none of these were offered or encouraged throughout the day on 09/12/2023 from approximately 9:30 AM to 2:30 PM. In an interview with Surveyor on 09/13/2023 at 3:20 PM, DIR (Director) - A confirmed there was not an activity director at the facility and direct care staff had not provided activities to residents.	N 427		
N 525	83.47(2)(d) Fire drills. Fire drills. 1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time.	N 525		

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N 525	Continued From page 4	N 525		

Documentation shall include the date and time of the drill and the CBRF ' s total evacuation time. The CBRF shall record residents having an evacuation time greater than the time allowed under s. HFS 83.35(5) and the type of assistance needed for evacuation. Fire evacuation drills may be announced in advance. 2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleeping hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the employees scheduled to work during the residents ' normal sleeping hours.

This Rule is not met as evidenced by:
Based on record review and staff interview the provider did not ensure completion of quarterly fire drills for 1 out of 2 years reviewed and did not have evidence of a simulated night time drill.

This is a re-cite from SOD (Statement of Deficiency) 0PNV11 dated 05/07/2019.

Findings include:

This facility is licensed as a Class C non-ambulatory (CNA). A class C non-ambulatory CBRF serves residents who are ambulatory, semi-ambulatory or non-ambulatory, but one or more of whom are not physically or mentally capable of responding to a fire alarm by exiting the CBRF without help or verbal or physical prompting. This facility serves residents who are advanced aged and who have irreversible dementia or Alzheimer's.

On 09/12/2023, Surveyor reviewed the provider's fire drill records for 2021, 2022, and 2023. Year

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N 525	Continued From page 5 2021 had the required fire drills conducted including a simulated night time drill. Year 2022 had only 2 fire drills dated 03/01/2022 and 10/06/2022. Neither drill was a simulated night time drill. The provider had conducted 2 fire drills in 2023 to date. During an interview with Surveyor at approximately 1:30 PM on 09/12/2023, DIR (Director) - A confirmed that only 2 drills were found for 2022.	N 525		
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 fire detection systems were inspected and tested annually by certified personnel having the potential to affect all 7 residents in this facility. Findings include: This facility is licensed as a Class C non-ambulatory (CNA). A class C non-ambulatory CBRF serves residents who are ambulatory, semi-ambulatory or non-ambulatory, but one or more of whom are not physically or mentally capable of responding to a fire alarm by exiting the CBRF without help or verbal or physical prompting. This facility serves residents	N 538		

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N 538	Continued From page 6 who are advanced aged and who have irreversible dementia or Alzheimer's. On 09/12/2023, Surveyor checked provider's records for fire safety maintenance for 2021 and 2022. There was no evidence of an annual inspection of the fire detection system for 2021 or 2022. In an interview with Surveyor on 09/12/2023 at approximately 1:40 PM, DIR (Director) - A confirmed s/he was not able to locate the inspections but would check with the provider's maintenance and email any inspections found by 09/13/2023. On 09/13/2023, DIR - A emailed Surveyor confirming no inspections had been completed by a certified agency for 2021 or 2022 but that the Maintenance Director checked the smoke detectors monthly as required.	N 538		