STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	111052	A. BUILDING: _____ B. WING _____	01/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SIENNA CREST MARSHALL	604 LEWELLEN ST MARSHALL, WI 53559

(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 01/19/2024, the Bureau of Assisted Living, Southern Regional Office, conducted an abbreviated licensing survey at Sienna Crest Marshall, a community-based residential facility (CBRF) located in Marshall, WI. As a result of the survey, 1 deficiency was identified. Census: 17	N 000		
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 provider did not ensure that 1 of 2 residents reviewed completed continuing education in all the required topics. Caregiver C's continuing education for 2023 did not include education in standard precautions, fire safety, and emergency procedures including first aid.	N 277		

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 277	Continued From page 1 Findings include: On 01/19/2024, Surveyor conducted a review of 2 staff records to verify compliance with continuing education requirements. Surveyor requested the 2023 continuing education records for Caregiver C from Licensee A and Manager B. The record for Caregiver C, hired 07/20/2022, did not contain evidence of continuing education in standard precautions, fire safety, and emergency procedures including first aid. At approximately 1:35 p.m., Surveyor interviewed Licensee A and Manager B. Manager B reported s/he thought that staff only had to ensure that 15 hours of continuing education were completed each year. Manager B reported s/he was not aware that certain topics were required to be trained in as part of that continuing education.	N 277		