STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017976	A. BUILDING: _____ B. WING _____	C 06/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHEL RIPON SOUTH	530 NORTH UNION STREET RIPON, WI 54971

(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 investigation into 3 complaints, a self-report, and a standard survey were conducted at Bethel Ripon South on 06/18/2024 with information gathered through 06/24/2024. As a result of this survey 1 of 3 complaints was substantiated with 3 deficiencies identified. Census: 7	N 000		
N 504	83.46(1)(c) Heating system maintenance. Heating. The CBRF shall maintain the heating system in a safe and properly functioning condition. The CBRF shall ensure that a heating contractor or local utility company completes all of the following maintenance and makes available to the facility documentation of the maintenance performed: 1. An oil furnace shall be serviced at least once each year. 2. A gas furnace shall be serviced at least once every 3 years. 3. The CBRF shall have a chimney inspected at intervals corresponding with the heating system service under subd. 1. or 2. This Rule is not met as evidenced by: Based on staff interview and record review the provider did not ensure the gas furnace had been inspected once every 3 years having the potential to affect all 7 residents in this facility. Findings include: On 06/18/2024, Surveyor reviewed the provider's fire safety documents at this facility. There was no evidence of a gas furnace inspection in the last 3 years. Surveyor requested this inspection	N 504		

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

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N 504	Continued From page 1 from ADM (Administrator) - A on 06/18/2024 at approximately 12:00 p.m. ADM - A was unable to provide documentation of the inspection on 06/18/2024 but s/he said it would be sent to Surveyor by 06/20/2024. A second remail equest was sent to ADM -A by Surveyor on 06/20/2024 to provide this inspection report. As of 06/24/2024 Surveyor had not received any evidence of a furnace inspection in the last 3 years.	N 504		
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 an annual inspection had been completed by a local fire authority having the potential to affect all 7 residents in this facility. This facility is licensed at a CS (Semi-ambulatory) facility and serves residents with physical disability, developmental disability, and emotionally disturbed/mental illness. Findings include: On 06/18/2024, Surveyor reviewed the provider's records for fire safety. There was no evidence of a fire department inspection for this facility. Surveyor requested this information from ADM (Administrator) - A on 06/18/2024 at	N 530		

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N 530	Continued From page 2 approximately 12:00 p.m. who said it would be sent to the Surveyor by 06/20/2024. A second email request was sent by Surveyor to ADM - A on 06/20/2024. As of 06/24/2024 no fire department inspection for this facility had been sent to Surveyor.	N 530		
Z 022	50.065(3)(b) COMPLETE BACKGROUND CHECK PROCESS Every 4 years or at any other time within that period that an entity considers appropriate, the entity shall request the information specified in sub. (2) (b) 1. to 5. for all caregivers of the entity. This Rule is not met as evidenced by: Based on record review and staff interview the provider did not ensure that 2 out of 4 employees reviewed had a completed updated criminal background check every 4 years as required. Findings include: On 06/18/2024 Surveyor reviewed facility records for employees. CG (Caregiver) - B was hired on 12/12/2019 and CG - C was hired on 12/14/2019 as caregivers. On 06/18/2024 at approximately 11:30 a.m. Surveyor requested documentation of	Z 022		

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Z 022	Continued From page 3 current criminal background checks for CG - B and C from ADM (Administrator) - A who confirmed all employees worked both in the facility's North and South buildings. ADM - A indicated employee files were kept in an off-site office and would be emailed to Surveyor by 06/20/2024. On 06/20/2024 Surveyor received and reviewed employee records from ADM - A. CG - B's record showed a criminal background check had been completed on 12/12/2019 upon hire, however, there was no evidence of an updated criminal background check being done within 4 years since that date. CG - C's record showed a criminal background check showed a criminal background check had been completed on 01/08/2020, however, there was no evidence of an updated criminal background check being done within 4 years since that date.	Z 022		