STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018616	A. BUILDING: _____ B. WING _____	R-C 05/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRUCE ASSISTED LIVING	**405 BRUCE LAKE RD BRUCE, WI 54819**

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{M 000}	INITIAL COMMENTS On 05/22/2024, Surveyor conducted 2 complaint investigations, a verification visit, and a standard licensing survey at Bruce Assisted Living. Data was collected through 05/28/2024. Two of 2 complaints were unsubstantiated. The deficiency from Statement of Deficiency (SOD) YQ4611 was corrected. Four deficiencies were identified. One of 4 deficiencies was a repeat violation. See SOD T6KY12, dated 06/08/2023. Census: 3 Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed.	{M 000}		
M 232	88.04(2)(g)1 HEALTH SCREENING FOR STAFF The licensee shall obtain documentation from a physician, a registered nurse or a physician's assistant indicating that the licensee and any service provider has been screened for illness detrimental to residents, including for tuberculosis. The documentation is to be completed within 90 days before the start of providing service. The documentation shall be kept confidential except that the licensing agency shall have access to the documentation for verification. This Rule is not met as evidenced by: Based on record review and interview, the	M 232		

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

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M 232	Continued From page 1 provider did not ensure 1 of 2 employees reviewed were screened for illness, including for tuberculosis (TB), within 90 days before the start of providing service. Findings include: On 05/22/2024, Surveyor reviewed Caregiver D's employee record. Caregiver D had a start date of 05/16/2023. The record did not contain documentation to show Caregiver D was screened for illness, including TB before providing service. On 05/22/2024 at approximately 11:30 a.m., Surveyor interviewed Administrator A and asked if s/he had documentation of Caregiver D's TB test. Administrator A said s/he would call Caregiver D and have him/her get a copy. On 05/24/2024, Administrator A emailed Surveyor. The email read, in part, "[Caregiver D] is trying to get [his/her] TB test result from [Clinic]. [S/he] got it done at the Ladysmith [Clinic] center. [S/he] called another [Clinic] and they are in the process of getting it to our fax machine." As of 05/28/2024, Surveyor did not receive a copy of Caregiver D's TB test.	M 232		
M 276	88.05(3)(a) HOME ENVIRONMENT An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment.	M 276		

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M 276	Continued From page 2	M 276		

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure the home was well-maintained and homelike. The lawn was overgrown. There was no soap or paper towels in the resident bathrooms. The home had multiple light fixtures that did not work.

This is a repeat violation. See Statement of Deficiency (SOD) T6KY12, dated 06/08/2023.

Findings include:

LAWN
On 05/22/2024 at approximately 8:00 a.m., Surveyor arrived at the facility. Surveyor observed the lawn surrounding the facility was overgrown with grass.

At approximately 11:45 a.m., Surveyor asked Administrator A what the plan was for the lawn. Administrator A said it was Staff C's responsibility. S/he said Staff C brought the lawn mower one time but it would not start, and Staff C had not returned with the mower.

BATHROOMS - NO SOAP/PAPER TOWELS
On 05/22/2024 at approximately 8:35 a.m., Surveyor observed the men's bathroom. There were no paper towels or soap in the bathroom. Surveyor observed the women's bathroom. There was hand soap in this bathroom but no paper towels to dry hands with. Caregiver B told Surveyor that only staff typically used the women's bathroom. Surveyor observed the shower room. The toilet in the shower room was

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M 276	Continued From page 3	M 276		

not working. There was a sign posted to notify that it was not working, and the toilet was taped shut. There were no paper towels or hand soap by the sink in this bathroom.

On 05/22/2024 at approximately 9:00 a.m., Surveyor interviewed Resident 1. Surveyor asked Resident 1 where s/he washed his/her hands after using the bathroom. Resident 1 said s/he washed his/her hands in his/her bedroom. Resident 1's bedroom was located down the hall from the bathroom. Resident 1's bedroom did have a sink and a bar of soap next to the sink.

On 05/22/2024, Resident 2's record. Resident 2's individual service plan (ISP) indicated Resident 2 required assistance from staff to clean him/herself after having a bowel movement.

On 05/22/2024 at approximately 9:15 a.m., Surveyor asked Caregiver B where s/he washed his/her hands after s/he assisted Resident 2 with using the bathroom. Caregiver B said s/he would bring paper towels with him/her to the bathroom. There were paper towels located on the counter next to the kitchen sink.

On 05/22/20224 at approximately 9:30 a.m., Surveyor interviewed Resident 3. Surveyor asked Resident 3 where s/he washed his/her hands, as Surveyor noticed there were no paper towels or hand soap in the bathroom. Resident 3 said s/he washed his/her hands at the kitchen sink with dish soap. At 11:25 a.m., Surveyor observed Resident 3 washing his/her hands at the kitchen sink.

LIGHT FIXTURES
On 05/22/2024 at approximately 8:35 a.m., Surveyor observed the women's bathroom. The

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M 276	Continued From page 4 light would not turn completely on and there was a flashlight in the bathroom. On 05/22/2024 at approximately 9:00 a.m., Surveyor observed Resident 1's bedroom. There were 4 light fixtures in his/her room on the ceiling. The light fixtures had long fluorescent bulbs. One of the four fixtures did not work. On 05/22/2024 at approximately 9:30 a.m., Surveyor observed Resident 3's room. Resident 3's room had 4 fluorescent light fixtures. Two of the four fixtures did not work. One of the four fixtures did not have a cover over the bulbs. Resident 3 told Surveyor that s/he told his/her parent about the lights not working properly in his/her room. On 05/22/2024 at approximately 11:45 a.m., Surveyor showed Administrator A concerns about the light fixtures not working properly. Administrator A said s/he was aware of the lights not all working in Resident 3's room and said they needed to get an electrician to fix them. The provider did not ensure the home was well-maintained and homelike.	M 276		
M 278	88.05(3)(b) FREE OF HAZARDS The home shall be free from hazards and kept uncluttered and free of dangerous substances, insects and rodents.	M 278		

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M 278	Continued From page 5 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the home was free from hazards. There were combustible materials located near the furnace and hot water heater. There was a pile of lint on the dryer vent. Findings include: On 05/22/2024 at approximately 11:45 a.m., Surveyor observed the furnace room with Administrator A. The furnace and hot water heater were located inside this room. There were multiple combustible items stored in this room that were within 3 feet of the furnace and hot water heater, including paint aerosol cans. Surveyor explained anything combustible should be at least 3 feet away. Surveyor advised using tape or some visual to ensure staff do not store anything within 3 feet of a heating source. Surveyor and Administrator A observed the laundry room. The dryer vent had a pile of lint on top of it. Administrator A said that would need to be cleaned.	M 278		
M 334	88.05(4)(b)1 FIRE SAFETY-SMOKE DETECTORS Every adult family home shall be equipped with one or more single station battery operated, electrically interconnected or radio signal emitting smoke detectors on each floor level. Required smoke detectors shall be located in each habitable room except the kitchen and bathroom and specifically in the following	M 334		

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M 334	Continued From page 6 locations: at the head of each open stairway, at the door leading to every enclosed stairway, on the ceiling of the living room or family room, on the ceiling of each sleeping room and in the basement. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a smoke detector was located in the living room and each habitable room. Findings include: On 05/22/2024 at approximately 8:40 a.m., Surveyor toured the facility. Surveyor observed the living room area. There was an attachment for a smoke detector on the ceiling but there was no smoke detector on it. The bedroom located near the exit on the kitchen side of the facility did not have a smoke detector in it. There were no residents that resided in this room. The room across the hall from this bedroom appeared to be a storage area. The smoke detector in this room was hanging down off of the ceiling. On 05/22/2024 at approximately 11:45 a.m., Surveyor toured the facility with Administrator A and showed him/her the missing smoke detectors. Administrator A asked Surveyor if there needed to be a smoke detector if no residents resided in that room. Surveyor explained each habitable room was required to have a smoke detector.	M 334		