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	410105	A. BUILDING: _____ B. WING _____	R-C 06/18/2024

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(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	{N 000}		
{N 000}	Initial Comments On 06/11/2024, with additional information gathered through 06/18/2024, Surveyors conducted a verification visit and standard survey at Villa Hope. Seven deficiencies were identified. Two of the 7 deficiencies were repeat violations; See Statements of Deficiency (SOD) 42MJ12, dated 12/12/2019, SOD 42MJ13, dated 02/18/2022 and SOD 42MJ14, dated 02/01/2023. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 13	{N 000}		
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:	N 230		

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

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N 230	Continued From page 1 Based on record review and interview, the provider did not ensure 3 of 3 employees (Caregiver C, Caregiver D, and Caregiver E) were provided orientation training which shall include: job responsibilities; prevention and reporting of resident abuse, neglect, and misappropriation of resident property; information regarding assessed needs and individual services for each resident; emergency and disaster plan and evacuation procedures; CBRF policies and procedures; recognizing and responding to resident changes of condition before performing any job duties. Findings include: The provider is licensed to serve up to 15 residents who may have traumatic brain injury, be mentally ill/emotionally disturbed, and/or developmentally disabled. On 06/11/2024, Surveyor reviewed Caregiver C, Caregiver D, and Caregiver E's employee records. Caregiver C: Surveyor reviewed Caregiver C's record and noted s/he was hired on 06/12/2021. His/her record did not contain evidence of orientation training. On 06/11/2024 at approximately 11:16 AM, Surveyor interviewed Program Manager B who stated Caregiver C was hired on from an agency, so had all of the training s/he needed. Surveyor inquired whether Caregiver C received orientation training in the required topics at the facility and Program Manager B said no. Caregiver D:	N 230		

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N 230	Continued From page 2 Surveyor noted Caregiver D was hired on 05/11/2016 and left employment with the facility on 07/28/2020. Caregiver D was re-hired on 01/24/2022. His/her employee record did not contain evidence of orientation training upon rehire. At approximately 11:40 AM, Surveyor interviewed Program Manager B who verified Caregiver D did not receive orientation training upon re-hire. Caregiver E: Surveyor noted Caregiver E was hired on 01/23/2024. Caregiver E's record did not contain evidence of orientation training. At approximately 11:20 AM, Surveyor interviewed Administrator A who stated Caregiver E was trained, but there was no documentation to verify s/he received orientation training and on what topics. Cross Reference: N0239 DHS 83.20(2)(a-d) Department-Approved Training Courses N0243 DHS 84.21 All Employee Training	N 230		
{N 239}	83.20(2)(a)-(d) Department-approved training courses. Standard Precautions. All employees who may be occupationally exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions before the employee assumes any responsibilities that may expose the employee to such material.	{N 239}		

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{N 239}	Continued From page 3 Fire safety. Within 90 days after starting employment, all employees shall successfully complete training in fire safety. First aid and choking. Within 90 days after starting employment, all employees shall successfully complete training in first aid and procedures to alleviate choking. Medication administration and management. Any employee who manages, administers or assists residents with prescribed or over-the-counter medications shall complete training in medication administration and management prior to assuming these job duties. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Caregiver C had department-approved training in Fire Safety and First Aid and Choking. Caregiver C had been working in the facility since June 2021. This requirement is being cited for a third time. See Statements of Deficiency (SOD) 42MJ13, dated 02/18/2022 and SOD 42MJ14, dated 02/01/2023. Findings include: The provider is licensed to serve up to 15 residents who may have traumatic brain injury, be mentally ill/emotionally disturbed, and/or developmentally disabled. On 06/11/2024, Surveyors conducted a verification visit and standard survey. Surveyor reviewed Caregiver C's employee training record	{N 239}		

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{N 239}	Continued From page 4 and noted s/he was hired as a caregiver on 06/12/2021. Surveyors reviewed the Community-Based Care and Treatment universal training registry record provided by Program Manager B and noted Caregiver C did not complete trainings in Fire Safety and First Aid and Choking. On 06/11/2024, Surveyor reviewed the Wisconsin Community-Based Care and Treatment Training Registry and confirmed Caregiver C was not listed as having completed required training in Fire Safety and First Aid and Choking. Surveyor note: Caregiver C's record was reviewed at the past two visits and the same incomplete trainings were referenced in previous SODs. On 06/11/2024 at approximately 11:16 AM, Surveyor interviewed Program Manager B. Program Manager B stated Caregiver C worked on the overnight shift and was full time. Surveyor inquired whether s/he was aware that Caregiver C's trainings were identified as missing in previous SODs and s/he stated yes. Program Manager B said Caregiver C was signed up for First Aid and Fire Safety courses, but never attended them. Program Manager A verified Caregiver C did not have the department approved courses in Fire Safety and First Aid and Choking and had not submitted a waiver or met criteria for an exemption. Cross Reference: N0230 DHS 83.19 Orientation N0243 DHS 84.21 All Employee Training	{N 239}		
N 243	83.21(1)-(3) All employee training.	N 243		

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N 243	Continued From page 5 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 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.	N 243		

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N 243	Continued From page 6	N 243		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 3 of 3 (Caregiver C, Caregiver D, and Caregiver E) employees reviewed, obtained training in residents rights; recognizing, preventing, managing and responding to challenging behaviors; and client groups as required within 90 days after starting employment.

Findings include:

The provider is licensed to serve up to 15 residents who may have traumatic brain injury, be mentally ill/emotionally disturbed, and/or developmentally disabled.

On 06/11/2024, Surveyor reviewed Caregiver C, Caregiver D, and Caregiver E's employee records.
Surveyor noted Caregiver C was hired on 06/12/2021 as a caregiver. Caregiver C's record did not contain evidence of training in resident rights; recognizing, preventing, managing and responding to challenging behaviors; and client groups.

Surveyor noted Caregiver D was hired on 01/24/2022 as a caregiver. Caregiver D's record did not contain evidence of training in resident rights; recognizing, preventing, managing and responding to challenging behaviors; and client groups.

Surveyor noted Caregiver E was hired on

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N 243	Continued From page 7 01/23/2024 as a caregiver. Caregiver E's record did not contain evidence of training in resident rights; recognizing, preventing, managing and responding to challenging behaviors; and client groups. On 06/11/2024 at approximately 11:16 AM, Surveyors interviewed Administrator A and Program Manager B who verified the required trainings were not provided to Caregiver C, Caregiver D, and Caregiver E as required within 90 days of hire. Cross Reference: N0230 DHS 83.19 Orientation N0239 DHS 83.20(2)(a-d) Department-Approved Training Courses	N 243		
N 305	83.28(6) Resident rights, grievance procedure, rules Resident rights, grievance procedure, and house rules. Before or at the time of admission, the CBRF shall provide and explain resident rights, the house rules of the CBRF as required under s. DHS 83.32 (2), and the grievance procedure, including written information regarding the names, addresses and telephone numbers of all resident advocacy groups serving the client groups in the facility, including the long term care ombudsman program and the protection and advocacy services of Disability Rights Wisconsin, Inc. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 1 was provided and explained the resident rights, house rules	N 305		

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N 305	Continued From page 8 and grievance procedure at the time of admission. Findings include: On 06/11/2024, Surveyors reviewed Resident 1's record provided by Program Manager B. Surveyors noted Resident 1's record did not contain evidence resident rights, house rules, and grievance procedure were given to Resident 1 in writing and explained at the time of admission. Surveyor note: Resident Rights, Grievance Procedure, and House rules were noted to be signed separately from the admission agreement in other resident records reviewed. On 06/11/2024 at approximately 11:41 AM, Surveyors interviewed Program Manager B and inquired whether s/he had documentation that the resident rights, house rules and grievance procedure had been explained and given to Resident 1 in writing at the time of admission. Program Manager B stated facility staff were thinning resident records to place older documentation in an overflow file. Program Manager B stated s/he would look in the overflow files for the documents and would email the documents when s/he could locate them. As of 06/13/2024 at 4:30 PM, no additional documentation was provided.	N 305		
N 310	83.29(2) Admission agreement include services, charges The admission agreement shall be given in writing and explained orally in the language of the prospective resident or legal representative. Admission is contingent on a person or that person ' s legal representative signing and dating	N 310		

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N 310	Continued From page 9 an admission agreement. The admission agreement shall include all of the following: (a) An accurate description of the basic services provided, the rate charged for those services and the method of payment; (b) Information about all additional services offered, but not included in the basic services. The CBRF shall provide a written statement of the fees charged for each of these services; (c) The method for notifying residents of a change in charges for services; (d) Terms for resident notification to the CBRF of voluntary discharge. This paragraph does not apply to a resident in the custody of a government correctional agency; (e) Terms for refunding charges for services paid in advance, entrance fees, or security deposits in the case of transfer, death or voluntary or involuntary discharge; (f) A statement that the amount of the security deposit may not exceed one month ' s fees for services, if security deposit is collected; (g) Terms for holding and charging for a resident ' s room during a resident ' s temporary absence. This paragraph does not apply to a resident in the custody of a government correctional agency; (h) Reasons and notice requirements for involuntary discharge or transfer, including transfers within the CBRF. This paragraph does not apply to a resident in the custody of a government correctional agency. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 1 was given in writing and explained orally the admission agreement. The provider did not have record of Resident 1's signature and date acknowledging the admission agreement.	N 310		

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N 310	Continued From page 10 Findings include: On 06/11/2024, Surveyors conducted a verification visit and standard survey. Surveyors reviewed Resident 1's record and noted s/he was admitted to the facility on 11/04/2022. Resident 1's record did not contain an admission agreement. Surveyor noted Resident 1 was identified as his/her own person. On 06/11/2024 at approximately 11:40 AM, Surveyors inquired with Program Manager B whether an admission agreement was reviewed with Resident 1. Program Manager B verified there was not a signed admission agreement if it was not in Resident 1's record. Program Manager B indicated Resident 1 may have refused to sign the admission agreement but acknowledged s/he should create documentation acknowledging refusals in the future.	N 310		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan.	N 389		

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N 389	Continued From page 11	N 389		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 2 of 2 residents and/or legal representatives (Resident 1 and Resident 2) reviewed and signed the individual service plan (ISP), acknowledging their involvement in, and understanding of, and agreement with the individual service plan.

This requirement is being cited for a third time. See Statements of Deficiency (SOD) 42MJ12, dated 12/12/2019 and SOD 42MJ13, dated 02/18/2022.

Findings include:

On 06/11/2024, Surveyors conducted a verification visit and standard survey at Villa Hope.

Surveyors reviewed Resident 1's record and noted Resident 1 was admitted to the facility on 11/04/2022. Surveyors noted Resident 1's record did not include an updated ISP and evidence of an ISP review and signatures since admission.

Surveyors reviewed Resident 2's record and noted Resident 2 was admitted to the facility on 11/28/2023. Surveyors noted a temporary service plan dated 11/28/2023. Surveyor noted Resident 2's record did not include an updated ISP since his/her temporary service plan and evidence of an ISP review and signatures.

On 06/11/2024 at approximately 11:48 AM, Surveyors interviewed Program Manager B who verified signatures of acknowledgement for Resident 1 and Resident 2's ISP reviews were

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N 389	Continued From page 12 not obtained.	N 389		
N 488	83.44(1)(c) Clothes dryers enclosed and vented Clothes dryers. The CBRF shall enclose any clothes dryer having a rated capacity of more than 37,000 Btu/hour in a one-hour fire resistive rated enclosure. If the clothes dryer requires a vent, the CBRF shall use dryer vent tubing that is of rigid material with a fire rating that exceeds the temperature rating of the dryer. The dryer vent tubing shall be clean and maintained. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 2 of 2 clothes dryers vent tubing was made of a ridged material. Finding include: On 06/11/2024, at approximately 9:35 AM, Surveyors toured the facility accompanied by Administrator A. Surveyors and Administrator A entered the laundry room and observed 2 clothes dryers with flexible vent tubing rather than rigid material. On 06/11/2024, at approximately 9:38 AM, Administrator A acknowledged the clothes dryers did not have dryer vent tubing that was rigid metal.	N 488		