STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018175	A. BUILDING: _____ B. WING _____	R-C 02/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRADITIONS OF MADISON	734 MESTA LANE MADISON, WI 53704

(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 02/08/2024, Surveyors conducted a complaint investigation and verification visit at Traditions of Madison. Three deficiencies were identified. All previous violations from statement of deficiency (SOD) 6XI913, dated 09/05/2023 were substantially corrected. The complaint was substantiated. Under statutory provisions of Wis. Stat. Chap 50, a $200 revisit fee is being assessed. Census: 16	{N 000}		
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. 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	N 239		

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

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N 239	Continued From page 1 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 that 5 of 5 employees reviewed had documented completed training in required courses. Caregivers I, J, K, L, and M did not have documentation of completing all required CBRF training courses. Findings include: On 02/08/2024 at approximately 10:00 AM, Surveyor requested employee records from Executive Director F for Caregiver I, Caregiver J, Caregiver K, Caregiver L and Caregiver M's to verify compliance with Department Approved Training Courses. First Aid and Choking The record for Caregiver I, hired 08/10/2023 did not contain evidence of training in First Aid and Choking or evidence of meeting an exemption for first aid and choking. Surveyor checked the Wisconsin Community-Based Care and Treatment Registry and Caregiver I was not listed having completed this training. Caregiver I is not a Certified Nursing Assistant (CNA). The record for Caregiver J, hired 08/11/2021 did not contain evidence of training in First Aid and Choking or evidence of meeting an exemption for first aid and choking. Surveyor checked the	N 239		

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N 239	Continued From page 2 Wisconsin Community-Based Care and Treatment Registry and Caregiver J was not listed having completed this training. Caregiver J is not a CNA. The record for Caregiver K, hired 02/01/2023 did not contain evidence of training in First Aid and Choking or evidence of meeting an exemption for first aid and choking. Surveyor checked the Wisconsin Community-Based Care and Treatment Registry and Caregiver K was not listed having completed this training. Caregiver K is not a Certified Nursing Assistant (CNA). The record for Caregiver L, hired 08/10/2023 did not contain evidence of training in First Aid and Choking or evidence of meeting an exemption for first aid and choking. Surveyor checked the Wisconsin Community-Based Care and Treatment Registry and Caregiver L was not listed having completed this training. Caregiver L is not a Certified Nursing Assistant (CNA). On 02/08/2024 at 11:00 AM, Surveyor interviewed Executive Director F, Executive Director F confirmed that Caregivers C, D, E and F assist residents with care and would have to administer first aid if necessary. Medications The record for Caregiver L, hired 08/10/2023, did not contain evidence of training in medication administration or evidence of meeting an exemption for medication administration training. Surveyor checked the Wisconsin Community-Based Care and Treatment Registry and Caregiver L was not listed having completed this training.	N 239		

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N 239	Continued From page 3 On 02/08/2024 at 10:30 AM, Surveyor interviewed Executive Director F. Executive Director F confirmed that Caregiver L passes medications. Fire Safety The record for Caregiver I, hired 08/10/2023, did not contain evidence of training in fire safety or evidence of meeting an exemption for fire safety training. Surveyor checked the Wisconsin Community-Based Care and Treatment Registry and Caregiver I was not listed having completed this training. The record for Caregiver J, hired 08/11/2021, did not contain evidence of training in fire safety or evidence of meeting an exemption for fire safety training. Surveyor checked the Wisconsin Community-Based Care and Treatment Registry and Caregiver J was not listed having completed this training. The record for Caregiver K, hired 02/01/2023, did not contain evidence of training in fire safety or evidence of meeting an exemption for fire safety training. Surveyor checked the Wisconsin Community-Based Care and Treatment Registry and Caregiver K was not listed having completed this training. The record for Caregiver L, hired 08/10/2023, did not contain evidence of training in fire safety or evidence of meeting an exemption for fire safety training. Surveyor checked the Wisconsin Community-Based Care and Treatment Registry and Caregiver L was not listed having completed this training. The record for Caregiver M, hired 09/04/2023, did	N 239		

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N 239	Continued From page 4	N 239		

not contain evidence of training in fire safety or evidence of meeting an exemption for fire safety training. Surveyor checked the Wisconsin Community-Based Care and Treatment Registry and Caregiver M was not listed having completed this training.

Standard Precautions

The record for Caregiver J, hired 08/11/2021, did not contain evidence of training in standard precautions or evidence of meeting an exemption for standard precautions training. Surveyor checked the Wisconsin Community-Based Care and Treatment Registry and Caregiver J was not listed having completed this training. Surveyor checked the Wisconsin Nurse Aide Directory and Caregiver J is not a CNA.

On 02/08/2024 at 10:30 AM, Surveyor interviewed Executive Director F. Executive Director F confirmed Caregiver J does assist residents with cares and activities of daily living (ADLs). Executive Director F confirmed that Caregiver J is not a certified CNA.

On 02/08/2024 at 11:00 AM, Surveyor asked Regional Director H if there was any other documentation that indicated Caregivers I, J, K, L, and M had completed any or all of the above required CBRF training. Regional Director H stated, "Whoever's records we did not give to you, is because we don't have it."

Surveyor gave Regional Director H until 02/09/2024 at noon to provide further documentation.

As of 02/08/2024 at noon, no further documentation was provided.

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N 239	Continued From page 5 Cross Reference: N0397 DHS 83.36(1)(b) Qualified Staff In Charge, On Duty And Awake	N 239		
N 397	83.36(1)(b) Qualified staff in charge, on duty and awake. The CBRF shall ensure all of the following: 1. An administrator or other designated qualified resident care staff in charge is on the premises of the CBRF daily to ensure the CBRF is providing safe and adequate care, treatment and services. 2. At least one qualified resident care staff is present in the CBRF when one or more residents are present in the CBRF. 3. At least one qualified resident care staff is on duty and awake if at least one resident in the CBRF is in need of supervision, intervention or services on a 24-hour basis to prevent, control or improve the resident ' s constant or intermittent mental or physical condition that may occur or may become critical at any time including residents who are at risk of elopement, who have dementia, who are self-abusive, who become agitated or emotionally upset or who have changing or unstable health conditions that require close monitoring. 4. At least one qualified resident care staff is on duty and awake if the evacuation capability of at least one resident is 4 minutes or more. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure at least one qualified resident care staff was present during the 3rd shift on 23 occasions between 01/08/2024-02/06/2024.	N 397		

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N 397	Continued From page 6 Findings include: On 09/19/2023, the Department received a complaint alleging concerns with 3rd shift employees did not have all training completed. On 02/08/2024, Surveyor conducted a complaint investigation and reviewed staff records. The following was found: DHS Chapter 83 defines "Qualified resident care staff" as an employee who has successfully completed all of the applicable training and orientation under subch. IV. The provider is licensed as a Class CNA (non-ambulatory) facility and can serve up to 17 residents in the following client groups: advanced age, irreversible dementia/Alzheimer's, and physically disabled. -Caregiver I was hired 08/10/2023, had not received training in First Aid and Choking or Fire Safety. Surveyor verified on the CBRF training registry, Caregiver I had not received training in First Aid and Choking or Fire Safety or met an exemption. -Caregiver J was hired 08/11/2021 had not received training in First Aid and Choking, Fire Safety, or Standard Precautions. Surveyor verified on the CBRF training registry, Caregiver J had not received training in First Aid and Choking, Fire Safety, or Standard Precautions or met an exemption. -Caregiver K was hired 02/01/2023 had not received training in First Aid and Choking or Fire Safety. Surveyor verified on the CBRF training registry, Caregiver K had not received training in	N 397		

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N 397	Continued From page 7 First Aid and Choking or Fire Safety or met an exemption. -Caregiver L was hired 08/10/2023 had not received training in First Aid and Choking, Fire Safety, or Medications. Surveyor verified on the CBRF training registry, Caregiver L had not received training in First Aid and Choking, Fire Safety, or Medications or met an exemption. -Caregiver M was hired 09/04/2023 had not received training in Fire Safety. Surveyor verified on the CBRF training registry, Caregiver M had not received training in Fire Safety or met an exemption. Surveyor reviewed the provider's staff schedule dated 01/08/2024-02/06/2024. The above staff worked during the 3rd shift without all their applicable training and the following dates did not have a qualified caregiver working during the 3rd shift: 01/08/2024, 01/09/2024, 01/11/2024, 01/12/2024, 01/13/2024, 01/14/2024, 01/15/2024, 01/16/2024, 01/17/2024, 01/19/2024, 01/21/2024, 01/22/2024, 01/23/2024, 01/24/2024, 01/26/2024, 01/27/2024, 01/28/2024, 01/29/2024, 01/30/2024, 01/31/2024, 02/02/2024, 02/05/2024, 02/06/2024. On 02/08/2024 at 11:33 AM, Surveyors interviewed Executive Director F and Regional Director H. Regional Director H acknowledged 5 of their 9 staff did not have all their Department approved training completed and it was beyond the 90 days. Regional Director H stated a previous staff member was a trainer, but s/he did not add staff members to the registry after training was completed. Regional Director H noted this staff member took all documentation with them, so there is no evidence Department approved training was completed. Regional	N 397		

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N 397	Continued From page 8 Director H stated s/he would work with Executive Director F to staff trained in Department approved training. Cross Reference: N0239 DHS 83.20(2)(a-d) Department Approved Training	N 397		
N 420	83.37(3)(d) Medication storage: refrigeration Refrigeration. Medications stored in a common refrigerator shall be properly labeled and stored in a locked box. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure food safety. Medications belonging to staff were found unsecured in the refrigerator used to store resident food. Findings include: On 02/08/2024, Surveyor observed the kitchen. Surveyor found 2 unsecured insulin pens that contained medication and needles in the refrigerator that stores resident food. The refrigerator had food and condiments that are served to residents. On 02/08/2024 at 10:00 AM, Surveyor interviewed Executive Director F. Executive Director F stated that no medication should be in the refrigerator in the kitchen. Surveyor showed Executive Director F the insulin pens in the resident refrigerator. Executive Director F stated, "Those medications belong to Caregiver I, but s/he isn't even here today, and those medications should not be in that refrigerator."	N 420		

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