STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010619	A. BUILDING: _____ B. WING _____	08/23/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INFINITE ABILITY INC II	W9141 THUNDERBIRD ROAD PORTAGE, WI 53901

(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
M 000	INITIAL COMMENTS On 08/21/2023 thru 08/23/2023, Surveyor conducted an abbreviated survey at Infinite Ability Inc II. 3 deficiencies were identified. Census 4	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 provider did not maintain documentation from a physician that Caregiver A had been screened for illness detrimental to residents include tuberculosis. The documentation is to be completed within 90 days before the start of providing service. Findings include: On 08/21/2023 at approximately 12:00 PM, Surveyor requested Caregiver A's facility file. Manager B stated caregiver files are not located	M 232		

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

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M 232	Continued From page 1 on-site. Surveyor gave the facility until 08/22/2023 at 12:00 PM, to email the information regarding communicable disease screen. On 08/22/2023 at approximately 11:38 AM, Surveyor received an email from Manager B. Manager B stated the facility had some water in the basement causing Caregiver A's file to be damaged. As of 08/23/2023, Surveyor did not receive documentation Caregiver A had been screened for illness detrimental to residents including tuberculosis.	M 232		
M 530	88.09(2)(a)8 TRAINING DOCUMENTATION Documentation of successful completion of the training requirements under HSS 88.04(5). This Rule is not met as evidenced by: Based on record review and interview the provider did not have documentation for Caregiver A of successful completion of training requirements under DHS 88.04(5) Findings include: On 08/21/2023 approximately 12:00 PM, Surveyor requested Caregiver A's facility file. Manager B stated the files were not kept on-site for employees. Surveyor gave the facility until 08/22/2023 at 12:00 PM, to provide Caregiver A's facility file. On 08/22/2023 at approximately 11:38 AM, Surveyor received an email from Manager B. Manager B stated the facility had some water in	M 530		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010619	A. BUILDING: _____ B. WING _____	08/23/2023

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M 530	Continued From page 2 the basement causing Caregiver A's file to be damaged. As of 08/23/2023, Surveyor did not receive training documentation for Caregiver A.	M 530		
Z 014	50.065(2)(d) MAINTAIN BACKGROUND INFORMATION Every entity shall maintain, or shall contract with another person to maintain, the most recent background information obtained on a caregiver under par. (b). The information shall be made available for inspection by authorized persons, as defined by the department by rule. This Rule is not met as evidenced by: Based on record review and interview the provider did not maintain the most recent background information for Caregiver A. Findings include: On 08/21/2023 approximately 12:00 PM, Surveyor requested Caregiver A's facility file. Manager B stated caregiver files on not kept on-site. Surveyor gave an extension to have Caregiver A's facility file emailed to Surveyor by 08/22/2023 at 12:00 PM. On 08/22/2023 at approximately 11:38 AM, Surveyor received an email from Manager B. Manager B stated the facility had some water in	Z 014		

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Z 014	Continued From page 3 the basement causing Caregiver A's file to be damaged. As of 08/23/2023, Surveyor did not receive a background information disclosure or Department of Justice background information for Caregiver A.	Z 014		