STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011573	A. BUILDING: _____ B. WING _____	R-C 10/11/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTSONG ASSISTED LIVING	415 EAST AVENUE BELLEVILLE, WI 53508

(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 10/09/2023 with information gathered through 10/11/2023, the department conducted a verification visit at Heartsong Assisted Living. One repeat deficiency was identified see Statement of Deficiency (SOD) #0EGL11 dated 06/29/2023. Under statutory provisions of Wis.Stat. ch. 50 a $200 revisit fee is being assessed. Census: 12	{N 000}		
{N 219}	83.17(1) Licensee conduct caregiver background check Caregiver background check. At the time of hire, employment or contract and every 4 years after, the licensee shall conduct and document a caregiver background check following the procedures in s. 50.065, Stats., and ch. DHS 12. A licensee shall not employ, contract with or permit a person to reside at the CBRF if the person has been convicted of the crimes or offenses, or has a governmental finding of misconduct, found in s. 50.065, Stats., and ch. DHS 12, Appendix A, unless the person has been approved under the department ' s rehabilitation process as defined in ch. DHS 12. This Rule is not met as evidenced by: Based on record review and staff interview, the provider did not conduct a caregiver background check upon hire for 2 out of 3 employees reviewed.	{N 219}		

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

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{N 219}	Continued From page 1 The complete background check is to include the background information disclosure form (BID), the criminal history search form from the department of justice (DOJ), and the information maintained by the department of safety and professional service regarding a person's credentials (IBIS). This is a repeat deficiency see Statement of Deficiency (SOD) # 0EGL11 dated 06/28/2023. Findings include: Example 1- Caregiver I On 10/09/2023, Surveyor reviewed the staff file of Caregiver I. Caregiver I date of hire is 07/02/2023. The file did not contain background information disclosure form (BID), the criminal history search form from the department of justice (DOJ), and the information maintained by the department of safety and professional service regarding a person's credentials (IBIS). At approximately 12:45 PM, Surveyor interviewed Manager J regarding the background check. Manager J stated s/he thought it was completed but would check the office as Manager J stated it should have been in the file. Manager J stated the former manager should have completed the background check. On 10/11/2023, at 9:20 AM, Surveyor received documentation of the completed background check. The check was completed on 10/11/2023. Example 2- Caregiver K On 10/09/2023, Surveyor reviewed the staff file of Caregiver K. Caregiver K date of hire is	{N 219}		

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{N 219}	Continued From page 2 08/28/2023. The background disclosure form, dated 07/31/2023 noted Caregiver K resided in Illinois in the past 3 years. The file did not contain a background check for the state of Illinois. On 10/09/2023, at approximately 12:45 PM, Manager J stated they did not have a background check for Caregiver K related to Illinois and stated they would run one immediately.	{N 219}		