| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0012086 | A. BUILDING: _____ B. WING _____ | 05/23/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| MAPLE RUN CBRF | N2489 WENHAM RD FORT ATKINSON, WI 53538 |

| (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<br><br>On 05/22/2025, with information gathered through 05/23/2025, Surveyor conducted a standard licensing survey at Maple Run CBRF, located in Fort Atkinson, WI.<br><br>Two deficiencies of Chapter DHS 83 were identified.<br><br>One deficiency was a repeat violation. See statement of deficiency IN2M11, dated 02/09/2021.<br><br>Census: 6 | N 000 | | |
| N 302 | 83.28(4)(a) Resident health screening and documentation<br><br>Resident health screening. 1. Within 90 days before or 7 days after admission, a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse shall screen each person admitted to the CBRF for clinically apparent communicable disease, including tuberculosis, and document the results of the screening. 2. Screening for tuberculosis and all immunizations shall be conducted using centers for disease control and prevention standards. 3. The CBRF shall maintain the screening documentation in each resident ' s record.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure all residents were screened for clinically apparent communicable | N 302 | | |

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

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| N 302 | Continued From page 1<br>diseases within 90 days before admission or 7 days after admission.<br><br>Resident 1 did not have a communicable disease screening completed within 90 days before admission or 7 days after admission.<br><br>This is a repeat deficiency. See statement of deficiency IN2M11, dated 02/09/2021.<br><br>Findings include:<br><br>On 05/22/2025, Surveyor reviewed Resident 1's records which included the following:<br>Resident 1 admitted to the facility on 02/07/2024.<br>Resident 1's record included a quantinferon tuberculosis blood test dated 01/19/2024. The record did not contain a communicable disease screening.<br><br>On 05/22/2025, Surveyor interviewed Program Manager A and Assistant Director B regarding the communicable disease screening for Resident 1. Program Manager A and Assistant Director B were unable to locate a communicable disease screen completed within Resident 1's record. Program Manager A and Assistant Director B stated the records presented was what the provider had. Together they reviewed the other residents' files and were unable to locate clearly documented communicable disease screens for the other residents. Assistant Director B did show Surveyor the provider's medical evaluation form that is sent to providers, which includes a screening section, but it was not completed or signed for Resident 1. Assistant Director B took note to make a change to the provider's document for clearer evaluation. | N 302 | | |

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|---|---|---|---|---|
| N 539 | Continued From page 2 | N 539 | | |
| N 539 | 83.48(3)(b) Sensitivity testing performed<br><br>Sensitivity testing shall be performed at intervals in accordance with NFPA 72.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure the smoke and heat detector system had a sensitivity test performed at intervals in accordance with National Fire Protection Association (NFPA) 72 requirements.<br><br>Findings include:<br><br>On 05/22/2025, Surveyor reviewed the providers safety documentation. The provider did not have evidence of sensitivity testing for inspections completed since prior to 2023.<br><br>On 05/22/2025 at approximately 11:45 AM, Program Manager A stated s/he used to work in the provider's maintenance department and was familiar with sensitivity testing. S/he recalls seeing sensitivity testing completed at this facility but could not recall when.<br><br>On 05/22/2025 at approximately 3:25 PM, Program Manager A called the provider's fire alarm company. The company could not locate any documentation of sensitivity testing in over 2 years for the provider's facility. Program Manager A and Assistant Director B stated they would get sensitivity testing scheduled and ensure they are completed moving forward. | N 539 | | |