STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018305	A. BUILDING: _____ B. WING _____	R-C 02/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABRIDGE CARE COTTAGE OF CHILTON	323 FIELD LANE CHILTON, WI 53014

(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 01/31/2025, with information gathered through 02/04/2025, Surveyor conducted a verification visit and one complaint investigation at Abridge Care Cottage of Chilton. One (1) of 1 complaint was unsubstantiated. As a result of the survey, one deficiency was identified. This was a repeat deficiency for the third time, see Statement of Deficiency (SOD) 2SI211, dated 03/07/2024 and SOD 2SI212, dated 08/05/2024. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 18	{N 000}		
{N 220}	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes. This Rule is not met as evidenced by: Based on record review and interview, the	{N 220}		

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{N 220}	Continued From page 1 provider did not obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating 2 of 2 employees (Caregiver B and C) reviewed were screened for clinically apparent communicable disease within 90 days before the start of employment. This is a repeat deficiency for the third time. See Statement of Deficiency (SOD) 2SI211, dated 03/07/2024 and SOD 2SI212, dated 08/05/2024. Findings include: On 01/31/2025, at approximately 10:00 AM, Surveyor requested the employee records for Caregiver B and Caregiver C. Caregiver B was hired on 12/30/2024. Caregiver B's employee record did not contain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating Caregiver B was screened for clinically apparent communicable disease within 90 days before the start of employment. Caregiver C was hired on 01/13/2025. Caregiver C's employee record did not contain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating Caregiver B was screened for clinically apparent communicable disease within 90 days before the start of employment. On 02/04/2025 at approximately 3:30 PM, Surveyor interviewed House Manager A. House Manager A verified Caregiver B and C did not have a communicable disease screen within 90	{N 220}		

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{N 220}	Continued From page 2 days before the start of employment. House Manager A indicated the facility has a system in place now for staff to be screened by the facility nurse prior to the start of employment.	{N 220}		