STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019910	A. BUILDING: _____ B. WING _____	R-C 02/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNLIGHT COMMUNITY HOME SAWYER STREET	615 E SAWYER ST RICE LAKE, WI 54868

(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 02/27/2025, Surveyor conducted a verification visit at Sunlight Community Home Sawyer Street. One violation was identified. This was a repeat deficiency. See Statement of Deficiencies (SOD) 5RD911, dated 10/28/2024. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 8	{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 provider did not ensure 3 of 3 employees sampled (Caregiver A, Caregiver B, and Caregiver C) were screened by a physician, physician assistant, clinical nurse practitioner, or	{N 220}		

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

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{N 220}	Continued From page 1 licensed registered nurse, for communicable disease, including tuberculosis (TB), according to the Centers for Disease Control and Prevention (CDC) standards. This is a repeat deficiency. See Statement of Deficiencies (SOD) 5RD911, dated 10/28/2024. Findings include: The Department of Health Services publication, Tuberculosis Screening and Testing: Health Care Personnel (HCP) and Caregivers (including assisted living staff), states: "Perform baseline testing for all HCP and caregivers without documented evidence of prior LTBI [latent tuberculosis] or TB disease... IGRA [blood test] or TST [tuberculin skin test] may be performed; IGRA is preferred... - If testing is positive, obtain chest x-ray and refer HCP or caregiver to provider for additional workup for TB disease. - In the absence of newly identified risks or symptoms, previous documented negative IGRA or TST results (within 12 months) may be used. - If TST is used as the baseline testing, 2-step testing is recommended for HCP and caregivers who have not had TST testing previously or have only had one negative TST test greater than 12 months ago. If 2 or more TST tests have been previously performed, all results are negative, and documentation of results is available, a one-step TST may be performed before hire." (Retrieved 02/27/2025 from https://dhs.wisconsin.gov/publications/p02382.pdf) On 02/27/2025, Surveyor reviewed 3 employee records. None of the record included evidence	{N 220}		

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{N 220}	Continued From page 2 they were screened for general communicable illness. Each of the records included TB baseline testing as follows: Caregiver A was hired on 01/06/2025. His/her record included a 1-step TST completed on 01/10/2025. Caregiver B was hired on 05/24/2024. His/her record included a 2-step TST, completed on 03/09/2024. The test was read and signed by a licensed practical nurse (LPN). Caregiver C was hired on 09/12/2024. His/her record included a 1-step TST, completed on 10/02/2024. On 02/27/2025 at 12:02 PM, Surveyor interviewed Assistant Administrator (AA) D. AA D said new employees were supposed to have a form signed by a nurse or physician indicating they were free of communicable disease. AA D was unable to locate the forms for 3 of 3 employees. AA D stated s/he was not aware of the 2-step TST requirement for HCP.	{N 220}		