STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018541	A. BUILDING: _____ B. WING _____	07/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAYBERRY MANOR	3539 WITZEL AVENUE OSHKOSH, WI 54904

(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 07/28/2025 with additional information gathered through 07/30/2025, Surveyor conducted an abbreviated survey at Mayberry Manor in Oshkosh. As a result, 1 deficiency was identified. Census: 8	N 000		
Z 012	50.065(2)(bm) OUT OF STATE BACKGROUND CHECKS If the person who is the subject of the search under par. (am) or (b) is not a resident of this state or if at any time within the 3 years preceding the date of the search that person has not been a resident of this state, or if the department or entity determines that the person's employment, licensing, or state court records provide a reasonable basis for further investigation, the department or the entity shall make a good faith effort to obtain from any state or other United States jurisdiction in which the person is a resident or was a resident within the 3 years preceding the date of the search information that is equivalent to the information specified in par. (am) 1. or (b) 1. The department or entity may require the person to be fingerprinted on 2 fingerprint cards, each bearing a complete set of the person's fingerprints. The department of justice may provide for the submission of the fingerprint cards to the federal bureau of investigation for the purposes of verifying the identity of the person fingerprinted and obtaining the records of his or her criminal arrests and convictions.	Z 012		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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MAYBERRY MANOR	3539 WITZEL AVENUE OSHKOSH, WI 54904

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Z 012	Continued From page 1	Z 012		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not make a good faith effort to obtain out of state background checks for 1 of 2 staff reviewed.

Caregiver A reported residing out of state in the 3 years preceding hire. The provider did not make efforts to ensure an out of state background check was completed for Caregiver A.

Findings include:

On 07/28/2025, Surveyor reviewed Caregiver A's employee record to verify compliance with background check requirements.
Caregiver A was hired 01/29/2024. S/he completed a background information disclosure (BID) on 01/29/2024 and reported residing in Michigan in 2022. Caregiver A's record did not contain evidence of a background check from Michigan.

On 07/28/2025 at approximately 11:50 AM, Surveyor interviewed Licensee B regarding Caregiver A's out of state background check for Michigan. Surveyor explained review of his/her BID reflected s/he lived in Michigan in 2022. Licensee B stated s/he does not recall completing an out of state background check in Michigan for Caregiver A when s/he was hired.

On 07/29/2025 at 9:05 AM, Surveyor interviewed Caregiver A who confirmed s/he resided in Michigan "all my life" until s/he moved to Wisconsin in November 2022.

On 07/30/2025 at 4:00 PM, Surveyor interviewed

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	0018541	A. BUILDING: _____ B. WING _____	07/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAYBERRY MANOR	**3539 WITZEL AVENUE OSHKOSH, WI 54904**

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Z 012	Continued From page 2 Licensee B who verified s/he did not complete an out of state background check from Michigan on Caregiver A. Licensee B stated, "I just missed it, but it is on my list to get done."	Z 012		