STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017727	A. BUILDING: _____ B. WING _____	05/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENRICHED LIFESTYLES LLC HEMLOCK	2448 HEMLOCK ST BELLEVUE, WI 54311

(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
M 000	INITIAL COMMENTS On 05/27/2025 with additional information gathered through 05/29/2025, Surveyor conducted an abbreviated survey at Enriched Lifestyles LLC Hemlock. As a result one deficiency was identified. Census: 3	M 000		
M 232	88.04(2)(g)1 HEALTH SCREENING FOR STAFF The licensee shall obtain documentation from a physician, a registered nurse or a physician's assistant indicating that the licensee and any service provider has been screened for illness detrimental to residents, including for tuberculosis. The documentation is to be completed within 90 days before the start of providing service. The documentation shall be kept confidential except that the licensing agency shall have access to the documentation for verification. This Rule is not met as evidenced by: Based on record review and interview, the licensee did not ensure 2 of 2 service providers reviewed were screened for clinically apparent communicable disease within 90 days before the start of employment. Service Provider A was hired on 12/06/2024. Service Provider A's employee file contained a TB test and no communicable disease screen. Service Provider B was hired on 03/03/2025. Service Provider B's employee file did not contain	M 232		

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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M 232	Continued From page 1 a TB test or communicable disease screen. Findings include: On 05/27/2025 at 9:00 AM, Surveyor reviewed Service Provider A's employee file. Service Provider A was hired on 12/06/2024 and had a documented TB test dated 10/02/2024. No documentation was located within the file to indicate Service Provider A had been screened by a physician, physician assistant or a registered nurse for illnesses detrimental to residents. On 05/27/2025 at 9:10 AM, Surveyor reviewed Service Provider B's employee file. Service Provider B was hired on 03/03/2025. Service Provider B's file did not contain a TB test or documentation Service Provider B had been screened by a physician, physician assistant or a registered nurse for illnesses detrimental to residents. On 05/27/2025 at 11:30 AM, Licensee C stated s/he would continue to look for the above information and follow back up with Surveyor. On 05/29/2025 at 12:15 PM, Surveyor interviewed Licensee C via telephone regarding the above missing information for Service Provider A and B. Licensee C stated, "I have no additional documentation to give you for [Service Provider A or B]...[Service Provider B] is scheduled to go to the clinic tomorrow for a TB test and screening and [Service Provider A] will be calling [her/his] doctor for a communicable disease screening."	M 232		