STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0009289	A. BUILDING: _____ B. WING _____	08/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KIEFER ADULT FAMILY HOME	E6844 FAWN VALLEY DRIVE REEDSBURG, WI 53959

(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 From 08/20/2024 to 08/22/2024, Surveyor conducted an abbreviated survey at Kiefer Adult Family Home, an AFH in Reedsburg. Three deficiencies were identified. Census: 4	M 000		
M 114	88.03(3)(b) CRIMINAL RECORDS CHECK Criminal records check. Prior to an initial license the licensing agency shall ask the Wisconsin department of justice to conduct a criminal records check on the license applicant and on any other adult household member. The licensee shall arrange for a criminal records check of all service providers. At least every second year following issuance of an initial license the licensing agency shall request a criminal records check on the licensee and all other adult household members and the licensee shall arrange for a criminal records check on any service provider. In addition, during the period of the licensure, the licensee shall arrange for a criminal records check on any new service provider. If any of these persons has a conviction record or a pending criminal charge which substantially relates to the care of a dependent population, the funds or property of adults or minors or activities of the adult family home, the licensing agency may deny, revoke, refuse to renew or suspend a license, initiate other enforcement action	M 114		

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

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M 114	Continued From page 1 provided in this chapter or in ch. 50, Stats., or place conditions on the license. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a criminal records check was completed for 1 of 1 caregivers reviewed. A background check was not completed at the time of Caregiver B's hire. Findings include: According to The Wisconsin Caregiver Program Manual (P-00038), a complete Caregiver Background Check, at a minimum, consists of: 1) A completed DHS form F-82064, Background Information Disclosure (BID). 2) A response from the Department of Justice (DOJ). 3) A Governmental Findings Report from DHS that reports the person's status, including administrative finding or licensing restrictions (IBIS). On 08/20/2024 at approximately 8:00 a.m., Surveyor reviewed employee records provided by Licensee A. Records indicated Caregiver B was hired on 10/10/2022. Caregiver B's record did not include documentation of background checks completed at the time of hire. Licensee A stated Caregiver B's complete record was at Licensee A's CBRF facility and s/he would need to follow up with Surveyor. Licensee A was given until	M 114		

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M 114	Continued From page 2 08/21/2024 at 12:00 p.m. to provide follow up documentation. On 08/21/2024 at approximately 9:30 a.m., Surveyor received follow up documentation from Licensee A. Documentation included a DOJ and IBIS, dated 08/20/2024, the same day as Surveyor's visit. The record did not include a BID, DOJ or IBIS from the time of hire.	M 114		
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 provider did not ensure 1 of 1 caregivers reviewed had documentation from a physician, a registered nurse or a physician's assistant indicating s/he had been screened for illness detrimental to residents, including tuberculosis. Licensee A did not have documentation indicating Caregiver B had been screened for illness detrimental to residents, including tuberculosis. Findings include:	M 232		

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M 232	Continued From page 3 On 08/20/2024 at approximately 8:00 a.m., Surveyor reviewed employee records provided by Licensee A. Records indicated Caregiver B was hired on 10/10/2022. Caregiver B's record did not include documentation of a communicable disease screen or tuberculosis test. Licensee A stated Caregiver B's complete record were at Licensee A's CBRF facility and s/he would need to follow up with Surveyor. Licensee A was given until 08/21/2024 at 12:00 p.m. to provide follow up documentation. On 08/21/2024 at approximately 9:30 a.m., Surveyor received follow up documentation from Licensee A. Documentation did not include a communicable disease screen or tuberculosis test for Caregiver B.	M 232		
M 282	88.05(3)(d) ANNUAL WELL WATER INSPECTIONS Where a public water supply is not available water samples shall be taken from the well and tested at the state laboratory of hygiene or other laboratory approved under ch. HSS 165 at least annually. This Rule is not met as evidenced by: Based on interview and record review, Licensee A did not ensure a water sample was taken from the well and tested at a laboratory approved under ch. NR 149 at least annually. The home's water had not been tested since April 2022. Findings include: On 08/20/2024 at approximately 7:45 a.m.,	M 282		

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M 282	Continued From page 4 Surveyor asked Licensee A if the home had city water or well water. Licensee A clarified the home had well water. Surveyor then requested documentation of the most recent water test. Licensee A provided Surveyor with a water test dated 04/20/2022. Surveyor asked Licensee A if s/he had a more recent water test. Licensee A replied, "Probably behind on that. Time goes by so fast." Licensee A was given until 08/21/2024 at 12:00 p.m. to provide follow up documentation. Documentation of a well water inspection was not received.	M 282		