Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013806	A. BUILDING: _____ B. WING _____	C 03/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREENBRIAR APARTMENTS LLC	1350 JEFFERSON STREET BARABOO, WI 53913

(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
U 000	INITIAL COMMENTS On 03/18/2025 - 03/20/2025, Surveyor conducted a standard licensing survey and 1 complaint investigation at Greenbriar Apartments LLC, in Baraboo, WI. As a result of the survey, 1 deficiency was identified. The complaint was unsubstantiated. Census: 23	U 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	Z 012		

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

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Z 012	Continued From page 1 fingerprinted and obtaining the records of his or her criminal arrests and convictions. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure an out-of-state background check was completed at the time of hire for 1 of 3 employees reviewed. Findings include: On 03/18/2025, Surveyor reviewed Caregiver A's employee file. Caregiver A was hired on 02/19/2025. Caregiver A completed a background information disclosure (BID), dated 09/23/2024, which indicated s/he lived outside of Wisconsin within the last 3 years. Caregiver A's employee record did not contain an out of state background check. On 03/18/2025, Surveyor interviewed Director B. Director B stated s/he could not locate an out of state background check for Caregiver A. Surveyor allowed additional time for Director B to submit the documentation if located. On 03/19/2025, Director B sent a fax to Surveyor, stating: " ...For [Caregiver A] I don't know the web site for out of state background checks I only have the one that [Owner C] the owner old me to use do you know what site I can use to run out of state checks ..."	Z 012		