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 |
|---|---|---|---|
| | 0014058 | A. BUILDING: _____ B. WING _____ | R-C 10/29/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **EMANUELS ADULT FAMILY HOME** | **4723 N 45TH ST MILWAUKEE, WI 53218** |

| (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 |
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| {M 000} | INITIAL COMMENTS<br><br>On 10/29/2025, Surveyor completed 1 complaint investigation, and a verification visit at Emanuels Adult Family. As a result, 4 of the previous 4 deficiencies were corrected.<br><br>Two new deficiencies were identified. One complaint was unsubstantiated.<br><br>Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed.<br><br>Census: 2 | {M 000} | | |
| M 232 | 88.04(2)(g)1 HEALTH SCREENING FOR STAFF<br><br>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.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure 3 of 4 service providers' records contained documentation for a completed communicable disease screening. Caregiver D's, Caregiver E's and Caregiver F's records did not have communicable disease screenings in the records. | M 232 | | |

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

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| M 232 | Continued From page 1<br><br>Findings include:<br><br>On 10/28/2025, at approximately 10:30 AM, Surveyor reviewed service provider records and identified the following:<br><br>- Caregiver D was hired on hired 12/08/2021. Caregiver D's record contained a completed tuberculosis test (TB) dated 04/29/2023. Caregiver D's record did not include completed documentation of the communicable disease screening.<br><br>- Caregiver E was hired on 08/29/2025. Caregiver E's record contained a completed TB test dated 10/13/2025. Caregiver E's record did not include completed documentation of the communicable disease screening.<br><br>- Caregiver F was hired on 08/18/2025. Caregiver F's record contained a TB skin test, dated 08/22/2025. There was no evidence the TB skin test was read. Caregiver F's record did not include completed documentation of the communicable disease screening.<br><br>On 10/28/2025, at approximately 11:00 AM, Surveyor interviewed Licensee A. Licensee A reported s/he was aware of the Department's requirement to have documentation of the communicable disease screening. Licensee A reported Caregiver D, Caregiver E, and Caregiver F completed TB test, but it did not include the completion of the communicable disease screening. Licensee A reported s/he would complete the communicable disease screenings on all current staff. | M 232 | | |

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| Z 024 | Continued From page 2 | Z 024 | | |
| Z 024 | 50.065(4m)(c) COMPLETE BACKGROUND INFORMATION DISCLOSURE<br><br>If the background information form completed by a person under sub. (6) (am) indicates that the person is not ineligible to be employed or contracted with for a reason specified under par. (b) 1. to 5., an entity may employ or contract with the person for not more than 60 days pending the receipt of the information sought under sub. (2) (b). If the background information form completed by a person under sub. (6) (am) indicates that the person is not ineligible to be permitted to reside at an entity for a reason specified in par. (b) 1. to 5. and if an entity otherwise has no reason to believe that the person is ineligible to be permitted to reside at an entity for any of these reasons, the entity may permit the person to reside at the entity for not more than 60 days pending receipt of information sought under sub. (2) (am). An entity shall provide supervision for a person who is employed or contracted with or permitted to reside as permitted under this paragraph.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure 4 of 4 service providers had complete background checks. Caregiver B's, Caregiver D's, Caregiver E's, and Caregiver F's records did not have complete background checks. | Z 024 | | |

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| Z 024 | Continued From page 3<br>A complete background check consists of the following:<br><br>- A completed Background Information Disclosure (BID) form.<br>- A report of findings from the Department of Justice (DOJ).<br>- Governmental Findings Report (previously "IBIS letter") from the Department of Health Services (DHS).<br><br>Findings include:<br><br>On 10/28/2025, at approximately 9:50 AM, Surveyor reviewed Caregiver B's, Caregiver D's, Caregiver E's, and Caregiver F's records. The following was identified:<br><br>Caregiver B was hired 02/22/2019. Caregiver B's file contained a DOJ form, dated 01/20/2021, and a governmental findings report, dated 01/20/2021. Caregiver B 's file contained no evidence of the BID form.<br><br>Caregiver D was hired 04/18/2023. Caregiver D's file contained a DOJ form, dated 04/18/2023, and a governmental findings report, dated 04/18/2023. Caregiver D 's file contained no evidence of the BID form.<br><br>Caregiver E was hired 08/29/2025. Caregiver E's file contained a DOJ form, dated 09/11/2025, and a governmental findings report, dated 09/11/2025. Caregiver E's file contained no evidence of the BID form.<br><br>Caregiver F was hired 08/18/2025. Caregiver F's file contained a DOJ form, dated 09/01/2025, and a governmental findings report, dated 09/01/2025. Caregiver F's file contained no | Z 024 | | |

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| Z 024 | Continued From page 4<br>evidence of the BID form.<br><br>On 10/28/2025, at approximately 11:00 AM, Licensee A stated s/he did not know why the Caregiver B, Caregiver D, Caregiver E, and Caregiver F records did not contain a BID form. Licensee A reported his/her shift lead was responsible for ensuring all new employees completed a background check which included a BID form. Licensee A reported Caregiver B was his/her shift lead. Caregiver B reported s/he was not familiar with the Department's process for conducting a complete background check and s/he was not familiar with completing the BID form. Caregiver B and Licensee A confirmed BID forms were not completed for Caregiver D, Caregiver E, and Caregiver F. Caregiver B completed his/her BID form at the time of the survey. | Z 024 | | |