STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016554	A. BUILDING: _____ B. WING _____	08/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIELDCREST MANOR	1510 S 30TH STREET MANITOWOC, WI 54220

(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 08/06/2025, with information gathered through 08/07/2025, Surveyor conducted an abbreviated survey. As a result of the survey, 2 deficiencies were issued. Census: 19	N 000		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 (Caregiver B and C) employees reviewed were screened for clinically apparent communicable disease. Caregiver B was hired on 12/03/2024. Caregiver B's employee record did not contain documentation s/he was screened for communicable disease including Tuberculosis (TB).	N 220		

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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N 220	Continued From page 1 Caregiver C was hired on 09/24/2024. Caregiver C's employee record did not contain documentation s/he was screened for communicable disease. Findings Include: On 08/06/2025, Surveyor conducted employee record review for Caregiver B and C. Caregiver B was hired on 12/03/2024. Caregiver B's employee record did not contain documentation s/he was screened for communicable disease including Tuberculosis (TB). Caregiver C was hired on 09/24/2024. Caregiver C's employee record did not contain documentation s/he was screened for communicable disease. On 08/06/2025 at approximately 11:30 AM, Surveyor interviewed Director A. Director A stated s/he only does the TB screen for employees. Director A stated s/he was unaware of the communicable disease screen form that also needed to be completed for employees. Director A stated Caregiver B contacted his/her physician to get his/her TB test results. On 08/07/2025 at approximately 1:50 PM, Surveyor received an email from Director A. Director A indicated Caregiver B attempted to contact his/her physician to get TB test results but was unsuccessful. Director A stated Caregiver B was going to the physician this afternoon to get TB test and screened for other communicable diseases.	N 220		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016554	A. BUILDING: _____ B. WING _____	08/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIELDCREST MANOR	1510 S 30TH STREET MANITOWOC, WI 54220

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N 526	Continued From page 2	N 526		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not conduct tornado, flood or other emergency disaster drills at least semi-annually for 2023 and 2024. The facility is licensed to serve up to 20 residents who are advanced aged, emotionally disturbed/mental illness, developmentally disabled and/or have irreversible dementia/alzheimer's disease. Findings Include: On 08/06/2025, Surveyor reviewed the facility's safety reports. The facility conducted one tornado drill on 04/14/2023. There was no other disaster drill for 2023. The facility conducted one tornado drill on 04/23/2024. There was no other disaster drill for 2024. On 08/06/2025 at 11:30 A.M., Surveyor interviewed Director A. Director A stated s/he would look for the additional drills and if s/he found them by tomorrow at noon s/he would send them to Surveyor. As of 08/07/2025, Surveyor did not receive any additional documentation related to the disaster drills for 2023 and 2024.	N 526		