STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	110186	A. BUILDING: _____ B. WING _____	09/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHULLSBURG HOME CBRF	204 E WATER ST SHULLSBURG, WI 53586

(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 09/16/2025, the bureau of assisted living southern regional office conducted a standard licensing survey at Shullsburg Home a CBRF located in Shullsburg, WI. As a result of the survey, 3 violations of DHS Chapter 83 were issued. Census: 10	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 documentation was obtained from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating 2 of 3 employees reviewed had been screened for clinically apparent communicable disease including tuberculosis using centers for disease control and prevention standards and screening/documentation was	N 220		

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

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N 220	Continued From page 1	N 220		

completed within 90 days before the start of employment.

The Center for Disease Control and Prevention (CDC) guidelines for tuberculosis screening for health care workers (HCWs) are as follows, "TB Screening Procedures for Settings (or HCWs) Classified as Low Risk ... All HCWs should receive baseline TB screening upon hire, using two-step TST or a single BAMT (blood test measuring interferon gamma protein) to test for infection with M. tuberculosis. After baseline testing for infection with M. tuberculosis, additional TB screening is not necessary unless an exposure to M. tuberculosis occurs...HCWs with a baseline positive or newly positive test result for M. tuberculosis infection (i.e., TST or BAMT) or documentation of treatment for LTBI or TB disease should receive one chest radiograph result to exclude TB disease (or an interpretable copy within a reasonable time frame, such as 6 months) ...". (Source: The Center for Disease Control and Prevention Website, Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, December 30, 2005, https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm (retrieval date - September 18, 2024).)

FINDINGS INCLUDE:

On 09/16/2025, Surveyor arrived at facility for a standard survey.

On 09/16/2025, Surveyor reviewed Caregiver B's employee record. Caregiver B's date of hire was 03/21/2023. Caregiver B's record contained documentation of a 1-step TB test read as "negative" on 03/20/2023.

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N 220	Continued From page 2 On 09/16/2025, Surveyor reviewed Caregiver D's employee record. Caregiver D's date of hire was 09/19/2023. Caregiver D's record contained documentation of a 1-step TB test read as "negative" on 09/19/2023. On 09/16/2025 at 12:00 PM, Surveyor discussed the above concern with Administrator A. Administrator A acknowledged Caregiver B nor Caregiver D had been screened for tuberculosis utilizing a two-step tuberculin skin test, IGRA blood test and/or chest x-ray.	N 220		
N 230	83.19 Orientation Before an employee performs any job duties, the CBRF shall provide each employee with orientation training which shall include all of the following: (1) Job responsibilities; (2) Prevention and reporting of resident abuse, neglect and misappropriation of resident property; (3) Information regarding assessed needs and individual services for each resident for whom the employee is responsible; (4) Emergency and disaster plan and evacuation procedures under s. HFS 83.47(2); (5) CBRF policies and procedures; (6) Recognizing and responding to resident changes of condition. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 3 employees were provided with orientation training which included: job responsibilities, prevention and reporting of resident abuse, neglect and misappropriation of resident property, Information regarding assessed	N 230		

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N 230	Continued From page 3 needs and individual services for each resident for whom the employee was responsible, emergency and disaster plan and evacuation procedures, CBRF policies and procedures, recognizing and responding to resident changes of condition. FINDINGS INCLUDE: On 09/16/2025, Surveyor arrived at facility for a standard survey. On 09/16/2025, Surveyor reviewed Caregiver C's record. Caregiver C was hired on 07/17/2025. Caregiver C's record did not contain documentation of orientation training. On 09/16/2025, Surveyor reviewed Caregiver D's record. Caregiver D was hired on 09/19/2023. Caregiver D's record did not contain documentation of orientation training. On 09/16/2025 at 12:00 PM, Surveyor discussed the above concern with Administrator A. Administrator A acknowledged that the facility did not have documentation of Caregiver C or Caregiver D having completed orientation training.	N 230		
N 490	83.44(2)(b) Toilet and bathing area. All toilet and bathing areas, facilities and fixtures shall be clean and in good working order. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all toilet and bathing areas had fixtures clean and in good working order.	N 490		

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N 490	Continued From page 4 FINDINGS INCLUDE: On 09/16/2025, Surveyor arrived at the facility for a standard survey. On 09/16/2025, Surveyor toured the shared resident bathroom on the 1st floor. Surveyor observed the following: 1.) Approximately 3 feet of vinyl trim had separated from the wall. 2.) The soap dispenser had fallen off the wall. The soap dispenser was on the counter with damaged drywall directly above it. 3.) The toilet paper roll was sitting on the bathroom counter. The toilet paper holder on the wall was missing the piece needed to mount the paper roll on to it. On 09/16/2025 at 9:30 AM, Surveyor discussed the above concern with Administrator A. Administrator A acknowledged the soap dispenser and toilet paper roll holder needed to be fixed. Administrator A acknowledged the vinyl trim attached between the wall and the floor had separated from the wall.	N 490		