STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012868	A. BUILDING: _____ B. WING _____	R 11/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRANSITIONS	**16208 WOODRIDGE LN HAYWARD, WI 54843**

(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 11/11/2025, Surveyor conducted a verification visit at Transitions. Data was collected through 11/12/2025. Four violations were corrected. One violation was a repeat deficiency. See Statement of Deficiency (SOD) CMK011, dated 11/07/2024. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 6.	{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 3 of 4 employees sampled were screened for communicable disease, including TB (tuberculosis).	{N 220}		

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

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{N 220}	Continued From page 1 This is a repeat violation. See Statement of Deficiency (SOD) CMK011, dated 11/07/2024. Findings include: The provider is licensed to care for 8 residents in the client groups emotionally disturbed/mental illness and alcohol/drug dependent. On 11/11/2025, Surveyor reviewed employee records. House Manager (HM) A was hired on 08/05/2024, Staff B was hired 08/21/2022, Staff C was hired 10/12/2025, and Staff D was hired on 12/12/2024. HM A provided evidence that TB tests were completed for HM A, Staff B, Staff C, and Staff D but was unable to locate communicable disease screens for HM A, Staff B, and Staff C. At approximately 10:30 AM, Surveyor interviewed Human Services Director (HSD) E and HM A who stated that their human resource department may have the communicable disease screens in their records, but human resources were unable to locate the communicable disease screens. At approximately 11:10 AM, Surveyor inquired why Staff D had a communicable disease screen in their record but no one else in the sample did. HM A stated s/he provided the communicable disease screening document to the public health department nurse who was completing them, but s/he must have misunderstood that a communicable disease screen document needed to be completed. At 3:28 PM, Surveyor received an email communication from HSD E that read, "...we had [HM A] and [Staff B] complete the screening	{N 220}		

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{N 220}	Continued From page 2 forms, and I signed off, as I am a registered nurse. [Staff C] had already completed [his/her] form, but it was not signed off on yet, so I completed the sign-off today." The provider did not ensure communicable disease screens were completed for 3 of 4 employees.	{N 220}		