STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019987	A. BUILDING: _____ B. WING _____	R-C 03/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
1ST HEALTH LLC	215 3RD ST MONROE, WI 53566

(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 03/05/2025, the bureau of assisted living southern regional office conducted a verification visit at 1st Health LLC a CBRF located in Monroe, WI. As a result of this survey, 2 violations of DHS Chapter 83 were identified. Fourteen of 16 violations from previous statement of deficiency E16T11 dated 12/27/2024 were corrected. Under statutory provisions of Wis. Stat. Chap 50, a $200 revisit fee is being assessed. Census: 7	{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 2 of 3 employees reviewed had been	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		

screened for clinically apparent communicable disease including tuberculosis, utilizing centers for disease control (CDC) and prevention standards.

This is a repeat violation of statement of deficiency (SOD) E16T11 dated 12/27/2024.

FINDINGS INCLUDE:

On 03/05/2025, Surveyor arrived at facility for a complaint investigation.

EXAMPLE 1: Caregiver M

On 03/05/2025, Surveyor reviewed Caregiver M's staff record. Caregiver M was hired on 11/22/2024. Caregiver M's staff record contained documentation of a 1-step tuberculin skin test on 01/06/2025.

EXAMPLE 2: Caregiver N

On 03/05/2025, Surveyor reviewed Caregiver N's staff record. Caregiver N was hired on 08/21/2020. Caregiver N's staff record contained documentation of a 1-step tuberculin skin test on 09/11/2020.

INTERVIEW:

On 03/05/2025 at 11:00 AM, Surveyor discussed the above concern with Administrator H. Administrator H acknowledged Caregiver M and Caregiver N hadn't received TB testing per CDC standards. Administrator H acknowledged 1-step tuberculin skin tests can be utilized as a screening for perspective employees with a documented history of negative 2-step tuberculin skin test(s). Administrator H acknowledged

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N 220	Continued From page 2 perspective employees who did not have the documentation required for the 1-step tuberculin skin screening, needed to be screened via 2-step tuberculin skin test, QuantaFERON Gold blood test. Administrator H acknowledged perspective employees were required to be screened for tuberculosis within the 90 days before the start of employment.	N 220		
{N 386}	83.35(3)(a) Comprehensive Individualized Service Plan Comprehensive individual service plan. Scope. Within 30 days after admission and based on the assessment under sub. (1), the CBRF shall develop a comprehensive individual service plan for each resident. The individual service plan shall include all of the following: 1. Identify the resident ' s needs and desired outcomes. 2. Identify the program services, frequency and approaches under s. HFS 83.38(1) the CBRF will provide. 3. Establish measurable goals with specific time limits for attainment. 4. Specify methods for delivering needed care and who is responsible for delivering the care. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a comprehensive individualized service plan (ISP) had been developed for each resident. The individual service plan shall include all of the following: 1. Identify the resident ' s needs and desired outcomes. 2. Identify the program services, frequency and approaches under s. HFS 83.38(1) the CBRF will provide. 3. Establish measurable	{N 386}		

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{N 386}	Continued From page 3	{N 386}		

goals with specific time limits for attainment. 4. Specify methods for delivering needed care and who is responsible for delivering the care.

As of 03/05/2025, facility caregivers did not have access to a comprehensive ISP for Resident 2 and Resident 4.

This is a repeat violation of statement of deficiency (SOD) E16T11 dated 12/27/2024.

FINDINGS INCLUDE:

Facility was granted a probationary license on 07/18/2024. The facility was licensed as 12-bed, non-ambulatory, community based residential facility (CBRF). Facility provided care to the following client groups: terminally ill, developmentally disabled, traumatic brain injury (TBI), physically disabled, advanced aged, irreversible dementia & Alzheimer's.

On 03/05/2025, Surveyor arrived at facility for a verification visit.

On 03/05/2025, Surveyor reviewed Resident 2's facility face sheet. Resident 2 was admitted to the facility on 06/12/2024.

On 03/05/2025, Surveyor reviewed Resident 4's facility face sheet. Resident 4 was admitted to the facility on 06/18/2011.

On 03/05/2025 at 10:00 AM, Surveyor requested Resident 2 and Resident 4's ISP from Administrator H. Administrator H stated s/he did not know what an ISP was. Administrator H showed Surveyor Resident 2's physician orders on the facility computer and reported facility caregivers managed resident care with the

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physician orders. Administrator H stated s/he did not have an updated ISP in the facility for Surveyor to review for Resident 2 and Resident 4. Administrator H handed Surveyor an ISP for Resident 4 dated 03/21/2022. Administrator H stated Licensee B might have the resident ISPs saved to their computer.

On 03/05/2025 at 11:00 AM, Surveyor spoke with Licensee B over the phone and requested Resident 2 and Resident 4's ISP with signature pages be emailed to Surveyor.

On 03/05/2025 at 11:18 AM, Surveyor received an email from licensee B with 4 document attachments. There were documents titled, "[Resident 2] _Individual & Assessment & Care Plan.PDF," and "[Resident 4] _Individual & Assessment & Care Plan.PDF."

On 03/05/2025, Surveyor reviewed the attachment titled, "[Resident 2] _Individual & Assessment & Care Plan.PDF." Surveyor reviewed Resident 2's physician orders, medication orders and a competed physical assessment. The care plan did not contain documentation related to Identify the Resident 2's desired outcomes, the program services, frequency and approaches the CBRF will provide, established measurable goals with specific time limits for attainment, specified methods of delivering needed care and who was responsible for delivering the care.
On 03/05/2025, Surveyor reviewed the attachment titled, "[Resident 4] _Individual & Assessment & Care Plan.PDF." Surveyor reviewed Resident 4's physician orders, medication orders and a completed physical assessment. The care plan did not contain documentation related to Identify the Resident 4's

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{N 386}	Continued From page 5 desired outcomes, the program services, frequency and approaches the CBRF will provide, established measurable goals with specific time limits for attainment, specified methods of delivering needed care and who was responsible for delivering the care. On 03/05/2025 at 1:50 PM, Surveyor emailed Licensee B and explained the documentation required in a resident ISP for DHS Chapter 83. Surveyor explained the documents labeled as Resident 2 and Resident 4 care plans did not contain resident's desired outcomes, the program services, frequency and approaches the CBRF will provide, established measurable goals with specific time limits for attainment, specified methods of delivering needed care and who was responsible for delivering the care. On 03/05/2025 at 4:10 PM, Licensee B emailed Surveyor. Licensee B acknowledged Resident 2 and Resident 4's comprehensive ISPs were missing documentation required by DHS Chapter 83. Licensee B stated s/he would be reviewing and updating resident ISPs as soon as possible.	{N 386}		