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
	0016617	A. BUILDING: _____ B. WING _____	08/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
IVYS PLACE	**1429 OREGON STREET RACINE, WI 53405**

(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
M 000	INITIAL COMMENTS On 08/02/2023, Surveyor conducted a desk review for Ivys Place regarding the entity background check requirement. One deficiency was identified.	M 000		
M 216	88.04(2)(a) RESPONSIBILITIES The licensee shall ensure that the home and its operation comply with this chapter and with all other laws governing the home and its operation. This Rule is not met as evidenced by: Based on record review, the licensee did not comply with laws governing the requirements for entity background checks. Ivys Place did not submit required background disclosure information to the Division of Quality Assurance (DQA) pursuant to Wis. Stat. § 50.065(6)(am) and Wis. Admin. Code § DHS 12.05. Findings include: On or about 01/07/2022, all providers not yet in compliance with the entity background check requirements received a final Notice of Noncompliance from DQA directing entity owners, board members and non-client residents to submit background disclosure information by 01/17/2022 to avoid further action by the department. On 08/02/2023, Surveyor conducted a desk review to verify compliance with entity background check requirements. As of this date, the department has not received the required background disclosure information for Ivys Place.	M 216		

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