STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019069	A. BUILDING: _____ B. WING _____	C 06/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOUSE OF JACOB LLC	6717 N 41ST STREET MILWAUKEE, WI 53209

(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 6/19/2025, Surveyor conducted a standard survey and two complaint investigations at House of Jacob LLC. One deficiency was identified. Two complaints were unsubstantiated. Census: 3	M 000		
M 232	88.04(2)(g)1 HEALTH SCREENING FOR STAFF The licensee shall obtain documentation from a physician, a registered nurse or a physician's assistant indicating that the licensee and any service provider has been screened for illness detrimental to residents, including for tuberculosis. The documentation is to be completed within 90 days before the start of providing service. The documentation shall be kept confidential except that the licensing agency shall have access to the documentation for verification. This Rule is not met as evidenced by: Based on record review and interview, the provider did not obtain documentation indicating staff had been screened for illness detrimental to residents, including tuberculosis (TB), by a physician, a registered nurse or a physician's assistant, within 90 days before the start of providing service for 2 of 3 staff reviewed. Caregiver B and Caregiver E. Findings include:	M 232		

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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M 232	Continued From page 1 On 06/19/2025 at 8:25 a.m., Surveyor reviewed the following staff files: Caregiver B was hired on 4/03/2024. Caregiver B started working with the residents after 04/09/2024. Caregiver B was screened for tuberculosis (TB); however, the provider did not obtain documentation from a physician, a registered nurse, or a physician's assistant indicating Caregiver B had been screened for illness detrimental to residents, including tuberculosis, as required, until 07/07/2024, after the start of providing service. Caregiver E was hired on 3/27/2024. Caregiver E started working with the residents after 04/01/2024. Caregiver E was screened for tuberculosis (TB); however, the screenings were not within 90 days before the start of providing care. Surveyor observed TB tests dated 08/31/2023, 10/15/2023, and 10/04/2024. Caregiver E's file did not obtain documentation from a physician, a registered nurse, or a physician's assistant indicating Caregiver E had been screened for illness detrimental to residents, including tuberculosis, as required, until 06/10/2024, after the start of providing service. 06/19/2025 at 4:25 p.m., Surveyor interviewed Licensee A, who confirmed Caregiver B did not have his/her communicable disease screen completed within 90 days prior to the start of service. Caregiver E did not have a communicable disease screen or TB test completed within 90 days prior to the start of service. Licensee A stated, "I don't know what happened with these. I need to add this task to the new hire check off lists for the future."	M 232		

Wisconsin Department of Health Services

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