

Wisconsin Department of Health Services

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>0012366</b>                   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING: _____<br><br>B. WING: _____                                                   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>C</b><br><b>04/28/2025</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>WHISTLING PINES INC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>121 CTH QQ BLDG K</b><br><b>WAUPACA, WI 54981</b> |                                                                                                                          |                                                                    |
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| N 000                                                          | Initial Comments<br><br>On 04/16/2025, Surveyor conducted a standard survey and 1 complaint investigation at Whistling Pines Inc. Additional information was gathered through 04/28/2025. The complaint was unsubstantiated, and as a result of the survey, 1 deficient practice was identified.<br><br>Census: 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | N 000                                                                                         |                                                                                                                          |                                                                    |
| N 219                                                          | 83.17(1) Licensee conduct caregiver background check<br><br>Caregiver background check. At the time of hire, employment or contract and every 4 years after, the licensee shall conduct and document a caregiver background check following the procedures in s. 50.065, Stats., and ch. DHS 12. A licensee shall not employ, contract with or permit a person to reside at the CBRF if the person has been convicted of the crimes or offenses, or has a governmental finding of misconduct, found in s. 50.065, Stats., and ch. DHS 12, Appendix A, unless the person has been approved under the department 's rehabilitation process as defined in ch. DHS 12.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure a complete background check was conducted after Caregiver C indicated positive responses to questions that require further information and review on the Background Information Disclosure (BID) form.<br><br>Findings Include: | N 219                                                                                         |                                                                                                                          |                                                                    |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Wisconsin Department of Health Services

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| N 219                                                          | <p>Continued From page 1</p> <p>On 04/15/2025, as part of a standard survey, Surveyor requested a sample of employee files.</p> <p>On 04/22/2025 at 1:21 PM, Surveyor received and reviewed Caregiver C's employment information including the BID (dated 11/12/2024,) Department of Justice (DOJ) report (dated 11/20/2024,) and Department of Health Service (DHS) state report (dated 11/20/2024.) Caregiver C was hired on 11/29/2024.</p> <p>Surveyor noted on the BID (dated 11/12/2024) Caregiver C check marked "Yes" to Section A question number 3, "Has any government or Regulatory agency other than the police ever found that you committed child abuse or neglect?" A positive response to question 3 required a written follow up explanation, "Provide explanation below, including when and where the incident(s) occurred." No additional information was provided as the follow up question was left blank.</p> <p>Surveyor noted Caregiver C marked "Yes" and "No" to Section B question number 4, "Have you resided outside of Wisconsin in the last three (3) years? If yes, list each state and the dates you resided there." The "Yes" answer check mark had additional markings over it that could not be discerned if it was crossing the yes answer out or reinforcing the "Yes" check mark. No Additional information was provided as the follow up question was left blank.</p> <p>Surveyor noted Caregiver C marked "Yes" to Section B question 5, "If you are employed by or applying for the State of Wisconsin, have you resided outside of Wisconsin in the last seven (7) years? If yes, list each state in the dates you resided there." Caregiver C wrote in, "MS [sic]</p> | N 219                                                                                         |                                                                                                                          |                                                                    |

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| N 219                                                          | Continued From page 2<br><br>moved to WI 11/18."<br><br>On 04/23/2025, Surveyor interviewed Manager B at approximately 12:00 PM. Manager B reviewed Caregiver C's BID (dated 11/12/2024) and acknowledged Caregiver C indicated positive answers on the BID and did not follow up with the required written in explanation for Section A question 3 or Section B question 4. Manager B stated s/he recalled asking Caregiver C about the positive answers and stated s/he believed Caregiver C had checked the "Yes" box by mistake. Manager B confirmed s/he did not have Caregiver C fill out a new form to ensure the answers were all marked clearly, accurately, and contained the required follow-up explanations. Manager B stated s/he asked Caregiver C about the questions marked "Yes" or indiscernibly marked, and Caregiver C indicated s/he may have made a mistake filling out the form. Manager B accepted the explanation without further investigation or requiring a new form to be filled out. Regarding Section B question 5, where Caregiver C indicated s/he had resided outside of WI within the last 7 years, Manager B stated s/he spoke with Caregiver C and believed s/he had not actually lived outside of WI as Caregiver C mentioned trucking across the country. Despite the information Caregiver C provided on the BID with location of residence in another state ("MS",) and date when s/he moved to Wisconsin ("11/18",) Manager B accepted the explanation without further investigation and conducting an out of state background check or requiring a new form to be filled out accurately. Manager B stated s/he didn't believe an out of state background check was required due to the caregiver's explanation despite it contradicting what Caregiver C wrote in on the BID. Caregiver C positively indicated areas on the BID that required | N 219                                                                                         |                                                                                                                          |                                                                    |

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| N 219                                                          | <p>Continued From page 3</p> <p>additional explanations that were not provided in writing and signed his/her name in attestation of the document's accuracy. Manager B acknowledged despite Caregiver C's verbal explanations, the provider had a responsibility to either have the employee complete a new and accurate BID or accept the BID as it was submitted by the caregiver, which would require the provider to seek further information prior to hiring Caregiver C.</p> <p>Manager B stated at the time Caregiver C was hired s/he was unaware of all the requirements and stated s/he believed the DOJ and DHS state reports would have "caught something" if additional investigation or an out of state background check was needed. On the BID completed on 11/12/2024 Caregiver C indicated a secondary last name under, "Other Names (including prior to marriage)" Surveyor reviewed the DOJ and DHS reports (dated 11/20/2024) both noted a search for Caregiver C with his/her current last name and a secondary last name, however the secondary last name did not appear to match the spelling that Caregiver C indicated on the BID.</p> <p>On 04/23/2025 at approximately 2:30 PM, Surveyor interviewed Administrator A. Administrator A reviewed Caregiver C's employment documentation. Administrator A stated if Manager B was made aware the BID contained errors a new BID should have been completed. Administrator A acknowledged the provider accepted the BID as it was submitted by Caregiver C and, based on the answers and signature of the employee, it was the provider's responsibility to further investigate the positive and undetermined answers that had been provided and conduct and out of state</p> | N 219                                                                                         |                                                                                                                          |                                                                    |

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| N 219                                                          | Continued From page 4<br><br>background check prior to hiring the caregiver.                                                 | N 219                                                                       |                                                                                                                          |  |                                                                    |