STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017299	A. BUILDING: _____ B. WING _____	11/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ALLIED CARE LLC ADRIAN HOUSE	1212 ADRIAN BLVD FORT ATKINSON, WI 53538

(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 11/06/2024, with information obtained through 11/08/2024, the Bureau of Assisted Living, Southern Regional Office, conducted a standard licensing survey at Allied Care LLC Adrian House, an adult family home (AFH) located in Fort Atkinson, WI. As a result of the survey, 2 deficiencies were identified. 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 ensure that 1 of 2 service providers reviewed was screened for illness detrimental to residents, including tuberculosis, within 90 days before the start of providing service. Caregiver B was last screened for illnesses,	M 232		

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

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M 232	Continued From page 1 including tuberculosis, on 08/10/2020, approximately 2.5 years prior to his/her hire with the provider. Findings include: On 11/06/2024, Surveyor reviewed service provider records to verify compliance with illness screening requirements. Surveyor requested screening records from Administrator A for Caregiver B. The records for Caregiver B, hired 04/16/2023, showed a communicable disease screening, which included a tuberculosis skin test, dated 08/10/2020. On 11/08/2024, at approximately 8:42 a.m., Surveyor interviewed Administrator A. Administrator A confirmed that that was the most recent screen the provider had on hand for Caregiver B. Administrator A confirmed that Caregiver B didn't start with the provider until April 2023 but the screen record from 2020 was from previous employment s/he had with a different assisted living facility provider.	M 232		
Z 014	50.065(2)(d) MAINTAIN BACKGROUND INFORMATION Every entity shall maintain, or shall contract with another person to maintain, the most recent background information obtained on a caregiver under par. (b). The information shall be made available for inspection by authorized persons, as defined by the department by rule.	Z 014		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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Z 014	Continued From page 2	Z 014		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure that the most recent background check for 1 of 2 service providers reviewed, Caregiver C, was maintained.

Findings include:

On 11/06/2024, Surveyor reviewed background check records to verify compliance with service provider background check requirements. Surveyor requested the complete background check from Administrator A for Caregiver C.

The check for Caregiver C, hired 10/01/2018, consisted of a background information disclosure (BID) dated 10/25/2022, as well as a Department of Justice (DOJ) check and caregiver background check dated 03/10/2020 (approximately 4 years and 8 months prior to the survey).

On 11/07/2024, at approximately 11:32 a.m., Surveyor interviewed Administrator A. Administrator A reported that the provider ran a DOJ and caregiver background check for Caregiver C back in 2022 along with his/her BID, but that the file did not save correctly and only showed logos with computer codes.

On 11/08/2024, at approximately 8:42 a.m., Surveyor interviewed Administrator A again. Administrator A confirmed s/he did not have evidence of a report showing the results of Caregiver C's DOJ and caregiver background check from 2022 but that s/he planned to have an additional background check completed for

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Z 014	Continued From page 3 Caregiver C during the survey.	Z 014		