STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014792	A. BUILDING: _____ B. WING _____	04/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REM WISCONSIN II DANBAR	2805 DANBAR GREEN BAY, WI 54313

(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 04/15/2025, Surveyor conducted an abbreviated survey at REM Wisconsin II Danbar. Additional information was gathered through 04/18/2025. One deficient practice was 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 all staff were screened for illness including Tuberculosis (TB) by a qualified medical professional. Two of two employees reviewed (Caregivers B and C) did not have communicable disease (CD) and TB screening completed within 90 days proir to hire. Findings include: On 04/15/2025, Surveyor reviewed Caregiver B was hired on 09/30/2019 and Caregiver C was hired on 10/04/2021. Surveyor requested to	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 review Caregiver B and C's CD screening and TB results completed within 90 days prior to hire. Caregiver B On 04/15/2025 at 12:46 PM Surveyor received an email from Director A that included a copy of Caregiver B's CD and TB screening. The copy was a form titled "REM Wisconsin Health Certificate" dated 09/13/2019. The form had general statement lines to be filled out by the person screening the employee: "1. TB Test or Chest X-Ray Results: TB Test-Negative Date read: 09-13-2019 2. It does not appear that the above named individual has a communicable disease reportable under doctor DHS which would present a significant risk to the health or safety of residents: [Signature of LPN D] * Signature of Physician, Nurse Practitioner, Registered Nurse or Physician's Assistant (as required by State Licensing [sic]) 09/13/2019" The form did not include what screening tools or questions were used to determine if the caregiver was free of communicable disease for verification of the process and criteria, or details of the TB test including when the initial test was administered and when it was read to verify accuracy and timeliness for reading the results. The form was signed by an LPN who, as is documented on the provider's own form, is not qualified to screen for communicable diseases or read TB test results.	M 232		

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 2 Caregiver C On 04/16/2025 Surveyor had not yet received Caregiver C's CD and TB documentation and requested Director A to send it via e-mail. Director A responded: 04/16/2025 12:14 PM, Director A wrote, " ...when looking for [his/her] TB it was discovered [s/he] never went back for it to be read, so I do not have that unfortunately, I was not employed at the time so I cannot say what occurred. I have removed [him/her] from the scheduled until [s/he] gets a TB and screening completed." On 04/18/2025 Surveyor again requested Caregiver C's CD screening. Director A responded on 04/28/2025 at 12:03 PM, "No, [s/he] didn't have anything on record that usually happens during the TB test so that is probably why." Two of two caregivers (Caregivers B and C) reviewed did not have CD and TB screening completed by a qualified person 90 day prior to the start of hire.	M 232		