STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	110455	A. BUILDING: _____ B. WING _____	08/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARVEST GUEST HOME	875 WEST SIDE DR RICHLAND CENTER, WI 53581

(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
N 000	Initial Comments On 08/12/2025, the bureau of assisted living southern regional office conducted a standard survey at Harvest Guest Home a CBRF located in Richland Center, WI. As a result of this survey, 3 violations of DHS Chapter 83 were issued. Census: 21	N 000		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure documentation was obtained from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating 3 of 3 employees reviewed had been screened for clinically apparent communicable disease including tuberculosis using centers for disease control and prevention standards and screening/documentation was	N 220		

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

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N 220	Continued From page 1	N 220		

completed within 90 days before the start of employment.

The Center for Disease Control and Prevention (CDC) guidelines for tuberculosis screening for health care workers (HCWs) are as follows, "TB Screening Procedures for Settings (or HCWs) Classified as Low Risk ... All HCWs should receive baseline TB screening upon hire, using two-step TST or a single BAMT (blood test measuring interferon gamma protein) to test for infection with M. tuberculosis. After baseline testing for infection with M. tuberculosis, additional TB screening is not necessary unless an exposure to M. tuberculosis occurs...HCWs with a baseline positive or newly positive test result for M. tuberculosis infection (i.e., TST or BAMT) or documentation of treatment for LTBI or TB disease should receive one chest radiograph result to exclude TB disease (or an interpretable copy within a reasonable time frame, such as 6 months) ...". (Source: The Center for Disease Control and Prevention Website, Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, December 30, 2005, https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm (retrieval date - September 18, 2024).)

This is a repeat violation from previous statement of deficiency (SOD) 30KU13 dated 10/03/2022.

FINDINGS INCLUDE:

On 08/12/2025, Surveyor arrived at facility for a standard survey.

On 08/12/2025, Surveyor reviewed Caregiver B's employee record. Caregiver B's date of hire was 10/20/1998. Caregiver B's record contained

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N 220	Continued From page 2 documentation of a 1-step TB test read as "negative" on 08/28/1998. On 08/12/2025, Surveyor reviewed Caregiver C's employee record. Caregiver C's date of hire was 07/25/2016. Caregiver C's record contained documentation of a 1-step TB test read "negative" on 07/11/2026. On 08/12/2025, Surveyor reviewed Caregiver D's employee record. Caregiver D's date of hire was 05/27/2025. Caregiver C's record contained documentation of a 1-step TB test read as "negative" on 06/09/2025. On 08/12/2025 at 1:00 PM, Surveyor discussed the above concern with Manager A. Manager A acknowledged Caregiver B, Caregiver C nor Caregiver D had been screened for tuberculosis utilizing a two-step tuberculin skin test, IGRA blood test and/or chest x-ray.	N 220		
N 277	83.25 Continuing education The administrator and resident care staff shall receive at least 15 hours per calendar year of continuing education beginning with the first full calendar year of employment. Continuing education shall be relevant to the job responsibilities and shall include, at a minimum, all of the following: (1) Standard precautions; (2) Client group related training; (3) Medications; (4) Resident rights; (5) Prevention and reporting of abuse, neglect and misappropriation; (6) Fire safety and emergency procedures, including first aid.	N 277		

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N 277	Continued From page 3 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Caregiver B and Caregiver C received continuing education in fire safety during the calendar year of 2024. This is a repeat violation from previous statement of deficiency (SOD) 9BOU11 dated 08/12/2022. FINDINGS INCLUDE: On 08/12/2025, Surveyor arrived at facility for a standard survey. On 08/12/2024, Surveyor reviewed Caregiver B's employee record. Caregiver B's date of hire was 10/20/1998. Caregiver B's record did not contain documentation for fire safety training being completed in 2024. On 08/12/2024, Surveyor reviewed Caregiver C's employee record. Caregiver C's date of hire was 07/25/2016. Caregiver C's record did not contain documentation of fire safety training being completed in 2024. On 08/12/2025 at 1:00 PM, Surveyor discussed the above concern with Manager A. Manager A acknowledged Caregiver B nor Caregiver C received fire safety training in 2024.	N 277		
N 452	83.41(3)(b) Food safety. Food safety. Whether food is prepared at the CBRF or off-site, the CBRF shall store, prepare, distribute and serve food under sanitary conditions for the prevention of food borne illnesses, including food prepared off-site,	N 452		

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N 452	Continued From page 4 according to all of the following: 1. The CBRF shall refrigerate all foods requiring refrigeration at or below 40°F. Food shall be covered and stored in a sanitary manner. 2. The CBRF shall maintain freezing units at 0°F or below. Frozen foods shall be packaged, labeled and dated. 3. The CBRF shall hold hot foods at 140°F or above and shall hold cold foods at 40°F or below until serving. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure food was stored under sanitary conditions for the prevention of food borne illnesses, by maintaining freezing units at 0F or below and foods were covered. This is a repeat violation of previous statement of deficiency (SOD) 9BOU11 dated 08/12/2022, SOD 9BOU12 dated 12/12/2022, SOD 9BOU13 dated 05/22/2023 and SOD 9BOU14 dated 09/18/2023. FINDINGS INCLUDE: On 08/12/2025, Surveyor arrived at facility for a standard survey. On 08/12/2025 at approximately 9:30 AM, Surveyor toured the facility kitchen with Caregiver D. Surveyor opened the freezer door and found the metal thermometer on a shelf next to frozen bread. The thermometer read 11 F (picture 1).	N 452		

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N 452	Continued From page 5 Caregiver D observed the freezer thermometer as well and acknowledged it read 11 F. Caregiver D did not know when or why the freezer temperature was above 0F. Caregiver D reported staff did not record freezer/refrigerator temperatures daily. Surveyor opened the refrigerator and observed the following: 1.) On the bottom shelf there was a head of lettuce stored without a container. Beside the head of lettuce was an uncovered bowel with a peeled sweet potato and green onions (picture 2). 2.) The shelves were scantly covered with a pink-orange liquid (picture 3). 3.) The middle shelf had 1 ziploc bag of discarded chicken parts and 2 ziploc bags of cooked sweet corn. Surveyor discussed the contents and condition of the facility refrigerator with Caregiver D. Caregiver D acknowledged food was stored uncovered on the bottom shelf. Caregiver D acknowledged the shelves on the refrigerator were stained a pink-orange liquid substance. On 08/12/2025 at 12:30 PM, Surveyor showed Manager A the freezer and refrigerator. Surveyor and Manager A observed the freezer thermometer still read 11F. Manager A verified staff did not document daily temperatures for the freezer and s/he did not know when the freezer temperature went about 0F. Manager A acknowledged the refrigerator shelves were mildly soiled and stored unsealed food items.	N 452		