STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014907	A. BUILDING: _____ B. WING _____	08/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACS CLINICAL SERVICES LLC APPLETON	2 BRIGHTON CIRCLE APPLETON, WI 54915

(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 08/14/2024 with additional information gathered through 08/27/2024, Surveyor conducted an abbreviated survey at ACS Clinical Services LLC Appleton. Three deficiencies were identified. Census: 10	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 2 of 2 employees (Behavioral Support Assistant [BSA] A and BSA B) reviewed were screened for communicable disease, including tuberculosis (TB) within 90 days before the start of employment. Findings include: On 08/14/2024, Surveyor conducted an abbreviated survey.	N 220		

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

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N 220	Continued From page 1 On 08/14/2024, Surveyor reviewed provider employee records for BSA A and BSA B. Surveyor noted BSA A was hired on 09/28/2023, and his/her file did not include documentation indicating s/he was screened for clinically apparent communicable diseases including TB within 90 days before the start of employment. Surveyor noted BSA B was hired on 06/03/2024, and his/her file did not include documentation indicating s/he was screened for clinically apparent communicable diseases including TB within 90 days before the start of employment. On 08/14/2024 at approximately 11:20 AM, Surveyor interviewed Program Supervisor C who stated portions of the employee files were kept offsite and s/he would request the documentation from Human Resources. On 08/19/2024 at approximately 9:37 AM, Surveyor reviewed email correspondence from Program Supervisor C. Program Supervisor C stated s/he was unable to locate the documents requested.	N 220		
N 525	83.47(2)(d) Fire drills. Fire drills. 1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of the drill and the CBRF ' s total evacuation time. The CBRF shall record residents having an evacuation time greater than the time allowed under s. HFS 83.35(5) and the type of assistance needed for evacuation. Fire evacuation drills may be announced in advance. 2. At least one fire	N 525		

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N 525	Continued From page 2 evacuation drill shall be held annually that simulates the conditions during usual sleeping hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the employees scheduled to work during the residents ' normal sleeping hours. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure fire drills were conducted at least quarterly in 2022 and 2023. Findings include: On 08/14/2024, Surveyor reviewed facility records provided by Substance Abuse Counselor (SAC) D. Surveyor noted a fire drill conducted on 02/02/2022, 04/20/2023, and 11/13/2023. On 08/14/2024 at approximately 3:09 PM, Surveyor received and reviewed email correspondence from Program Supervisor C who stated s/he was unable to locate any additional fire drills.	N 525		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure other evacuation drills, such as tornado, flooding, or other emergency or	N 526		

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N 526	Continued From page 3 disaster evacuation drills were conducted at least semi-annually in 2022 and 2023. Findings include: On 08/14/2024, Surveyor reviewed facility records. Facility records did not contain evidence of any other evacuation drills conducted in 2022 or 2023. On 08/14/2024 at approximately 3:09 PM, Surveyor received and reviewed email correspondence from Program Supervisor C. Program Supervisor C acknowledged the other evacuation drills were missing and stated s/he was unable to find any additional drills for 2022 and 2023.	N 526		