STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013306	A. BUILDING: _____ B. WING _____	C 12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APPLE TREE COTTAGE	1306 KEITH ST EAU CLAIRE, WI 54701

(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 12/04/2024, Surveyor conducted a standard survey and complaint investigation at Apple Tree Cottage CBRF. Data collection continued through 12/19/2024. The complaint was unsubstantiated. Five deficiencies were identified. Two of 5 deficiencies were repeat deficiencies. See Statement of Deficiency (SOD) 4ODY16, dated 10/28/2022, and SOD 4ODY15, dated 05/03/2022. Census: 8	N 000		
N 219	83.17(1) Licensee conduct caregiver background check 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. This Rule is not met as evidenced by: Based on record review and interview, the licensee did not ensure a caregiver background	N 219		

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

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N 219	Continued From page 1 check (CBC) was conducted at the time of hire for Caregiver B. Findings include: On 12/04/2024, Surveyor requested to review Caregiver B's record, including the CBC. Caregiver B had a hire date of 01/09/17 listed on the employee roster. On 12/05/2024, Surveyor interviewed Licensee D via email and asked for verification of Caregiver B's start date at the facility. On 12/05/2024 at 4:19 PM, Surveyor reviewed Caregiver B's background check provided via email by Licensee D. Page 1 of the background information disclosure (BID) form was provided, along with the Department of Justice (DOJ) report and Caregiver Response letter, both dated 06/28/2021. On 12/05/2024 at 4:23 PM, Licensee D stated via email, "[Caregiver B] was employed by [another company name] for years at [facility name] (licensed as an adult family home (AFH)) and I bought the business from them. [Caregiver B] did not start at [facility name] until last year (2023)." Licensee D owns and operates other licensed facilities and stated Caregiver B was employed at his/her licensed AFH facility since 2017. Caregiver B began employment at the community based residential facility (CBRF) in 2023 and had not had a CBC completed since 2021.	N 219		
N 220	83.17(2)(a) Employees screened for communicable disease.	N 220		

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N 220	Continued From page 2 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 Caregiver B and Caregiver C was screened for clinically apparent communicable disease including tuberculosis (TB) within 90 days before the start of employment. Findings include: On 12/04/2024, Surveyor requested to review Caregiver B and Caregiver C's record. Caregiver B had a hire date of 01/09/17 listed on the employee roster. On 12/05/2024, Surveyor interviewed Licensee D via email and asked for verification of Caregiver B's start date at the facility. On 12/05/2024 at 4:23 PM, Licensee D stated, "[Caregiver B] was employed by [another company name] for years at [other facility] (licensed as an adult family home) and I bought the business from them. [Caregiver B] did not start at [facility name] until last year (2023)."	N 220		

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N 220	Continued From page 3 Licensee D owns other licensed facilities and stated Caregiver B was employed at the other facility since 2017. Caregiver B began employment at the community based residential facility (CBRF) in October 2023. On 12/06/2024 at 10:17 AM, Licensee D provided Caregiver B's TB test. The TB test and health screen was signed and dated 02/25/2008. No other documentation was received to show Caregiver B was screened for communicable disease, including TB, within 90 days before the start of employment. Caregiver C had a hire date of 01/14/2022. On 12/06/2024 at 11:06 PM, Surveyor received an email from Administrative Assistant (AA) E that read, "Here is the best version of the TB test/screening I can get. It's from [clinic name]... administered 01/21/2022. Sorry, this is all I have for [him/her]." Surveyor reviewed the attached document for Caregiver C. The document showed a TB test had been conducted but was not legible in parts. No documentation was provided to show Caregiver C had been screened for communicable disease within 90 days before the start of employment.	N 220		
N 302	83.28(4)(a) Resident health screening and documentation Resident health screening. 1. Within 90 days before or 7 days after admission, a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse shall screen each person admitted to the CBRF for clinically apparent communicable disease, including	N 302		

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N 302	Continued From page 4 tuberculosis, and document the results of the screening. 2. Screening for tuberculosis and all immunizations shall be conducted using centers for disease control and prevention standards. 3. The CBRF shall maintain the screening documentation in each resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents reviewed were screened by a physician, physician assistant, clinical nurse practitioner, or a licensed registered nurse, 90 days before or 7 days after admission, for clinically apparent communicable disease. Findings include: On 12/04/2024, Surveyor reviewed records for Resident 1 and Resident 2. Resident 1 had an admission date of 08/26/2024. The record contained a tuberculosis (TB) test result, and a form titled, "Communicable Disease Screening Report." The form was blank and had not been completed for Resident 1. Resident 2 had an admission date of 08/05/2024. The record contained a TB test result, and a form titled, "Communicable Disease Screening Report." The form was blank and had not been completed for Resident 2. On 12/04/2024 at 9:45 AM, Surveyor interviewed House Manager (HM) A and asked if a	N 302		

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N 302	Continued From page 5 communicable disease screening is completed for residents upon admission. HM A stated s/he has never seen the form completed and typically only receives documentation of a TB test. HM A did not know the communicable disease screening was required.	N 302		
N 381	83.35(1)(a) Pre-admission and ongoing assessments. Scope. The CBRF shall assess each resident ' s needs, abilities, and physical and mental condition before admitting the person to the CBRF, when there is a change in needs, abilities or condition, and at least annually. The assessment shall include all areas listed under par. (c). This requirement includes individuals receiving respite care in the CBRF. For emergency admissions the CBRF shall conduct the assessment within 5 days after admission. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each resident's needs, abilities, and physical and mental condition were assessed before admitting the person to the CBRF (community based residential facility), for 2 of 2 residents reviewed. Findings include: This is a repeat deficiency. See Statement of Deficiency (SOD) 4ODY16, dated 10/28/2022, and SOD 4ODY15, dated 05/03/2022.	N 381		

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N 381	Continued From page 6 On 12/04/2024, Surveyor reviewed records for Resident 1 and Resident 2. Resident 1 had an admission date of 08/26/2024. The pre-admission assessment was completed and signed by Resident 1's guardian and was dated 08/27/2024. Resident 2 had an admission date of 08/05/2024. The pre-admission assessment was completed and signed by Resident 2's guardian and did not contain a date. On 12/04/2024 at 9:48 AM, Surveyor interviewed House Manager (HM) A and asked if s/he assessed the resident prior to admission and why the guardian had signed the pre-admission assessments for Resident 1 and Resident 2. HM A stated the pre-admission assessment was completed upon arrival and s/he completed it with the guardian but did not sign it. Surveyor discussed the requirement with HM A that the pre-admission assessment should be completed prior to admission and should be completed by a facility representative. HM A stated s/he would work on getting it done beforehand.	N 381		
N 386	83.35(3)(a) Comprehensive Individualized Service Plan Comprehensive individual service plan. Scope. Within 30 days after admission and based on the assessment under sub. (1), the CBRF shall develop a comprehensive individual service plan for each resident. The individual service plan shall include all of the following: 1. Identify the resident ' s needs and desired outcomes. 2.	N 386		

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N 386	Continued From page 7 Identify the program services, frequency and approaches under s. HFS 83.38(1) the CBRF will provide. 3. Establish measurable goals with specific time limits for attainment. 4. Specify methods for delivering needed care and who is responsible for delivering the care. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a comprehensive individual service plan (ISP) was completed within 30 days after admission, for 2 of 2 resident records reviewed. Findings include: This is a repeat deficiency. See Statement of Deficiency (SOD) 4ODY15, dated 05/03/2022. On 12/04/2024, Surveyor reviewed records for Resident 1 and Resident 2. Resident 1 had an admission date of 08/26/2024. The record contained an ISP, dated 10/02/2024. Resident 2 had an admission date of 08/05/2024. The records contained an ISP, dated 10/02/2024. On 12/04/2024 at approximately 9:55 AM, House Manager (HM) A stated s/he had to teach him/herself a lot of things with the job after s/he began employment, and would work on getting the ISPs completed within 30 days.	N 386		