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 _____	R-C 04/14/2026

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 04/09/2026, Surveyor conducted a verification visit at Apple Tree Cottage CBRF. Data collection continued through 04/14/2026. Three deficiencies were identified. Three of the 3 were repeat deficiencies. See Statement of Deficiency (SOD) MR5611, dated 12/19/2024 and SOD 4ODY15, dated 05/03/2022. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 7	{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 check (CBC) was conducted at the time of hire	{N 219}		

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

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{N 219}	Continued From page 1 for Caregiver C. This is a repeat deficiency. See Statement of Deficiency (SOD) MR5611, dated 12/19/2024. Findings include: On 04/09/2026, Surveyor requested to review Caregiver C's record, including the CBC from House Manager (HM) A. HM A called Administrative Assistant (AA) B via phone and requested s/he send the documentation to Surveyor. On 04/10/2026, Surveyor received an email from AA B including 2 attachments. One of the attachments was an employee roster identifying Caregiver C was hired on 12/19/2025. The second attachment, titled "LS Backg [sic] New" included the following: -A Department of Justice (DOJ) report and Governmental Findings Report (GFR), both dated 04/10/2026, the day after Surveyor made the request. The attachment did not include a background information disclosure (BID) form. On 04/14/2026, Surveyor received an email from AA B with an attachment titled, "LS TB. BID." The body of the email read, "Hello, Sorry, we had a breakdown in communication, and the employee went out and got a new TB test so I have attached it." The attachment included the following: -A BID form signed by Caregiver C. The "Date Signed" section was blank.	{N 219}		

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{N 220}	Continued From page 2	{N 220}		
{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 Caregiver C was screened for clinically apparent communicable disease including tuberculosis (TB) within 90 days before the start of employment. This is a repeat deficiency. See Statement of Deficiency (SOD) MR5611, dated 12/19/2024. Findings include: On 04/09/2026, Surveyor requested to review Caregiver C's record, including his/her health screen and TB test from House Manager (HM) A. HM A called Administrative Assistant (AA) B via phone and requested s/he send the documentation to Surveyor. On 04/10/2026, Surveyor received an email from AA B including 2 attachments. One of the	{N 220}		

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{N 220}	Continued From page 3 attachments was an employee roster identifying Caregiver C was hired on 12/19/2025. No other documentation was received to show Caregiver C was screened for communicable disease, including TB, within 90 days before the start of employment. On 04/14/2026, Surveyor received an email from AA B with an attachment titled, "LS TB. BID." The body of the email read, "Hello, Sorry, we had a breakdown in communication, and the employee went out and got a new TB test so I have attached it." The attachment included the following: -A TB test with a collection date of 04/10/2026, the day after Surveyor requested the documentation.	{N 220}		
{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. 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.	{N 386}		

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{N 386}	Continued From page 4 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 1 of 2 resident records reviewed (Resident 1). This is a repeat deficiency. See Statement of Deficiency (SOD) MR5611, dated 12/19/2024 and SOD 4ODY15, dated 05/03/2022. Findings include: On 04/09/2026, Surveyor reviewed records for Resident 1. Resident 1 had an admission date of 04/05/2025. The record did not contain evidence of an ISP being completed within 30 days after admission. The ISP located was dated 10/15/2025. At approximately 4:45 PM, Surveyor interviewed House Manager (HM) A. When asked about Resident 1's 30-day ISP, HM A stated they did not do a 30-day ISP for Resident 1. HM A stated they did a 6-month ISP with Resident 1's managed care organization (MCO) team member. HM A stated s/he was upset that it did not get done and s/he asked Resident 1's MCO about the 30-day. HM A stated the MCO did not get back to him/her and the ISP meeting did not get scheduled until October. HM A stated s/he was not aware of any other ISPs completed prior to October 2025.	{N 386}		