STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012375	A. BUILDING: _____ B. WING _____	C 11/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CLOVER WAY ADULT FAMILY HOME	**36125 EAST END RD INDEPENDENCE, WI 54747**

(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 11/11/2025, Surveyor conducted an abbreviated licensure and complaint survey at Clover Way Adult Family Home. Data was collected through 11/17/2025. The complaint was substantiated. Two deficiencies were 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 licensee did not ensure 1 (Caregiver B) of 2 service providers had been screened for illnesses detrimental to residents, including for tuberculosis (TB) within 90 days before the start of providing service. Findings include:	M 232		

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

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M 232	Continued From page 1 On 11/11/2025, Surveyor reviewed the employee file for Caregiver B. Caregiver B's date of hire was 09/10/2025. His/her record did not contain documentation of screening for TB. On 11/11/2025 at approximately 2:20 p.m., Surveyor interviewed Social Services Manager (SSM) D and requested the TB test for Caregiver B. SSM D told Surveyor the infection control nurse must still have the documentation. Surveyor requested documentation to indicate Caregiver B was screened for TB to be emailed. On 11/13/2025 at approximately 11:45 a.m., Surveyor interviewed Community Director (CD) A on the phone. Surveyor told CD A, Surveyor did not receive documentation of Caregiver B's TB test. CD A told Surveyor s/he would email the documentation. On 11/17/2025 at approximately 1:00 p.m., Surveyor interviewed CD A on the phone. CD A told Surveyor they could not locate documentation of Caregiver B's TB test. CD A said Caregiver B started the process of doing his/her 2 step TB test last week after they could not locate the documentation. The licensee did not ensure Caregiver B had been screened for illnesses detrimental to residents, including for TB within 90 days before the start of providing service.	M 232		
M 448	88.07(2)(b)5 MONITORING HEALTH Monitoring resident health by observing and documenting changes in	M 448		

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M 448	Continued From page 2 each resident's health and referring a resident to health care providers when necessary. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure podiatry appointments were scheduled as ordered for Resident 1. Findings include: On 06/25/2025, the Department received a complaint with allegations the provider was not following up with podiatry as ordered. On 11/11/2025, Surveyor reviewed Resident 1's record. Resident 1 had multiple diagnoses including: developmental and intellectual disabilities. Diagnoses related to Resident 1's feet included: onychocryptosis (ingrown toenails), and primary focal hyperhidrosis (excessive sweating) - soles of bottom of feet. On 04/16/2025, Social Services Manager (SSM) D documented, in part: "Guardian shared concerns regarding foot care. This writer followed up with the Program Lead to schedule a podiatry appointment..." On 11/11/2025 at approximately 11:45 a.m., Surveyor interviewed SSM D and asked about Resident 1's feet. SSM D told Surveyor Resident 1 had a history of callous build up on his/her feet. SSM D said Resident 1's guardian wanted staff to complete treatments to Resident 1's feet, but they did not have an order for this. SSM D told Surveyor Resident 1 was scheduled to see the	M 448		

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M 448	Continued From page 3 podiatrist on 06/18/2025. Resident 1 was discharged from the facility on 06/16/2025. Surveyor requested documentation from Resident 1's last podiatry appointment. Resident 1's last podiatry appointment was on 06/05/2024. The progress note read: "Toenails were thick, discolored and in need of maintenance." The documentation indicated to schedule the next appointment in 3 - 4 months or as needed. On 11/11/2025 at approximately 12:45 p.m., Surveyor interviewed Program Lead (PL) C. PL C told Surveyor s/he was responsible for scheduling appointments. Surveyor asked why Resident 1 was not scheduled for a follow up podiatry appointment in 3 - 4 months after his/her appointment on 06/05/2024. PL C said s/he was new to his/her position at the time, and s/he missed scheduling the appointment. The provider did not ensure Resident 1 was scheduled to see his/her podiatrist 3 - 4 months after his/her appointment on 06/05/2024.	M 448		