STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012956	A. BUILDING: _____ B. WING _____	R-C 05/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANNA HOUSE (THE)	**2400 KINZIE AVE RACINE, WI 53405**

(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 05/12/2025, Surveyor completed a standard survey, 1 complaint investigation, and a verification visit at The Manna House. Statement of Deficiency N0JQ14 was corrected, and 1 new deficiency was identified. The complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 3	{M 000}		
Z 022	50.065(3)(b) COMPLETE BACKGROUND CHECK PROCESS Every 4 years or at any other time within that period that an entity considers appropriate, the entity shall request the information specified in sub. (2) (b) 1. to 5. for all caregivers of the entity. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a complete background check was completed for 1 of 1 caregiver. Caregiver M was hired on 03/10/2019 and was due to have a background check completed by 03/2023. A complete background check consists of the following:	Z 022		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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Z 022	Continued From page 1	Z 022		

- A completed Background Information Disclosure (BID) form.
- A report of findings from the Department of Justice (DOJ).
- Integrated Background Information System (IBIS) letter from the Department of Health Services (DHS).

Findings include:

The provider is licensed to care for up to 4 residents within the following client groups: irreversible dementia/Alzheimer's disease, physically disabled, traumatic brain injury, developmentally disabled, emotionally disturbed/mental illness, and advanced aged.

On 05/09/2025, at 10:30 AM, Surveyor requested to review Caregiver M's employee records.

Caregiver M's record contained the DOJ, IBIS, and BID dated 03/12/2019. Caregiver M's record did not contain evidence of a completed 4-year background check.

On 05/09/2025, at 10:30 AM, Surveyor interviewed and asked Owner A if s/he could locate the most recent background check for Caregiver M. Owner A reported s/he requested Owner L to complete the background check for Caregiver M, a few weeks ago. Owner A asked Owner L if the background check was completed for Caregiver M, Owner L responded with " it was not done." Owner A reported s/he was aware caregiver background checks needed to be completed every 4 years. Owner A reported s/he would complete Caregiver M's background check immediately.