STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018851	A. BUILDING: _____ B. WING _____	10/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KNAPP CASS ST AFH	216 W CASS ST PRAIRIE DU CHIEN, WI 53821

(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 10/08/2024-10/14/2024, Surveyor conducted a standard survey at Knapp Cass St AFH. One deficiency was identified. Census: 3	M 000		
M 456	88.07(2)(e) ANNUAL HEALTH EXAM The licensee shall ensure that each resident has an annual health exam by a physician. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 3 residents had an annual health exam by a physician. There was no record of annual health exam for Resident 1 and Resident 2 in 2023. Findings include: On 10/08/2024, Surveyor reviewed resident records and identified the following: Resident 1 admitted to the facility on 08/09/2010. Resident 1's record did not contain an annual assessment for 2023. Resident 2 admitted to the facility on 11/01/1972. Resident 2's record did not contain an annual assessment for 2023. On 10/14/2024 at 3:59 PM, Surveyor interviewed Residential Manager A regarding the above concern. Residential Manager A reported the provider went through staffing changes over the last year, which had resulted in some records/appointments being missed. Residential	M 456		

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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M 456	Continued From page 1 Manager A reported s/he could not find evidence Resident 1 and Resident 2 had an annual health exam in 2023.	M 456		