Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017678	A. BUILDING: _____ B. WING _____	R-C 11/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GIFTED HANDS ASSISTED LIVING FACILITY	5209 N 83RD ST MILWAUKEE, WI 53218

(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 11/13/2024, Surveyors conducted a standard survey, verification visit for SOD O0CD11, dated 09/29/2022 and a complaint investigation at Gifted Hands Assisted Living Facility, an Adult Family Home (AFH) in Milwaukee, WI. One deficiency identified. Complaint unsubstantiated. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 4	{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 provider did not ensure 1 of 1 employee (Caregiver H) reviewed was screened for communicable disease, including a tuberculosis (TB). Caregiver H did not have a communicable	M 232		

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

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M 232	Continued From page 1 disease screen or TB skin test completed within 90 days prior to start of service. Findings include: On 11/13/2024, Surveyors requested to review Caregiver H's record from Administrator G. On 11/13/2024 at approximately 3:39 PM, Surveyors received and reviewed Caregiver H's record. Caregiver H was hired on 07/08/2024. Caregiver H's record did not contain evidence of a communicable disease screen or TB skin test. On 11/13/2024 at 4:53 PM, Surveyors interviewed Administrator G. Administrator G confirmed Caregiver H's record did not contain evidence of a communicable disease screen or TB skin test. Administrator G stated s/he did not have Caregiver H's communicable disease screen or TB skin test at this time because it wasn't provided to his/her from temp agency.	M 232		