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
	0013381	A. BUILDING: _____ B. WING _____	C 02/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
OUR HOUSE JANESVILLE MEMORY CARE	4333 PHEASANT RUN RD JANESVILLE, WI 53546

(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 02/27/2024, Surveyor conducted a complaint investigation and standard survey at Our House Janesville Memory Care. One deficiency was identified. The complaint was unsubstantiated. Census: 15	N 000		
Z 012	50.065(2)(bm) OUT OF STATE BACKGROUND CHECKS If the person who is the subject of the search under par. (am) or (b) is not a resident of this state or if at any time within the 3 years preceding the date of the search that person has not been a resident of this state, or if the department or entity determines that the person's employment, licensing, or state court records provide a reasonable basis for further investigation, the department or the entity shall make a good faith effort to obtain from any state or other United States jurisdiction in which the person is a resident or was a resident within the 3 years preceding the date of the search information that is equivalent to the information specified in par. (am) 1. or (b) 1. The department or entity may require the person to be fingerprinted on 2 fingerprint cards, each bearing a complete set of the person's fingerprints. The department of justice may provide for the submission of the fingerprint cards to the federal bureau of investigation for the purposes of verifying the identity of the person fingerprinted and obtaining the records of his or her criminal arrests and convictions.	Z 012		

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

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Z 012	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the provider did not have evidence of making a good faith effort to obtain out of state background check information for 1 of 1 caregiver. Caregiver B indicated on the Background Information Disclosure (BID) form s/he had resided in the state of South Carolina within the previous 3 years. Findings include: On 02/27/2024, Surveyor reviewed Caregiver B's record. Caregiver B was hired 10/13/2023. Caregiver B's completed BID form, dated 10/09/2023, indicated s/he resided in another state (South Carolina) in the previous 3 years. The employee record did not contain evidence the provider had made a good faith effort to obtain state of South Carolina background check. On 02/27/2024 at 2:38 PM, Surveyor interviewed Administrator A. Administrator A acknowledged the provider did not complete an out of state background check for Caregiver B. Administrator A noted s/he overlooked Caregiver B's BID form during the hiring process. Administrator A reported s/he would conduct the required out of state background check for Caregiver B as soon as possible.	Z 012		