

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0015938	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/04/2025
NAME OF PROVIDER OR SUPPLIER STATE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1642 KNOB HILL RD BURLINGTON, WI 53105		
(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 08/31/2025, Surveyor conducted an abbreviated survey at State Home. One deficiency was identified. Census: 4	M 000		
Z 019	50.065(6)(am) Four Year Caregiver Background Requirement Every 4 years an entity shall require its caregivers and nonclient residents to complete a background information form that is provided to the entity by the Department. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure a caregiver background check was conducted every 4 years for each caregiver for 1 of 2 caregivers reviewed. A 4-year background check was not conducted for Caregiver B in 2024. Findings include: The adult family home is licensed to serve up to 4 residents within the client groups of emotionally disturbed/mental illness, traumatic brain injury and developmentally disabled.	Z 019		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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Z 019	Continued From page 1 The complete background check is to include the background information disclosure form (BID), the criminal history search from the department of justice (DOJ), and the information maintained by the department of safety and professional services regarding a person's credentials (IBIS). On 08/01/2025, Surveyor reviewed Caregiver B's record. S/he was hired 03/23/2014. His/her record contained a DOJ and IBIS each dated 01/16/2020 but no additional background checks dated after 01/16/2020. On 08/01/2025 at 11:01 AM, Surveyor interviewed House Manager A who stated a 4-year background check was probably conducted for Caregiver B during summer 2024 and located at the office. House Manager A stated s/he would contact Licensee C for it. Surveyor requested House Manager A submit any background checks conducted for Caregiver B after 01/16/2020 to Surveyor by 11:00 AM on Monday 08/04/2025. At 12:19 PM on 08/04/2025, Surveyor received an email with attached DOJ and IBIS dated 08/04/2025 from provider. No additional background checks dated after 01/16/2020 for Caregiver B were received.	Z 019		