STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019652	A. BUILDING: _____ B. WING _____	06/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREEN	1126 EVERGREEN LN CHIPPEWA FALLS, WI 54729

(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 06/12/2025, Surveyor conducted a standard/probationary licensing survey at Evergreen. Data was collected through 06/16/2025 One deficiency was identified. Census: 2	N 000		
N 219	83.17(1) Licensee conduct caregiver background check Caregiver background check. At the time of hire, employment or contract and every 4 years after, the licensee shall conduct and document a caregiver background check following the procedures in s. 50.065, Stats., and ch. DHS 12. A licensee shall not employ, contract with or permit a person to reside at the CBRF if the person has been convicted of the crimes or offenses, or has a governmental finding of misconduct, found in s. 50.065, Stats., and ch. DHS 12, Appendix A, unless the person has been approved under the department ' s rehabilitation process as defined in ch. DHS 12. This Rule is not met as evidenced by: Based on record review and interview, the provider did not conduct and document caregiver background checks (CBC), following the procedures in s.50.065, Stats., for 2 of 2 caregivers reviewed. The provider did not maintain a copy of Caregiver A's criminal history report from the Department of Justice (DOJ) and did not maintain a copy of	N 219		

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
	0019652	A. BUILDING: _____ B. WING _____	06/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREEN	1126 EVERGREEN LN CHIPPEWA FALLS, WI 54729

(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 219	Continued From page 1 his/her governmental findings report (GFR) from the Department of Health Services (DHS). The provider did not obtain a copy of Caregiver B's criminal complaint and judgment of conviction related to Caregiver B's conviction of a violation of s. 947.01(1) (disorderly conduct). Findings include: At minimum, a CBC contains 3 parts: 1) Background information disclosure form (BID) 2) Criminal history report from the DOJ 3) A GFR from the DHS 50.065(2)(bb) states, in part: "If information obtained under par. (am) or (b) indicates a charge of a serious crime, but does not completely and clearly indicate the final disposition of the charge, the department or entity shall make every reasonable effort to contact the clerk of courts to determine the final disposition of the charge... any other information indicates a conviction of a violation of s. 940.19 (1), 940.195, 940.20, 940.204, 941.30, 942.08, 947.01 (1), or 947.013 obtained not more than 5 years before the date on which that information was obtained, the department or entity shall make every reasonable effort to contact the clerk of courts to obtain a copy of the criminal complaint and judgment of conviction relating to that violation." On 06/12/2025 at approximately 1:30 p.m., Surveyor interviewed Administrator A and requested to review employee files for Caregiver A and Caregiver B. Administrator A told Surveyor the employee files were maintained at the other facility located in Menomonie, WI. Surveyor requested the employee files to be emailed or faxed.	N 219		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019652	A. BUILDING: _____ B. WING _____	06/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREEN	1126 EVERGREEN LN CHIPPEWA FALLS, WI 54729

(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 219	Continued From page 2 On 06/13/2025, Surveyor received an email from Administrator A. The email read, in part: "I have a confirmation on [Caregiver A's] background but I am not able to retrieve the copy of the check anymore and [his/her] original print out is not in [his/her] file. Is it acceptable to run it again and place that in her folder?" The email contained an attached payment confirmation from WI Background Check Services, dated 08/04/2024. On 06/16/2025, Surveyor reviewed the employee files for Caregiver A and Caregiver B. Caregiver A was initially hired on 08/04/2024 and returned to work again on 11/01/2024. Caregiver A's criminal history report and GFR were dated 06/15/2025. Caregiver B's date of hire was 08/01/2024. His/her criminal history report from the DOJ, dated 07/08/2024, indicated s/he was convicted of disorderly conduct on 11/15/2023. On 06/16/2025 at approximately 3:30 p.m., Surveyor interviewed Administrator A on the phone. Surveyor asked if Administrator A had obtained the criminal complaint and judgement of conviction related to Caregiver B's conviction of disorderly conduct. Administrator A told Surveyor s/he did not as s/he did not think it was a criminal charge. The provider failed to maintain Caregiver A's complete caregiver background check and did not obtain additional information related to Caregiver B's conviction of disorderly conduct.	N 219		