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
	0014330	A. BUILDING: _____ B. WING _____	R-C 04/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAPLEWOOD VILLA LLC CBRF	9343 STATE HWY 101 ARMSTRONG CREEK, WI 54103

(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 04/10/2024, Surveyor conducted a complaint investigation, a standard licensure survey and verification visit at Maplewood Villa LLC CBRF. Data collection continued through 04/15/2024. The complaint was unsubstantiated. One deficiency was identified. The deficiency identified in statement of deficiency (SOD) SCFR12 was corrected. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 11	{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	N 219		

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

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N 219	Continued From page 1	N 219		

provider did not conduct a caregiver background check (CBC) for 1 of 2 caregivers reviewed per procedures in s.50.065, Stats., and ch. DHS 12.

Findings include:

On 03/25/2024, the Department received a complaint alleging a staff manager slapped a resident.

The provider is licensed to serve up to 16 residents in the following client groups: advanced aged, physically disabled, developmentally disabled, and traumatic brain injury.

On 04/10/2024, Surveyor reviewed Caregiver C's file. Caregiver C was hired on 04/27/2018. Caregiver C's file contained a CBC, dated 04/27/2018. Caregiver C's file did not include evidence that a CBC was completed since 2018.

On 04/10/2024 at 2:000 PM, Surveyor interviewed Care Manager B. Care Manager B verified Caregiver C's hire date, 04/27/2018. Surveyor asked Care Manager B if Caregiver C had an updated CBC. Care Manager B indicated that if the CBC was not in Caregiver C's file, Administrator A may have it.

On 04/11/2024 at 7:12 AM, Surveyor e-mailed Administrator and asked if Caregiver B had a CBC conducted since s/he was hired on 04/27/2018.

On 04/11/2024 at 7:42 AM, Administrator A noted via e-mail, "I have not done a background check on [Caregiver B] since [s/he] started.....my bad."

On 04/15/2024 at 1:00 PM, Surveyor interviewed Care Manager B. Care Manager B reported that

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N 219	Continued From page 2 s/he was not aware CBC's needed to be done every 4 years. Care Manager B indicated that s/he would speak to Administrator A about completing the CBCs.	N 219		