STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017028	A. BUILDING: _____ B. WING _____	06/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PECAN HOUSE	2406 PECAN STREET GREEN BAY, WI 54311

(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 06/02/2025 with additional information gathered through 06/05/2025, Surveyor conducted an abbreviated survey at Pecan House. As a result of the survey, 2 deficiencies were identified. Census: 3	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 2 of 2 employee records reviewed (House Manager A and Caregiver B) were screened for communicable illness, including tuberculosis (TB), within 90 days before the start of providing service. Findings include: On 06/02/2025 at approximately 1:30 PM, Surveyor requested House Manager (HM) A's and Caregiver B's employee records from	M 232		

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

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M 232	Continued From page 1 Administrator (ADM) C. Surveyor reviewed HM A's employee record. HM A was hired on 05/10/2018. Surveyor observed documentation s/he was screened for TB prior to employment on 06/28/2016. There was no additional documentation in HM A's employee record showing s/he was screened for communicable disease, including TB, within 90 days before his/her hire date of 05/10/2018. Surveyor reviewed Caregiver B's employee record. Caregiver B was hired 08/01/2018. Caregiver B's employee record did not contain documentation Caregiver B had been screened for communicable disease, including tuberculosis. On 06/02/2025 at approximately 2:10 PM, Surveyor interviewed Administrator (ADM) C who confirmed HM A and Caregiver B were not screened for communicable disease, including TB when they were hired. ADM C reported s/he will have all staff schedule a doctor appointment to ensure this is completed. On 06/05/2025 at approximately 8:30 AM, Surveyor interviewed ADM C who acknowledged HM A and Caregiver B were not screened for communicable illness, including tuberculosis (TB), within 90 days before the start of providing service. The provider did not obtain documentation from a physician, a registered nurse or a physician's assistant, for 2 of 2 employee files reviewed, indicating that the service provider had been screened for illness detrimental to residents before the start of providing services, including tuberculosis.	M 232		

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M 262	Continued From page 2	M 262		
M 262	88.05(2)(a) DIFFICULTY WALKING If a resident is not able to walk at all or able to walk only with difficulty, or only with the assistance of crutches, a cane, or walker or is unable to easily negotiate stairs without assistance: 1. The exits from the home shall be ramped to grade with a hard surfaced pathway with handrails. 2. All entrance and exit doors and interior doors serving all common living areas and all bathrooms and bedrooms used by a resident not able to walk at all shall have a clear opening of at least 32 inches. 3. Toilet and bathing facilities used by a resident not able to walk at all shall have enough space to provide a turning radius for the resident's wheelchair and provide accessibility appropriate to the resident's needs. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 2 exits were ramped to grade with hard surfaced pathways with handrails for residents who walk only with difficulty, or only with the assistance of crutches, a cane, or a walker, or are unable to easily negotiate stairs without assistance. The rear exit contained 2 steps from the door to the ground. Resident 1 used a walker to assist with ambulation. Findings include: The facility was licensed on 03/01/2018 to serve 4	M 262		

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M 262	Continued From page 3	M 262		

residents in client groups including developmentally disabled, advanced age and emotionally disturbed/mental illness. The facility was licensed to serve ambulatory residents only.

On 06/02/2025 at approximately 12:00 PM, upon entry into the home Surveyor observed Resident 1 sitting in a chair in the living room with a 4-wheeled walker directly in front of him/her. At 12:30 PM, Surveyor observed Resident 1 ambulating with his/her walker from the living room to his/her bedroom.

On 06/02/2025 at approximately 2:30 PM, Surveyor toured the home and observed the two identified exits of the home. Surveyor observed the front exit was ramped to grade. The rear exit did not have a ramp and contained 2 steps to enter/exit the home.

During an interview with Resident 1 on 06/02/2025 at 3:10 PM, s/he stated s/he uses his/her walker around the house. Resident 1 confirmed it makes him/her feel safe. When Surveyor asked Resident 1 if s/he can walk without the walker, s/he stated, "I can try."

On 06/02/2025 at 12:50 PM, Surveyor interviewed ADM C who confirmed s/he was licensed as ambulatory. ADM C stated Resident 1 admitted to the home on 08/28/2020 and is independent with activities of daily living but requires prompts. ADM C reported Resident 1 has been using a 4-wheeled walker for about a year and prior to that, s/he used a 2-wheeled walker. S/he stated, "[Resident 1] loses [his/her] balance and it helps stabilize [him/her]. [S/he] doesn't always need it, but [s/he] has become pretty dependent on using it." ADM C stated Resident 1 uses the walker both inside and

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M 262	Continued From page 4 outside the home. ADM C also confirmed s/he has not requested a waiver/variance from the Department allowing Resident 1 to reside in the facility while using a walker. On 06/05/2025 at approximately 8:30 AM, Surveyor interviewed ADM C who acknowledged Surveyor's findings. ADM C reported, "[Resident 1] stopped using [his/her] walker after you left and it's still in [his/her] room." ADM C stated s/he will be contacting Resident 1's doctor to get a referral for physical therapy and will also look into a waiver/variance from the Department if needed.	M 262		