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 _____	R 09/03/2025

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 09/02/2025 with additional information gathered through 09/03/2025, Surveyor conducted a verification visit at Pecan House. One (1) of 2 previous deficiencies was a repeat violation. See Statement of Deficiency (SOD) TPK611, dated 06/05/2025. Two (2) new deficiencies were identified. Under statutory provisions of WI Stat. Ch. 50 a $200 revisit fee is being assessed. Census: 4	{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 employees reviewed (House Manager A and Caregiver B) were screened for communicable illness, including tuberculosis (TB), within 90 days before	{M 232}		

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

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{M 232}	Continued From page 1 the start of providing service. House Manager A was hired on 05/10/2018. House Manager A's employee record did not contain a TB test or communicable disease screen. Caregiver B was hired 08/01/2018. Caregiver B's employee record contained a TB test, but no communicable disease screen. This is a repeat deficiency. See Statement of Deficiency (SOD) TPK611, dated 06/05/2025. Findings include: On 09/02/2025 at approximately 1:00 PM, Surveyor conducted a verification visit. Surveyor met with House Manager (HM) A and informed him/her a verification visit was being conducted to verify compliance with the previous deficiencies. HM A contacted Administrator (ADM) C via phone and explained the reason for Surveyor's visit. HM A reported, "[ADM C] would be here shortly with the information." On 09/02/2025 at 1:07 PM, Surveyor interviewed HM A who confirmed s/he has not completed his/her communicable disease screen and TB test. HM A stated, "I haven't had a chance to get to the doctor yet." On 09/02/2025 at approximately 1:15 PM, Surveyor interviewed ADM C who reported Caregiver B completed his/her TB screen and provided the documentation. Surveyor reviewed the documentation which verified Caregiver B completed his/her TB test on 07/15/2025. Surveyor did not observe any additional information in the documentation to show	{M 232}		

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{M 232}	Continued From page 2 Caregiver B was also screened for communicable diseases. Surveyor asked ADM C if there was any additional documentation to verify Caregiver B was also screened for communicable diseases. ADM C reported, "I do not have any other documentation. I gave [Caregiver B] the form to have the doctor complete it, but we never got it back. [Caregiver B] said [his/her] doctor misplaced it." ADM C also verified s/he did not have any documentation to show HM A completed his/her communicable disease screen and TB test. ADM C reported s/he will make sure all staff complete the communicable disease screen in addition to the TB test. 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}		
M 404	88.06(3)(a) INDIVIDUAL SERVICE PLAN & ASSESSMENT The licensee shall ensure that a written assessment and individual service plan is completed and developed for each resident within 30 days after placement. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure individual service plans (ISP) were developed for 1 of 1 residents within 30 days after	M 404		

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M 404	Continued From page 3	M 404		

placement. Resident 2 did not have an ISP completed within 30 days.

Findings include:

On 09/02/2025 at 1:00 PM, Surveyor conducted a verification visit. While onsite, Surveyor observed the following:

At approximately 1:30 PM, Surveyor observed Resident 2 leave independently to go into the community unsupervised with $10.00.

At 2:05 PM, Surveyor observed Resident 2's room accompanied by ADM C. Surveyor observed the room was in disarray. The bed was unmade, 2 of 3 pillows did not have pillowcases and were dirty with stains, and a fitted sheet covering the mattress was unclean with black spots and brown/tan staining. Most of the floor was overflowing with clothes, blankets, 2 empty pill bottles, a suitcase, garbage, loose paper, notebooks, small black crafting beads and other items. ADM C confirmed Surveyor's observations and stated Resident 2 moved into the home about 2 months ago. ADM C acknowledged staff will need to assist him/her with keeping his/her room clean and laundry services.

During an interview with Resident 2 after s/he arrived back to the home at approximately 2:15 PM, Surveyor asked Resident 2 when his/her sheets were washed last, s/he stated "I don't know. They never showed me how to use the washer or dryer." Resident 2 recognized s/he had difficulties keeping his/her room clean and stated s/he would like staff's help.

At 2:07 PM, Surveyor interviewed House Manager (HM) A and ADM C. HM A reported they

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M 404	Continued From page 4	M 404		

deep clean resident rooms "periodically." HM A stated, "[Resident 2] doesn't listen when [s/he] is asked to clean [his/her] room." Surveyor asked to review Resident 2's ISP from ADM C. S/he confirmed s/he did not have an ISP for Resident 2 as they use the care plan from the Managed Care Organization (MCO) and his/her care manager has been on leave. ADM C reported Resident 2 admitted to the home on 07/02/2025 with diagnoses to include Autism and Attention Deficit Hyperactivity Disorder (ADHD).

At 4:32 PM, Surveyor sent an email to ADM C making an additional request for information to include any assessments for Resident 2. Surveyor asked for this information to be provided by 10:00 AM on 09/03/2025. As of 09/03/2025 at 10:00 AM, Surveyor did not receive the requested documentation.

On 09/03/2025 at 10:55 AM, Surveyor conducted a follow up interview with ADM C about the requested documentation. ADM C reported s/he did not see the email as s/he did not have time to check. S/he stated s/he meets with the MCO and the resident prior to admission to ensure they are a "good fit" for the home, and an assessment is done at that time. S/he stated, "I ask the care team then what cares they require upon admission." ADM C reported Resident 2 is allowed to go into the community by him/herself "all day if [s/he] wanted," but they like him/her to check in after 4-5 hours. ADM C stated, "[Resident 2] is [his/her] own person. [S/he] tells me what [s/he] wants to do and is good about telling us where [s/he] is going." ADM C confirmed s/he did not have an ISP for Resident 2 and stated, "It slipped my mind I needed to do my own care plans." ADM C stated s/he would fax Resident 2's assessment to Surveyor.

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M 404	Continued From page 5 On 09/03/2025 at 4:00 PM, Surveyor again requested Resident 2's assessment. As of the end of the day on 09/03/2025, no additional information was received. The provider did not have an ISP completed and developed within 30 days after placement.	M 404		
M 410	88.06(3)(d) INDIVIDUAL SERVICE PLAN The individual service plan shall contain at least the following: This Rule is not met as evidenced by: Based on record review and interview, the provider did not develop an individual service plan (ISP) to address the needs and abilities in the areas of activities of daily living, medications, health, level of supervision required in the home and community, vocational, recreational, social and transportation, for 1 of 1 (Resident 1) residents reviewed. Resident 1 admitted to the facility in 2020 and his/her record did not contain an ISP. Findings include: The provider is licensed to care for up to 4 residents in the client groups of developmentally disabled, advanced age and emotionally disturbed/mental illness.	M 410		

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M 410	Continued From page 6 On 09/02/2025 at 1:00 PM, Surveyor conducted a verification visit. While onsite, Surveyor observed the following: At 2:00 PM, Surveyor observed Resident 1's bedroom accompanied by Administrator (ADM) C. Surveyor observed an odor of urine and the room was in disarray. The bed was unmade, a laundry basket was nearly overflowing with clothes, several dresser drawers were open with clothes spilling out, there were clothing and other items all over the floor and a saturated brief in a garbage can near the door. ADM C confirmed Surveyor's observations and said staff assist Resident 1 with cleaning his/her room, but s/he is specific on what staff can help him/her and s/he will often refuse. ADM C stated the smell of urine was most likely coming from Resident 1's laundry basket. Surveyor requested to review Resident 1's ISP from ADM C. At 2:07 PM, Surveyor interviewed ADM C who stated s/he does not have an ISP for Resident 1 as they use the care plan from the Managed Care Organization (MCO). Surveyor asked ADM C to email Resident 1's MCO care plan by the end of the day on 09/02/2025. As of 4:30 PM on 09/02/2025, ADM C did not send the requested documentation from the MCO. At 4:32 PM, Surveyor sent an email to ADM C making a 2nd request for the information and requesting any assessments for Resident 1. Surveyor asked for this information to be provided by 10:00 AM on 09/03/2025. As of 09/03/2025 at 10:00 AM, Surveyor did not receive the requested documentation. On 09/03/2025 at 10:55 AM, Surveyor conducted	M 410		

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M 410	Continued From page 7 a follow up interview with ADM C about the requested documentation. ADM C reported s/he did not see the email as s/he has not had time to check. S/he stated s/he meets with the MCO and the resident prior to admission to ensure they are a "good fit" for the home, and an assessment is done at that time. S/he stated, "I ask the care team then what cares they require upon admission." ADM C confirmed Resident 1 admitted to the home in 2020 with diagnoses to include developmentally disabled, depression and anxiety, and recently received a new diagnosis of schizophrenia. ADM C stated, "I don't have a recent MCO care plan in [Resident 1's] file and I can't get into it online. I'll have to call them. We have been working together and it has all aligned. It slipped my mind I needed to do my own care plans."	M 410		