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 01/07/2026

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 01/06/2026 with additional information gathered through 01/07/2026, Surveyor conducted a verification visit at Pecan House. One (1) of 3 previous deficiencies was a repeat violation for a third time. One (1) of 3 previous deficiencies was repeat violation for a second time. One (1) of 3 previous deficiencies was corrected. See Statement of Deficiency (SOD) TPK611, dated 06/05/2025 and TPK612, dated 09/03/2025. Under statutory provisions of WI Stat. Ch. 50 a $200 revisit fee is being assessed. 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 employees reviewed (House Manager A and Caregiver B)	{M 232}		

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

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{M 232}	Continued From page 1 were screened for communicable illness, including tuberculosis (TB), within 90 days before 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 requirement is being cited for the third time. See Statement of Deficiency (SOD) TPK611, dated 06/05/2025 and TPK612, dated 09/03/2025. Findings include: On 01/06/2026 at 9:00 AM, Surveyor conducted a verification visit at the home. 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 reported Administrator (ADM) C was not available today and had all of the required documentation. HM A attempted to contact ADM C via phone, but was not able to reach him/her. On 01/06/2026 at 9:10 AM, 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 gone to the doctor yet." Surveyor asked HM A if s/he was aware if Caregiver B completed his/her communicable disease screen. HM A stated Caregiver B completed the screening, but ADM C had the information. Surveyor provided HM A with Surveyor's contact information and asked him/her	{M 232}		

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{M 232}	Continued From page 2 to have ADM C contact Surveyor. On 01/06/2026 at 3:26 PM, Surveyor attempted to contact ADM C via phone and left a message. On 01/06/2026 at 3:45 PM, Surveyor sent a follow up email to ADM C requesting documentation to be emailed by 01/07/2026 at 10:00 AM. As of 10:00 AM on 01/07/2026, no information was received from ADM C. On 01/07/2026 at 11:49 AM, Surveyor attempted to contact ADM C via phone and left a message. On 01/07/2026 at 1:27 PM, Surveyor sent a follow up email to ADM C requesting documentation to be emailed by 01/07/2026 at 3:00 PM. As of 3:00 PM on 01/07/2026, no information was received from ADM C. 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 410}	88.06(3)(d) INDIVIDUAL SERVICE PLAN The individual service plan shall contain at least the following:	{M 410}		

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{M 410}	Continued From page 3 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 2 of 2 (Resident 1 and Resident 2) residents reviewed. Resident 1 admitted to the home in 2020 and his/her record did not contain an ISP. Resident 2 admitted to the home on 07/02/2025 and his/her record did not contain an ISP. This is a repeat deficiency. See Statement of Deficiency (SOD) TPK612, dated 09/03/2025. 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. On 01/06/2026 at 9:00 AM, 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 reported Administrator (ADM) C was unavailable today and had all of the required documentation. HM A attempted to contact ADM C via phone, but was not able to reach him/her. Surveyor provided HM A with Surveyor's contact information and asked him/her to let ADM C know to contact Surveyor. While onsite, Surveyor observed the following:	{M 410}		

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{M 410}	Continued From page 4 RESIDENT 1 On 01/06/2026 at 9:25 AM, Surveyor observed Resident 1's room accompanied by HM A. Surveyor observed Resident 1's bed was unmade, a laundry basket overflowing with clothes, a tied-up garbage bag near the laundry basket with an unknown piece of clothing, clothing and garbage on the floor including wrappers, a used cotton swab containing a yellow/orange substance resembling ear wax and a used brief. Surveyor also observed a container of "OdoBan," an odor absorber sitting on a television stand near the door. Surveyor interviewed HM A who discussed that Resident 1 is capable of cleaning his/her room with reminders from staff. HM A stated, "Mornings are difficult for [him/her]. [S/he] is more motivated in the afternoon." Surveyor asked when the last time Resident 1's laundry was done or his/her room was cleaned and HM A reported, "Today is [his/her] laundry day. I can clean [his/her] room and come in the next day to it looking just like this." RESIDENT 2 On 01/06/2026 at 9:35 AM, Surveyor interviewed Resident 2 in his/her room. While speaking with Resident 2, Surveyor observed his/her room was in disarray and similar to Surveyor's previous visit. His/her bed was unmade, and the pillowcases and sheets were dirty with stains. The hardwood flooring was visible in spots but contained garbage, wrappers, clothing, shoes, hangers and other items. Surveyor observed dust and crumbs along the baseboards. When Surveyor asked if staff help him/her clean his/her room, Resident 2 stated, "They have never come in here to help	{M 410}		

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{M 410}	Continued From page 5 me. When I ask staff they tell me to put stuff in the basement. That is not what I need. It's hard with my ADHD. I need help." On 01/06/2026 at 3:26 PM, Surveyor attempted to contact ADM C via phone and left a message. On 01/06/2026 at 3:45 PM, Surveyor sent a follow up email to ADM C requesting documentation to be emailed by 10:00 AM on 01/07/2026. As of 10:00 AM on 01/07/2026, no information was received. On 01/07/2026 at 11:49 AM, Surveyor attempted to contact ADM C via phone and left a message. On 01/07/2026 at 1:27 PM, Surveyor sent a follow up email to ADM C requesting documentation to be emailed by 3:00 PM on 01/07/2026. As of the end of the day on 01/07/2026, no information was received.	{M 410}		