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
	510138	A. BUILDING: _____ B. WING _____	C 07/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRACE EDGEWOOD	2512 SPOONER AVE ALTOONA, WI 54720

(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 07/29/2024, Surveyor conducted an abbreviated survey at Grace Edgewood. One deficiency was identified. Census: 43	N 000		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 4 employees were screened for communicable disease, including tuberculosis (TB) within 90 days before the start of employment. Findings include: On 07/30/2024, Surveyor requested to review employee records. Caregiver C had a hire date of 10/09/2023.	N 220		

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

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N 220	Continued From page 1 Caregiver D had a hire date of 05/31/2024. On 07/29/2024 at 11:40 AM, Chief Operating Officer (COO) A informed Surveyor that Caregiver C had completed a communicable disease screening, but did not have a TB test. COO A further stated they could not locate a TB test for Caregiver D but were in the process of searching for it. On 07/29/2024 at 11:56 AM, Administrator B informed Surveyor they were unable to locate TB test documentation for Caregiver C and Caregiver D.	N 220		