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
	0014283	A. BUILDING: _____ B. WING _____	C 08/28/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIELD OF DREAMS ASSISTED LIVING	505 BELITZ DR KIEL, WI 53042

(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 08/24/2023 with additional information gathered through 08/28/2023, Surveyor conducted a standard survey and complaint investigation at Field of Dreams Assisted Living. As a result, the complaint was unsubstantiated and 1 deficiency was identified. Census: 20	N 000		
N 302	83.28(4)(a) Resident health screening and documentation Resident health screening. 1. Within 90 days before or 7 days after admission, a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse shall screen each person admitted to the CBRF for clinically apparent communicable disease, including tuberculosis, and document the results of the screening. 2. Screening for tuberculosis and all immunizations shall be conducted using centers for disease control and prevention standards. 3. The CBRF shall maintain the screening documentation in each resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident (Resident 1) was screened within 90 days before or 7 days after admission for clinically apparent communicable diseases including tuberculosis. Findings include:	N 302		

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

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N 302	Continued From page 1 On 08/24/2023 at approximately 10:30 AM, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 07/08/2021. Resident 1's record did not contain evidence of a health screening for communicable disease including evidence of tuberculosis test. On 08/24/2023 at approximately 2:00 PM, Surveyor interviewed Administrator A who stated s/he thought Resident 1's screening for communicable disease including evidence of tuberculosis was in his/her record. Administrator A searched through Resident 1's record and found an immunization document s/he thought included evidence of a tuberculosis test. Surveyor and Administrator A reviewed the immunization document; however, both did not see evidence it was completed. Administrator A stated s/he would reach out to the previous facility Resident 1 was at and see if they have any documentation. Administrator A reported s/he would provide an update to Surveyor on 08/25/2023. On 08/25/2023 at 10:33 AM, Surveyor reached out to Administrator A via phone. Administrator A verified Resident 1 was last screened for tuberculosis on 01/29/2018. Administrator A acknowledged the screening for communicable disease including evidence of tuberculosis was not completed on Resident 1 when s/he was admitted to their facility on 07/08/2021. The provider did not ensure all residents were screened within 90 days before or 7 days after admission for clinically apparent communicable diseases including tuberculosis.	N 302		