STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018628	A. BUILDING: _____ B. WING _____	R-C 01/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ABRIDGE CARE COTTAGE OF KEWAUNEE	1100 BAUMEISTER DR KEWAUNEE, WI 54216

(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 01/06/2026 with additional information gathered through 01/07/2026, Surveyor conducted a verification visit at Abridge Care Cottage of Kewaunee. Six (6) of 7 previous deficiencies were corrected. One (1) of 7 deficiencies was a repeat deficiency. See Statement of Deficiency (SOD) XI2Z12, dated 08/27/2025. Under statutory provisions of WI Stat. Ch. 50 a $200 revisit fee is being assessed. Census: 17	{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 1 of 1 staff (Caregiver L) reviewed was screened for clinically apparent	{N 220}		

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

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{N 220}	Continued From page 1 communicable disease within 90 days before the start of employment. Caregiver L was hired 12/01/2025. Caregiver L's employee record contained a TB test, but no communicable disease screen. This is a repeat deficiency. See Statement of Deficiency (SOD) XI2Z12, dated 08/27/2025. Findings include: On 01/06/2026 at 11:00 AM, Surveyor conducted a verification visit at the facility. Surveyor met with Executive Director (ED) K and informed him/her a verification visit was being conducted to verify compliance with the previous deficiencies. ED K reported s/he was newer to his/her role and would try and locate the requested documentation. On 01/06/2026 at 11:45 AM, Surveyor reviewed employee records onsite and requested an additional employee record via email from ED K on 01/07/2026. On 01/07/2026 at 1:50 PM, Surveyor reviewed Caregiver L's record to verify compliance with communicable disease screening requirements. The following was identified: -- Caregiver L was hired on 12/01/2025. His/her record contained a TB test dated 12/01/2025. Caregiver L's record did not contain evidence s/he was screened for communicable diseases. On 01/07/2026 at 1:53 PM, Surveyor sent a follow up email to ED K asking if s/he had any additional documentation to provide showing Caregiver L was screened for communicable diseases.	{N 220}		

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{N 220}	Continued From page 2 On 01/07/2026 at 2:24 PM, Surveyor received an email with an attachment from ED K stating, "[S/he] does have one but it wasn't signed by the nurse which is being corrected. I honestly thought I had it signed and I didn't that was my mistake when I filed it." The attachment consisted of a communicable disease screening with a signature from Caregiver L and a date of 12/01/2025. Surveyor observed the screener signature was blank and next to it was a handwritten date of 12/01/2025. On 01/07/2026 at 3:06 PM, Surveyor received a follow up email from ED K stating, "I have the signed form I'll send it!" At 3:15 PM, Surveyor received an additional email with an attachment from ED K to include Caregiver L's communicable disease screening with a screener signature from Nurse M. The provider did not obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating employees were screened for clinically apparent communicable disease within 90 days before the start of employment.	{N 220}		