STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	110491	A. BUILDING: _____ B. WING _____	R 09/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROOKDALE SUN PRAIRIE	650 BROADWAY ST SUN PRAIRIE, WI 53590

(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 09/06/2023, Surveyor conducted a verification visit at Brookdale Sun Prairie, a CBRF in Sun Prairie. One deficiency was identified. This deficiency is a repeat deficiency - See Statement of Deficiency (SOD) YWN011, dated 03/17/2023. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 16	{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 caregivers reviewed were screened for clinically apparent communicable disease, including tuberculosis, within 90 days before the start of employment. Caregiver G and Caregiver J were not screened	{N 220}		

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

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{N 220}	Continued From page 1 for communicable disease, including tuberculosis prior to hire. This is a repeat deficiency. See Statement of Deficiency (SOD) YWN011, dated 03/17/2023. Findings include: On 09/06/2023 at approximately 9:00 a.m., Surveyor reviewed employee records, which documented the following: - Caregiver G was hired on 10/11/2021. Caregiver G's record did not include a communicable disease screen, including a tuberculosis test. - Caregiver J was hired on 04/14/2023. Caregiver J's record did not include a communicable disease screen, including a tuberculosis test. On 09/06/2023 at approximately 10:00 a.m., Surveyor reviewed concern with Administrator I that Caregiver G and Caregiver J's record did not include communicable disease screens. Administrator I stated s/he needed to follow up on outside records to obtain the tuberculosis screens. On 09/06/2023 at approximately 3:30 p.m., Surveyor received documentation from Administrator I that included the following: - Caregiver G had a tuberculosis test administered on 09/14/2021, but did not return to the clinic to have the results read. - Caregiver J had a public health letter, dated 04/16/2015, stating s/he had been treated for latent tuberculosis infection. The letter stated, "While the medication you took is very effective in curing [tuberculosis] infection and preventing active disease, there is a slight chance you could	{N 220}		

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{N 220}	Continued From page 2 develop active disease in the future ....". Caregiver J's record did not include any tuberculosis testing within 90 days prior to his/her hire. Administrator I stated s/he was unable to locate a recent chest xray. On 09/08/2023 at approximately 9:00 a.m., Administrator I followed up with Surveyor regarding Caregiver G's tuberculosis test not being read and stated the facility's RN would administer a tuberculosis test and read the test next week.	{N 220}		