STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017523	A. BUILDING: _____ B. WING _____	R 07/05/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MENDOTA ASSISTED LIVING	115 STRANGEWAY AVE LODI, WI 53555

(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 07/05/2023, the Bureau of Assisted Living, Southern Regional Office conducted a verification visit at Mendota Assisted Living, an AFH located in Lodi, WI. As a result of the survey, 2 violations of Chapter DHS 88 were issued. Two violations are repeat violations from previous SOD Z64513 dated 03/15/2023. Three violations from previous SOD Z64513 were corrected. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 2	{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 that 2 of 3 employees	{M 232}		

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

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{M 232}	Continued From page 1 reviewed were screened for illnesses detrimental to residents including tuberculosis. Caregivers C and D did not have documented communicable disease screens. This is a repeat violation from previous Statement of Deficiency (SOD) Z64513 dated 03/15/2023. Findings include: On 07/05/2023, Surveyor reviewed Caregiver C's employee file. Caregiver C was hired 03/04/2020. There was no documented communicable disease screen/test in Caregiver C's file. On 07/05/2023, Surveyor reviewed Caregiver D's employee file. Caregiver D was hired 10/25/2022. There was no documented communicable disease screen/test in Caregiver D's file. On 07/05/2023 at 12:00 PM, Surveyor discussed the above concern with Licensee A. Licensee A acknowledged that all employees must be screened for communicable diseases including tuberculosis. Licensee A acknowledged that Caregiver C and Caregiver D did not have documented communicable disease screens. Licensee A asked if there were any exceptions for screening for communicable disease. It was discussed that caregivers cannot be allowed to work with residents if they contracted a communicable disease and the only way to know is to be tested/screened. Licensee A agreed.	{M 232}		
{M 276}	88.05(3)(a) HOME ENVIRONMENT An adult family home shall be safe,	{M 276}		

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{M 276}	Continued From page 2 clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a safe, clean and homelike environment appropriate for resident needs. The dryer vent was still of the flex type material and there were combustibles within 3 feet of the water heater. This is a repeat violation from previous Statement of Deficiency (SOD) Z64511 dated 06/17/2021, SOD Z64512 dated 09/06/2022 and SOD Z64513 dated 03/15/2023. Findings include: On 07/05/2023 at 9:30 AM, Surveyor toured the physical environment. OBSERVATIONS: The common areas of the facility had recently been painted. There were no covers on the electrical outlets/light switches totaling 10 covers. On 07/05/2023 at 9:45 AM, Surveyor interviewed Licensee A. Licensee A stated that s/he had painted the hallways and common areas a few weeks ago but, "I haven't gotten around to putting the electrical covers back up yet." There was flex style ducting on the clothes dryer.	{M 276}		

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{M 276}	Continued From page 3 On 07/05/2023 at 12:00 PM, Surveyor discussed the above concerns with Licensee A. Licensee A acknowledged that the electrical covers need to be put up. Licensee A acknowledged that combustibles cannot be within 3 feet of a furnace or water heater. Licensee A acknowledged that dryer ducting must be of the rigid type. There was a stack of empty cardboard boxes within 3 feet of the water heater.	{M 276}		