

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0016455	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/26/2026
NAME OF PROVIDER OR SUPPLIER OAK RIDGE AFH		STREET ADDRESS, CITY, STATE, ZIP CODE W9340 DELANY ELROY, WI 53929		
(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 08/18/2026, Surveyor conducted an abbreviated licensure survey at Oak Ridge AFH. Data collection continued through 08/26/2026. Two deficiencies were identified. One of the 2 deficiencies was a repeat violation; see Statement of Deficiency U4UW11, dated 04/12/2022. Census: 4	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 1 of 2 caregivers were screened for communicable disease, including tuberculosis (TB), within 90 days before the start of providing service. This is a repeat deficiency. See Statement of Deficiency (SOD) U4UW11, dated 04/12/2022.	M 232		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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M 232	Continued From page 1 Findings include: On 08/18/2026, Surveyor requested to review employee records. Caregiver B was hired on 04/07/2025. Caregiver B's record did not contain a communicable disease screening. On 08/20/2026 at 2:43 PM, Surveyor received an email from Director of Residential Operations (DORO) A. DORO A responded in part, "Regarding [Caregiver B's] communicable disease, [s/he] stated that [s/he] had that completed prior however we did not receive that document. We have asked that [s/he] contact [his/her] provider to obtain a copy." On 08/26/2026 at 1:45 PM, Surveyor interviewed DORO A. DORO A stated s/he was unable to provide evidence communicable disease screening was completed upon hire for Caregiver B.	M 232		
Z 012	50.065(2)(bm) OUT OF STATE BACKGROUND CHECKS If the person who is the subject of the search under par. (am) or (b) is not a resident of this state or if at any time within the 3 years preceding the date of the search that person has not been a resident of this state, or if the department or entity determines that the person's employment, licensing, or state court records provide a reasonable basis for further investigation, the department or the entity shall make a good faith effort to obtain from any state or other United	Z 012		

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Z 012	Continued From page 2 States jurisdiction in which the person is a resident or was a resident within the 3 years preceding the date of the search information that is equivalent to the information specified in par. (am) 1. or (b) 1. The department or entity may require the person to be fingerprinted on 2 fingerprint cards, each bearing a complete set of the person's fingerprints. The department of justice may provide for the submission of the fingerprint cards to the federal bureau of investigation for the purposes of verifying the identity of the person fingerprinted and obtaining the records of his or her criminal arrests and convictions. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a good faith effort was made to obtain an out of state background check for 1 of 1 employee records reviewed who indicated on the Background Information Discloser (BID) form that the employee lived out of state within three years prior to the date of the search. This had the potential to affect 4 out of 4 residents. Findings include: On 08/18/2026, Surveyor requested to review employee records. Caregiver B was hired on 04/07/2025. Caregiver B completed a Background Information Disclosure (BID) on 04/23/2025, which indicated s/he lived in Tennessee within the last 3 years prior to hire. The Department of Justice (DJ) and	Z 012		

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Z 012	Continued From page 3 Governmental Findings Record (GFR) background check information report was dated 04/03/2025. On 08/20/2026 at 2:43 PM, Surveyor received an email from Director of Residential Operations (DORO) A. DORO A responded in part, "Regarding [Caregiver B's] BID, it would be correct that [s/he] disclosed residing outside of WI in the state of Tennessee and we did not in fact run the background on [him/her]. We will correct this at this time." On 08/26/2026 at 1:45 PM, Surveyor interviewed DORO A. DORO A confirmed Caregiver B did not have evidence an out of state background check was completed at the time of hire.	Z 012		