STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	110454	A. BUILDING: _____ B. WING _____	09/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAMARITAN HOUSE	875 WEST SIDE DR RICHLAND CENTER, WI 53581

(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 09/17/2024, the bureau of assisted living southern regional office conducted a standard survey at Samaritan House a CBRF located in Richland Center, WI. As a result of this survey, 1 violation of DHS Chapter 83 was issued. Census: 7	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 documentation was obtained from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating 2 of 2 employees reviewed had been screened for clinically apparent communicable disease including tuberculosis using centers for disease control and prevention standards and screening/documentation was	N 220		

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

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N 220	Continued From page 1 completed within 90 days before the start of employment. On 09/17/2024, Surveyor reviewed Caregiver B's record. On 06/24/2022, County Nurse E documented Caregiver B's one-step tuberculin skin test was positive for possible tuberculosis infection. County Nurse E documented discussion with Caregiver B regarding the need for further testing to verify and/or rule out tuberculosis infection. The Center for Disease Control and Prevention (CDC) guidelines for tuberculosis screening for health care workers (HCWs) are as follows, "TB Screening Procedures for Settings (or HCWs) Classified as Low Risk ... All HCWs should receive baseline TB screening upon hire, using two-step TST or a single BAMT (blood test measuring interferon gamma protein) to test for infection with M. tuberculosis. After baseline testing for infection with M. tuberculosis, additional TB screening is not necessary unless an exposure to M. tuberculosis occurs...HCWs with a baseline positive or newly positive test result for M. tuberculosis infection (i.e., TST or BAMT) or documentation of treatment for LTBI or TB disease should receive one chest radiograph result to exclude TB disease (or an interpretable copy within a reasonable time frame, such as 6 months) ...". (Source: The Center for Disease Control and Prevention Website, Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, December 30, 2005, https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5417a1.htm (retrieval date - September 18, 2024).) FINDINGS INCLUDE:	N 220		

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N 220	Continued From page 2 On 09/17/2024, Surveyor arrived at facility for a standard survey. On 09/17/2024, Surveyor reviewed facility staff records. EXAMPLE 1: Caregiver B On 09/17/2024, Surveyor reviewed facility staff roster. Caregiver B was hired on 02/10/2024. On 09/17/2024, Surveyor reviewed a document titled, "RICHLAND COUNTY HEALTH & HUMAN SERVICE, PUBLIC HEALTH TUBERCULIN SKIN TEST CONSENT AND RECORD." Surveyor reviewed Caregiver B/s name was documented at the top. On 06/27/2022 at 10:40 AM, County Nurse E documented Caregiver B had developed 12 mm (millimeters) of induration (redness/swelling) around the site where the tuberculin solution had been subcutaneously (directly below the top layer of skin) administered approximately 48 hours prior. County Nurse E documented Caregiver B had a positive TB skin test as evidenced by induration greater than 10 mm. County Nurse E wrote a handwritten note, "06-24-2022 @1150 Am: Spanish speaking client presented for TB skin: writer wil (sic.) use language line... [Interpreter F] ... reviewed risk of a positive TB skin test due to history of BC6 vaccine ... consulted with [Health Officer G] reviewed CDC guideline & read the IGRA (interferon gamma release assay) blood test is preferred screening method...client present to discuss recommendation for IGRA test...". EXAMPLE 2: Caregiver C On 09/17/2024, Surveyor reviewed facility staff roster. Caregiver C was hired on 01/30/2023.	N 220		

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N 220	Continued From page 3 On 09/17/2024, Surveyor reviewed a document titled, "RICHLAND COUNTY HEALTH & HUMAN SERVICE, PUBLIC HEALTH TUBERCULIN SKIN TEST CONSENT AND RECORD." On 01/09/2023, County Nurse I documented the result of a negative (0 mm induration) one-step tuberculin skin test. EXIT INTERVIEW: On 09/17/2024 at 12:00 PM, Surveyor discussed the above concerns with Director A and Director H. Director A and Director H acknowledged Caregiver B and Caregiver C had not been screened for tuberculosis utilizing a two-step tuberculin skin test, IGRA blood test and/or chest x-ray. Director A and Director H acknowledged Caregiver B's one-step tuberculin skin test was documented as positive. Director A and Director H acknowledged facility did not have documentation of Caregiver B having further testing to verify the absence or presence of a TB infection. Director A and Director H acknowledged per CDC guidelines stated HCWs are to be screened for TB utilizing a 2-step tuberculin skin test or BAMT (IGRA) before the start of employment. Director A stated if s/he found documentation of Caregiver B's IGRA or chest x-ray s/he would email the document to Surveyor by end of the day. On 09/18/2024 at 2:04 PM, Surveyor had not received any further documentation from the facility.	N 220		