Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018565	A. BUILDING: _____ B. WING _____	08/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CONCORD HEIGHTS 1	304 EAST HAVEN WATERTOWN, WI 53094

(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 08/06/2025, Surveyor conducted an abbreviated survey at Concord Heights 1, an AFH in Watertown. One deficiency was identified. 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 1 caregivers reviewed had been screened for illness determinantal to residents, including for tuberculosis, within 90 days before the start of providing care. Caregiver B was not screened for communicable disease until greater than 60 days after his/her start date and did not have a tuberculosis test completed. Findings include:	M 232		

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

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M 232	Continued From page 1 On 08/06/2025 at 11:45 a.m., Surveyor reviewed employee records provided by Coordinator of Administrative Services A. Records indicated Caregiver B was hired on 10/01/2024. Caregiver B's record included a communicable disease screen, dated 12/15/2024, greater than 60 days after Caregiver B was hired. The record did not include a tuberculosis test. On 08/06/2025 at 11:45 a.m., Surveyor interviewed Coordinator of Administrative Services A and shared concern that Caregiver B did not have a communicable disease screen completed until greater than 60 days after hire and that his/her record did not include documentation of a tuberculosis test. Coordinator of Administrative Services A confirmed Caregiver B's start date and confirmed the provider did not have a tuberculosis test on file.	M 232		