STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016533	A. BUILDING: _____ B. WING _____	R 03/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIPLEY SHORES AFH	N1989 RIPLEY SHORES DRIVE SARONA, WI 54870

(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 03/07/2025, Surveyor conducted a verification visit at Ripley Shores AFH. One violation was identified. This violation was a repeat deficiency. See Statement of Deficiency (SOD) BOLC13, dated 01/08/2024 and N98I11, dated 04/07/2021. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 3	{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 2 of 2 employees were screened for illness, including for tuberculosis (TB), within 90 days prior to providing service. This is a repeat deficiency. See Statement of Deficiency (SOD) BOLC13, dated 01/08/2024	{M 232}		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{M 232}	Continued From page 1 and SOD N98I11, dated 04/07/2021. Findings include: The Department of Health Services publication Tuberculosis Screening and Testing: Health Care Personnel (HCP) and Caregivers (including assisted living staff) states: "Perform baseline testing for all HCP and caregivers without documented evidence of prior LTBI [latent tuberculosis] or TB disease... IGRA [blood test] or TST [tuberculin skin test] may be performed; IGRA is preferred... If TST is used as the baseline testing, 2-step testing is recommended for HCP and caregivers who have not had TST testing previously or have only had one negative TST test greater than 12 months ago. If 2 or more TST tests have been previously performed, all results are negative, and documentation of results is available, a one-step TST may be performed before hire." (Retrieved 03/07/2025 from https://dhs.wisconsin.gov/publications/p02382.pdf) On 03/07/2025, Surveyor reviewed 2 employee records. Registered Nurse (RN) B was hired 04/26/2024. His/her record included a communicable health screen and TB baseline test completed in 2021. Caregiver C was hired on 04/29/2024. Caregiver C's record included a 1-step TST, dated 03/29/2024. The record did not include evidence Caregiver C was screened for other communicable illness. At 9:08 AM, Surveyor interviewed Licensee A. Licensee A stated RN B provided Licensee A	{M 232}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016533	A. BUILDING: _____ B. WING _____	R 03/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIPLEY SHORES AFH	**N1989 RIPLEY SHORES DRIVE SARONA, WI 54870**

(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 232}	Continued From page 2 his/her last health screen. Licensee A did not know employee health screening needed to be within 90 days of providing service. Licensee A stated Caregiver C did not have a 2-step TST and s/he was not screened for other communicable illness prior to working with residents.	{M 232}		