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
	0016083	A. BUILDING: _____ B. WING _____	R-C 07/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEATHERWOOD (CBRF)	**4510 GATEWAY DR EAU CLAIRE, WI 54701**

(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 07/09/2026, Surveyor conducted a verification visit at Heatherwood CBRF. Two of 3 deficiencies identified in Statement of Deficiency (SOD) CG1Q14, dated 01/05/2026 were corrected. One deficiency was identified and was a repeat deficiency. See SOD CG1Q14, dated 01/05/2026; SOD CG1Q13, dated 07/02/2025; and SOD CG1Q12, dated 07/24/2024. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. 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 2 of 3 employees were	{N 220}		

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

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{N 220}	Continued From page 1 screened for clinically apparent communicable disease, including tuberculosis (TB) by a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse, within 90 days before the start of employment. Employees were screened for communicable disease by Wellness Director (WD) B who was not a physican, physician assistant, clinical nurse practitioner or a licensed registered nurse. This is a repeat deficiency and is being cited for the fourth time. See Statement of Deficiency (SOD) CG1Q14, dated 01/05/2026; SOD CG1Q13, dated 07/02/2025; and SOD CG1Q12, dated 07/24/2024. Findings include: On 07/09/2026 at approximately 10:40 AM, Surveyor requested documentation of communicable disease screenings for Caregiver C, Caregiver D, and Caregiver E from Administrator A. Caregiver C had a hire date of 06/24/2026. The record contained evidence Caregiver C had been screened for clinically apparent communicable disease, signed by the corporate regional nurse (per Administrator A), but did not have a date listed for when the screening was completed. Caregiver D had a hire date of 04/21/2026. The record contained evidence Caregiver D had been screened for clinically apparent communicable disease by WD B, as WD B's signature was in the box titled, "RN Screener." Caregiver E had a hire date of 05/06/2026. The record contained evidence Caregiver D had been	{N 220}		

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{N 220}	Continued From page 2 screened for clinically apparent communicable disease by WD B, as WD B's signature was in the box titled, "RN Screener." On 07/09/2026, Surveyor interviewed Administrator A and WD B and asked if WD B was a physician, physician assistant, clinical nurse practioner or a licensed registered nurse. WD B stated s/he was currently enrolled in nursing school, but did not have a professional license at the time of survey.	{N 220}		