STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018506	A. BUILDING: _____ B. WING _____	02/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST REGIS ROSE	4316 16TH STREET RACINE, WI 53405

(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 02/10/2026, Surveyor conducted a standard survey at St Regis Rose. As a result, 4 deficiencies were identified. Census: 2	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 obtain documentation indicating 1 of 2 staff had been screened for communicable diseases, including tuberculosis (TB), by a physician, a registered nurse or a physician's assistant, within 90 days before the start of providing service. Caregiver C was screened for TB after s/he started providing cares. Caregiver C was not screened for communicable diseases. Findings include: On 02/10/2026, at 12:10 PM, Surveyor reviewed Caregiver C record. Caregiver C was hired on	M 232		

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

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M 232	Continued From page 1 03/15/2025. Caregiver C was screened TB on 03/19/2025, 4 days after her/his start of providing services. Caregiver C's record contained a communicable diseases screening. The screening was not signed as reviewed by a physician, a registered nurse or a physician's assistant. On 02/10/2025, at 12:30 PM, Surveyor interviewed Licensee A and Manager B. Licensee A confirmed the code requirement. Licensee A confirmed Caregiver C started to provide cares prior to her/his TB test being read. Licensee A reported s/he would ensure the screenings were completed prior to caregivers starting in the home.	M 232		
M 235	88.04(2)(h) COMPLY WITH OSHA The licensee and all service providers involved in the operation of the adult family home shall comply with the universal precautions contained in the U.S. Occupational Safety and Health Administration Standard 29 CFR 1910.1030 for the control of blood-borne pathogens. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 caregivers received training in standard precautions annually, as required in the U.S. Occupational Safety and Health Administration (OSHA) Standard 29 CFR 1910.1030 for the control of blood-borne pathogens. Caregiver C did not receive training in	M 235		

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M 235	Continued From page 2 standard precautions prior to starting to provide cares. The OSHA standard requires the employer train each employee with occupational exposure, "At the time of initial assignment to tasks where occupational exposure may take place" per 1910.1030(g) (2)(ii)(A); and "At least annually thereafter," per 1910.1030(g)(2)(ii) (B). Findings include: On 02/10/2026, at 12:10 PM, Surveyor reviewed Caregiver C's file. Caregiver C was hired on 03/15/2025. Caregiver C received training in standard precautions on 08/19/2025. On 02/10/2025, at 12:30 PM, Surveyor interviewed Licensee A and Manager B. Licensee A confirmed Caregiver C worked on the floor prior to receiving standard precaution training. Licensee A confirmed Caregiver C's job responsibilities would expose her/him to blood and bodily fluids. Licensee A reported s/he thought they had 6 months to complete the training. Licensee A reported s/he was unaware of the code requirement for standard precaution training.	M 235		
M 380	88.06(2)(a) ADMISSION-HEALTH EXAM Except as provided in subd. 2., the licensee shall ensure that a new resident of an adult family home receives a health examination by a physician to identify health problems and is screened for communicable disease, including tuberculosis. Screening for communicable disease may	M 380		

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M 380	Continued From page 3 be provided by a physician, a registered nurse or a physician assistant. The health examination and screening shall take place within 90 days prior to admission to the home or within 7 days after admission. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident (Resident 1) was screened for communicable diseases 90 prior to or 7 days after admission. Resident 1 was not screened for communicable diseases. Findings include: On 02/10/2025, at 11:41 AM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 12/13/2021. Resident 1's record contained a tuberculosis (TB) test dated 10/07/2021. Resident 1's record contained a communicable disease screening dated 12/06/2021. The communicable disease screening was not signed by a physician, a registered nurse or a physician's assistant. Resident 1's record did not contain evidence Resident 1 was screened for communicable diseases. On 02/10/2025, at 12:30 PM, Surveyor interviewed Licensee A and Manager B. Licensee A confirmed the code requirement. Licensee A reported s/he would ensure the screenings were completed as required by the code.	M 380		
M 424	88.06(3)(f) REVIEW OF ISP The individual service plan shall be reviewed at least once every 6 months	M 424		

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M 424	Continued From page 4 by the licensee, the resident or the resident's guardian, the service coordinator, if any, the designated representative, if any, the placing agency with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This review is to determine continued appropriateness of the plan and to update the plan as necessary. A plan shall be updated, in writing, whenever the resident's needs or preferences change substantially or when requested by the resident or the resident's guardian. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident (Resident 1) individual service plan (ISP) were reviewed and signed every 6 months. Resident 1's ISP did not contain signatures of agreement on ISP reviews conducted. Findings include: On 02/10/2025, at 11:41 AM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 12/13/2021. Resident 1 had a guardian. Resident 1 had a managed care organization (MCO). Resident 1's ISP was dated 01/06/2026, which was only signed by Licensee A. Resident 1's ISP did not contain signatures from Resident 1's guardian or Resident 1's MCO. Resident 1's record contained an ISP review from 06/02/2025, which was not signed by the provider, Resident 1's guardian or Resident 1's MCO.	M 424		

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M 424	Continued From page 5 On 02/10/2025, at 12:30 PM, Surveyor interviewed Licensee A and Manager B. Licensee A confirmed the code requirement. Licensee A confirmed the code requirement. Licensee A reported s/he would ensure the ISPs were signed by all parties to ensure compliance.	M 424		