

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0012238	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/18/2026
NAME OF PROVIDER OR SUPPLIER ASTER ASSISTED LIVING OF MONROE		STREET ADDRESS, CITY, STATE, ZIP CODE 616 8TH AVE MONROE, WI 53566		
(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
U 000	INITIAL COMMENTS On 08/18/2026, Surveyor conducted a standard survey at Aster Assisted Living of Monroe, an RCAC in Monroe. One deficiency was identified. Census: 62	U 000		
Z 012	50.065(2)(bm) OUT OF STATE BACKGROUND CHECKS If the person who is the subject of the search under par. (am) or (b) is not a resident of this state or if at any time within the 3 years preceding the date of the search that person has not been a resident of this state, or if the department or entity determines that the person's employment, licensing, or state court records provide a reasonable basis for further investigation, the department or the entity shall make a good faith effort to obtain from any state or other United States jurisdiction in which the person is a resident or was a resident within the 3 years preceding the date of the search information that is equivalent to the information specified in par. (am) 1. or (b) 1. The department or entity may require the person to be fingerprinted on 2 fingerprint cards, each bearing a complete set of the person's fingerprints. The department of justice may provide for the submission of the fingerprint cards to the federal bureau of investigation for the purposes of verifying the identity of the person fingerprinted and obtaining the records of his or her criminal arrests and convictions.	Z 012		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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Z 012	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the provider did not have evidence of making a good faith effort to obtain out of state background check information for 1 of 1 service provider. Caregiver B indicated on the Background Information Disclosure (BID) form s/he had resided in the state of Illinois within the previous 3 years. Findings include: On 08/18/2026, Surveyor reviewed Caregiver B's record. Caregiver B was hired 08/27/2025. Caregiver B's completed BID form, dated 08/26/2025, indicated s/he resided in another state (Illinois) in the previous 3 years. The employee record did not contain evidence that the provider had made a good faith effort to obtain state of Illinois background check. On 08/18/2026 at approximately 11:30 AM, Surveyor interviewed Executive Ser Dir A. Executive Ser Dir A stated that s/he would look in the office to see if s/he could locate an Illinois background check for Caregiver B but did not see one in the employee record. On 08/18/2026 at approximately 3:30 PM, Surveyor shared concern with the out-of-state background check for Caregiver B. Executive Ser Dir A stated that s/he did not know where the previous executive director had filed the Illinois background check for Caregiver B. Executive Ser Dir A stated that s/he had Caregiver B complete a form and had checked the Illinois background while Surveyor was in the facility. Executive Ser Dir A stated that s/he would print the background	Z 012		

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Z 012	Continued From page 2 check for the employee record. Surveyor acknowledged the Illinois background check had just been completed on the day of survey 08/18/2026. Surveyor shared concern that Caregiver B had been working in the facility for a year without a record of the out-of-state background being completed.	Z 012		