STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011807	A. BUILDING: _____ B. WING _____	C 04/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREEN MANOR III INC	239 VICTORY STREET JUNEAU, WI 53039

(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 04/30/2024, Surveyor conducted a complaint investigation and standard survey at Evergreen Manor III Inc. Complaint was substantiated. 3 deficiencies were identified. Census 8	N 000		
N 158	83.12(2)(a) Caregiver: Investigating abuse & neglect Investigating and reporting abuse, neglect, or misappropriation of property. Caregiver. 1. When a CBRF receives a report of an allegation of abuse or neglect of a resident, or misappropriation of property, the CBRF shall take immediate steps to ensure the safety of all residents. 2. The CBRF shall investigate and document any allegation of abuse or neglect of a resident, or misappropriation of property by a caregiver. If the CBRF ' s investigation concludes that the alleged abuse, or neglect of a resident or misappropriation of property meets the definition of abuse or neglect of a resident, or of misappropriation of property, the CBRF shall report the incident to the department on a form provided by the department, within 7 calendar days from the date the CBRF knew or should have known about the abuse, neglect, or misappropriation of property. The CBRF shall maintain documentation of any investigation. This Rule is not met as evidenced by: Based on record review and interview the provider did not immediately take steps to ensure the safety of all residents when a report was	N 158		

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
	0011807	A. BUILDING: _____ B. WING _____	C 04/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREEN MANOR III INC	239 VICTORY STREET JUNEAU, WI 53039

(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 158	Continued From page 1	N 158		

made alleging neglect and misappropriation of property and it was not reported to the Department.

Findings include:

On 04/30/2024 at approximately 10:45 AM, Surveyor interviewed Manager A who confirmed Caregiver B was suspected of stealing Resident 1's clonazepam and coming to work under the influence. Manager A stated there was not a formal investigation into the allegations, but Caregiver B had been terminated after the facility did random drug testing and Caregiver B tested positive for drug use on 03/28/2024. Manager A confirmed there was no police involvement for the missing medications or for Caregiver B working under the influence. Manager A confirmed Caregiver B was not reported to the Office of Caregiver Quality.

On 04/30/2024 at approximately 10:50 AM, Surveyor requested any documentation related to Caregiver B. Surveyor reviewed a picture that showed a positive drug test for opioids, amphetamines, methamphetamines, and a faint line for cocaine.

Caregiver B's facility file contained a State of Wisconsin Department of Justice background check dated 02/15/2024. The Department of Justice Background check indicated on 06/18/2010, Caregiver B was charged with a felony count of possession with the intent to deliver prescription medications.

On 04/30/2024 at approximately 11:20 AM, Surveyor interviewed Resident 2. Resident 2 stated Caregiver B was coming to work smelling like alcohol and would talk to residents privately.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011807	A. BUILDING: _____ B. WING _____	C 04/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREEN MANOR III INC	239 VICTORY STREET JUNEAU, WI 53039

(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 158	Continued From page 2 Resident 2 stated Caregiver B would share his/her personal life with residents. Resident 2 stated Caregiver B was acting off but had never witnessed Caregiver B doing drugs at work or drinking at work. Resident 2 stated s/he did recall an incident when Caregiver B brought a case of beer to work but never saw them consume the beer. On 04/30/2024 at approximately 12:15 PM, Surveyor interviewed Resident 3. Resident 3 stated that Caregiver B would talk to him/her privately about his/her personal life. Resident 3 stated Caregiver B did admit to him/her that s/he would smoke marijuana at his/her house. On 04/30/2024 at approximately 12:35 PM, Surveyor interviewed Resident 4 who stated that s/he noticed Caregiver B at work with the smell of alcohol on his/her breath with dark circles around his/her eyes. Resident 4 stated that on more than one occasion Caregiver B would talk to him/her about his/her personal life and had stated s/he had a history of drug use and would talk about his/her family. Resident 4 stated that Caregiver B would smoke a vape and then ask residents for cigarettes. On 04/30/2024 at approximately 12:47 PM, Surveyor interviewed Resident 5 who confirmed Caregiver B had stolen his/her hydroxyzine and asked if s/he needed it. Resident 5 stated that Caregiver B would ask for cigarettes and s/he would give Caregiver B cigarettes. When Caregiver B worked the night shift s/he would come in with blood shot eyes and would smell like marijuana. Resident 5 stated s/he reported to Caregiver C that Caregiver B was coming to work under the influence all the time and would smell like alcohol. Resident 5 stated Caregiver B had	N 158		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011807	A. BUILDING: _____ B. WING _____	C 04/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREEN MANOR III INC	239 VICTORY STREET JUNEAU, WI 53039

(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 158	Continued From page 3	N 158		

shared with him/her that s/he was a recovering alcoholic and had told him/her that s/he thought Resident 5 had religious trauma and offered a therapy group that would help with this. Resident 5 stated s/he was highly offended by this comment. Resident 5 stated that Caregiver B would show him/her offensive videos. Resident 5 stated that Caregiver B had shared that s/he would smoke marijuana at home and stated s/he made a phone call to someone and told them to make sure to save some beer for him/her. Resident 5 stated that Caregiver B would talk inappropriately to residents and recalled an incident when Caregiver B had told him/her that s/he was a 7/10 referring to his/her looks.

On 04/30/2024 at approximately 1:01 PM, Surveyor interviewed Caregiver C. Caregiver C stated s/he had noticed that Caregiver B was coming to work and appeared to be under the influence of drugs. Caregiver C stated that clonazepam and hydroxyzine were missing. Caregiver C stated that when s/he noticed the medications were missing s/he immediately reported this to Manager A. Caregiver C stated residents would tell him/her that Caregiver B was coming to work and looked high and would smell like alcohol and other times was coming to work and couldn't sit still and seemed very jittery.

On 04/30/2024 at approximately 3:25 PM, Surveyor shared findings with Administrator D. Administrator D stated s/he was not aware of all the allegations regarding Caregiver B but was aware of medications that went missing. They didn't have proof that Caregiver B was taking the medication and had put other interventions in place to try to catch who was taking the medication. Administrator D stated the staff were required to either contact Administrator D or

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011807	A. BUILDING: _____ B. WING _____	C 04/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREEN MANOR III INC	239 VICTORY STREET JUNEAU, WI 53039

(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 158	Continued From page 4 Manager A if a PRN (as needed) medication was needed to be given. Administrator D stated that Manager A had documented what was going on but there wasn't an investigation because they could not prove who was taking the medication.	N 158		
N 481	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation and interview the provider did not ensure a living environment that was safe, clean and home like. Findings include: On 04/30/2024 at approximately 11:25 AM, Surveyor toured the facility and observed the following: 1.) Resident 5 and Resident 6's bathroom had a black substance in the corners of the ceiling that was consistent with the spackles of mold. There was a yellow dried on substance on the wall by the toilet. There was a hole in the ceiling stuffed with toilet paper that was approximately an inch and a half round with the ceiling around it broken. 2.) In the kitchen there was a light fixture that didn't have any light bulbs in it.	N 481		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011807	A. BUILDING: _____ B. WING _____	C 04/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREEN MANOR III INC	239 VICTORY STREET JUNEAU, WI 53039

(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 481	Continued From page 5 3.) The gutters on the outside of the facility appeared to be in poor repair. The gutters in the back of the facility were in such bad repair, water was running out of the gutters and down the side of the house. Where the water was spilling over on the side of the house Surveyor observed a black substance consistent with mold. The gutters in the front of the house were dented up and the down spouts were pulling apart and plugged with leaves and other debris. The area where the downspouts were coming apart was over the walking path in the front of the facility. 4.) The windows in the residents' bedrooms were in poor repair. There was a black substance in the tracks of the windows and some of the windows were missing screens. 5.) There were to garbage bags of linens sitting on the floor by the dryer. On 04/30/2024 at approximately 1:01 PM, Surveyor interviewed Caregiver C. Surveyor asked about the linens sitting next to the dryer in the garbage bags. Caregiver C stated the dryer was not working right and took multiple cycles in the dryer before clothes would come out dry. Maintenance was alerted and about a week prior had come out to the facility and had cleaned the dryer vent, but the dryer still wasn't working correctly. Surveyor asked about the windows in the residents' rooms. Caregiver C confirmed the windows in the winter leaked cold air causing the rooms to be cold in winter. On 04/30/2024 at approximately 1:15 PM, Surveyor interviewed Manager A and about the windows in the bedrooms. Manager A stated that maintenance was aware that the windows needed screens. Manager A confirmed the windows	N 481		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011807	A. BUILDING: _____ B. WING _____	C 04/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREEN MANOR III INC	239 VICTORY STREET JUNEAU, WI 53039

(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 481	Continued From page 6 would leak cold air in the wintertime due to their poor repair and the windows did need to be cleaned up because of the black substance around the windows. Surveyor asked Manager A about the light fixture that did not have light bulbs in it. Manager A stated the kitchen was recently remodeled and there was an electrical issue on that side of the kitchen. Manager A confirmed the outlets on that side of the kitchen were not working correctly including the light fixture. Manager A stated maintenance was aware. Surveyor asked Manager A about Resident 5 and Resident 6's bathroom. Manager A stated maintenance was aware of the bathroom but had not fixed the concerns in the bathroom yet. Manager A confirmed it appeared to be mold on the ceiling of the bathroom. Surveyor asked Manager A about the gutters on the outside of the house and showed Manager A the black substance on the back of the house. Manager A confirmed the gutters do not work right and during the winter the water leaks on the walkway causing ice buildup on the walkways. On 04/30/2024 at approximately 3:25 PM, Surveyor shared findings with Administrator D. Administrator D stated s/he was not aware of the dryer not working properly. Administrator D stated s/he was not aware of the condition of the bathroom or the gutters. Administrator D stated s/he was not aware of the issues in the kitchen.	N 481		
Z 010	50.065(2)(bb) DETERMINE FINAL DISPOSITION OF CHARGE If information obtained under par. (am) or (b) indicates a charge of a serious crime, but does not completely and clearly indicate the disposition	Z 010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011807	A. BUILDING: _____ B. WING _____	C 04/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREEN MANOR III INC	239 VICTORY STREET JUNEAU, WI 53039

(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
Z 010	Continued From page 7 of the charge or the conviction, the department or entity shall make every reasonable effort to contact the clerk of courts to determine the final disposition of the charge. If a background information form under sub. (6) (a) or (am) indicates a charge or a conviction of a serious crime, but information obtained under 011 par. (am) or (b) does not indicate such a charge, the department or entity shall make every reasonable effort to contact the clerk of courts to obtain a copy of the criminal complaint and the final disposition of the complaint. If information obtained under par. (am) or (b), a background information form under sub, (6) (a) or (am) or any other information indicates a conviction of a violation of s. 940.19 (1), 940.195, 940.20, 941.30, 942.08, 947.01, or 947.013 obtained not more than 5 years before the date on which that information was obtained, the department or the entity shall make every reasonable effort to contact the clerk of courts to obtain a copy of the criminal complaint and judgement of conviction relating to that violation. This Rule is not met as evidenced by: Based on record review and interview the provider did not obtain a copy of the criminal complaint and judgement of the conviction relating to a violation of 947.01 disorderly conduct. Caregiver B had charges under 947.01 disorderly conduct and the provider did not have a copy of the criminal complaint and judgement of conviction for the charges that were within 5 years of the date the background check was conducted.	Z 010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011807	A. BUILDING: _____ B. WING _____	C 04/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREEN MANOR III INC	239 VICTORY STREET JUNEAU, WI 53039

(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
Z 010	Continued From page 8 Findings include: On 04/30/2024, Surveyor requested Caregiver B's facility file and reviewed the following: Caregiver B started working at the facility on 02/16/2024. Caregiver B's Department of Justice background check was conducted on 02/15/2024. The background check included charges for 947.01(1) disorderly conduct. On 01/05/2021, Caregiver B was charged and convicted of 947.01(1) disorderly conduct. On 06/30/2021, Caregiver B was charged with 947.01(1) disorderly conduct and convicted. On 04/30/2024 at approximately 2:00 PM, Surveyor asked Manager A for a copy of the criminal complaint and judgement of conviction for the disorderly conduct charges that Caregiver B had on the background check. Manager A stated that s/he did not have copies of the criminal complaint or the judgement of conviction from the court. Manager A stated that Caregiver B was supposed to get copies of the criminal complaint and judgement of conviction after receiving his/her first paycheck but had never brought the copies in. On 04/30/2024 at approximately 3:25 PM, Surveyor shared findings with Administrator D. Administrator D stated that Manager A knows that copies from the court should have been obtained. Manager A stated Administrator D had stated to have Caregiver B obtain the copies after receiving his/her first paycheck. Administrator D stated s/he was aware of the requirement to obtain the criminal complaint and judgement of	Z 010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0011807	A. BUILDING: _____ B. WING _____	C 04/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EVERGREEN MANOR III INC	**239 VICTORY STREET JUNEAU, WI 53039**

(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
Z 010	Continued From page 9 conviction if the charges were within 5 years.	Z 010		