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 |
|---|---|---|---|
| | 0018542 | A. BUILDING: _____ B. WING _____ | C 03/10/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **MAYBERRY MANOR** | **W7205 ROGERSVILLE ROAD FOND DU LAC, WI 54937** |

| (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 |
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| N 000 | Initial Comments<br><br>On 03/09/2026, with additional information gathered through 03/10/2026, Surveyor investigated 1 complaint and conducted a standard survey at Mayberry Manor. The complaint was substantiated and 2 new deficiencies were identified.<br><br>Census 8 | N 000 | | |
| N 239 | 83.20(2)(a)-(d) Department-approved training courses.<br><br>Standard Precautions. All employees who may be occupationally exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions before the employee assumes any responsibilities that may expose the employee to such material.<br>Fire safety. Within 90 days after starting employment, all employees shall successfully complete training in fire safety.<br>First aid and choking. Within 90 days after starting employment, all employees shall successfully complete training in first aid and procedures to alleviate choking.<br>Medication administration and management. Any employee who manages, administers or assists residents with prescribed or over-the-counter medications shall complete training in medication administration and management prior to assuming these job duties. | N 239 | | |

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

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| N 239 | Continued From page 1<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure 1 of 1 employee reviewed providing direct care to residents (Caregiver B) successfully completed training in standard precautions before assuming any responsibilities.<br><br>Findings Include:<br><br>On 11/06/2025, the department received a complaint alleging a caregiver did not have required training prior to working with residents.<br><br>On 03/09/2026, Surveyor reviewed the staffing schedule for September 2025 and noted there was not an employee listed for the overnight shift on 09/16/2025.<br><br>On 03/09/2026, at 12:15PM, Surveyor interviewed Licensee A regarding the absence of an overnight caregiver on 09/16/2025. Licensee A identified Caregiver B worked the overnight shift on 09/16/2025. Licensee A reported Caregiver B's hire date was 09/03/2025. Licensee A acknowledged Caregiver B did not have the required standard precautions training and should not have been working with residents. Instead, Caregiver B was completing orientation training while working towards completing the required standard precautions training. On 03/10/2026, at 12:59PM, Licensee A reported it is the supervisor's responsibility to interview, hire and train the new employee as well as ensure all required trainings are completed. Licensee A advised s/he was not aware the former supervisor scheduled Caregiver B to work prior to obtaining the required standard precautions training.<br><br>On 03/09/2026, at 4:50PM, Surveyor reviewed the Wisconsin CBRF (Community-Based | N 239 | | |

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| N 239 | Continued From page 2<br>Residential Facility) registry at https://www.uwgb.edu/registry/employee-registry/. Surveyor confirmed Caregiver B's standard precautions training was completed on 09/22/2025. | N 239 | | |
| N 302 | 83.28(4)(a) Resident health screening and documentation<br><br>Resident health screening. 1. Within 90 days before or 7 days after admission, a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse shall screen each person admitted to the CBRF for clinically apparent communicable disease, including tuberculosis, and document the results of the screening. 2. Screening for tuberculosis and all immunizations shall be conducted using centers for disease control and prevention standards. 3. The CBRF shall maintain the screening documentation in each resident ' s record.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure within 90 days before or 7 days after admission, Residents were screened for clinically apparent communicable disease, including tuberculosis for Resident 1.<br><br>Findings Include:<br><br>On 03/09/2026, Surveyor reviewed the provider's resident roster. The roster documented Resident 1 was admitted on 09/02/2025. Surveyor | N 302 | | |

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| N 302 | Continued From page 3<br>reviewed Resident 1's record and noted it did not contain documentation of a communicable disease screening, including tuberculosis.<br><br>On 03/09/2026, at approximately 2:00PM, Surveyor interviewed Licensee A. License A reported they do not admit residents without a communicable disease/tuberculosis screening. Licensee A explained the absence of the tuberculosis and clinically apparent communicably disease screening was an oversight. Licensee advised Resident 1's screening is scheduled for 03/11/2026. | N 302 | | |