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
	0017537	A. BUILDING: _____ B. WING _____	R 09/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PROSPER FAMILY GROUP HOME LLC	8200 W CLOVERNOOK ST BROWN DEER, WI 53223

(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 09/04/2026, Surveyor completed a verification visit at Prosper Family Group Home LLC for Statement of Deficiency (SOD) GII511, dated 12/03/2021 and SOD QN2R11, dated 09/14/2021. One new deficiency was identified. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. 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, Licensee C did not ensure 1 of 3 caregivers (Caregiver D) reviewed were screened for illness detrimental to residents, including for tuberculosis (TB) within 90 days before the start of providing care. Caregiver D did not have a TB test or communicable disease screening completed	M 232		

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

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M 232	Continued From page 1 within 90 days prior to providing care Findings include: On 09/03/2026 at approximately 10:15 AM, Surveyor reviewed Caregiver D's record. Caregiver D was hired on 04/30/2026. Caregiver D's record did not include the results of a TB test or a completed communicable disease screening. On 09/04/2026 at 1:16 PM, Surveyor interviewed Licensee C. Licensee C confirmed Caregiver D did not complete a TB test or have a completed communicable disease screening within 90 days prior to providing care. Licensee C disclosed he/she scheduled an appointment for Caregiver D to complete a TB test and be screened for communicable disease prior to their date of hire, but was not aware Caregiver D did not attend the appointment. Licensee C reported it was a lapse on their part for not ensuring a TB test or a communicable disease screening was completed. Licensee C scheduled an appointment for Caregiver D to go to Aurora - Occupational Health to complete a TB test and be screened for communicable diseases on 09/09/2026.	M 232		