STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016816	A. BUILDING: _____ B. WING _____	R 08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST REGIS MANOR AFH	3507 16TH STREET RACINE, WI 53405

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{M 000}	INITIAL COMMENTS On 08/20/2025 with information gathered thru 08/21/2025, Surveyor conducted a standard survey and verification visit at St. Regis Manor in Racine. Four deficiencies were identified. Two of 4 were repeat violations (see Statement of Deficiency (SOD) R45C11, dated 02/11/2021 and SOD R45C12, dated 12/28/2021). Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 04	{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 staff had been screened for illness detrimental to residents, including tuberculosis (TB), by a physician, a registered nurse or a physician's assistant, within 90 days before the start of	M 232		

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

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M 232	Continued From page 1	M 232		

providing service for 2 of 2 staff reviewed. Caregivers C and D had been working in the facility and providing cares to residents without having had a baseline TB test as a part of the communicable disease screening.

This is a repeat deficiency. See Statement of Deficiency R45C11, dated 02/11/2021.

Findings include:

On 08/20/2025, Surveyor reviewed care staff records.
Caregiver C was hired on 02/13/2025. Caregiver C began training with the residents the day of hire. Caregiver C's record included a communicable disease checklist without a signature by a physician, registered nurse or a physician's assistant to confirm a baseline TB test was established.

Caregiver D was hired on 02/10/2025. Caregiver D began training with the residents 02/21/2025. Caregiver D's record included a communicable disease checklist without a signature by a physician, registered nurse or a physician's assistant to confirm a baseline TB test was established.

According to the recommendations in Department of Health Services publication P-02382 (8/2019), Tuberculosis Screening and Testing: Health Care Personnel (HCP) and Caregivers (including assisted living staff), screening and testing upon hire identified 3 steps, which included performing baseline TB testing for all HCP and caregivers without documented evidence of prior latent TB infection or TB disease.

On 08/20/2025, at 9:45 AM, Surveyor interviewed

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M 232	Continued From page 2 Caregiver C. Caregiver C reported s/he had not yet had his/her TB test completed. On 08/21/2025, at 3:30 PM, Surveyor interviewed Licensee A regarding baseline TB testing for staff. Licensee A confirmed Caregiver C and Caregiver D began working for the provider in February. They were unsure why Caregiver C had not completed the TB testing and Caregiver D did complete it on 03/18/2025 which was not prior to his/her start of service. Surveyor reviewed DHS 88 health screening requirement. Licensee A stated, "I'll make sure this gets done."	M 232		
M 290	88.05(3)(e)2.b INSPECTIONS-GAS FURNACE A gas furnace shall be inspected and serviced every 3 years by a heating contractor or local utility company. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the gas furnace was inspected at least every three years for 1 of 1 furnace. The furnace was due for inspection by July 2022. Findings include: On 08/20/2025, Surveyor reviewed safety files. There was no evidence the furnace was inspected during the previous 3 years. The most recent furnace inspection was dated 07/24/2019. On 08/20/2025, at approximately 11:59 AM, Surveyor interviewed Manager B regarding the furnace inspection. Manager B reported s/he was unaware of the furnace inspection requirement	M 290		

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M 290	Continued From page 3 and was unsure if the furnace inspection had been completed. On 08/21/2025, at 3:30 PM, Surveyor interviewed Licensee A regarding the need to have a furnace inspection every 3 years. Licensee A stated s/he would have that done as soon as possible. Cross Reference M0348 DHS 88.05(4)(d) Semi-Annual Fire Drills Cross Reference M0332 DHS 88.05(4)(a) Fire Safety-Fire Extinguishers	M 290		
M 332	88.05(4)(a) FIRE SAFETY-FIRE EXTINGUISHERS Fire extinguishers. Every adult family home shall be equipped with one or more fire extinguishers on each floor. Each required fire extinguisher shall have a minimum 2A, 10-B-C rating. All required fire extinguishers shall be mounted. A fire extinguisher is required at the head of each stairway and in or near the kitchen except that a single fire extinguisher located in close proximity to the kitchen and the head of a stairway may be used to meet the requirement for an extinguisher at each location. Each required fire extinguisher shall be maintained in readily usable condition and shall be inspected annually by the authorized dealer or the local fire department and have an attached tag showing the date of the last dealer or fire department inspection.	M 332		

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M 332	Continued From page 4 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure each fire extinguisher was inspected annually by the authorized dealer or the local fire department and had an attached tag showing the date of the last inspection for 2 of 2 fire extinguishers. The fire extinguisher in the kitchen and the fire extinguisher in the basement were not inspected annually. Findings include: On 08/20/2021, at 10:44 AM, Surveyor observed the fire extinguisher mounted in the kitchen had an annual inspection tag dated 06/2024. On 08/04/2021, at 10:50 AM, Surveyor observed the fire extinguisher mounted in the basement had an annual inspection tag dated 06/2024. On 08/20/2025, at approximately 11:59 AM, Surveyor interviewed Manager B regarding the expired fire extinguisher inspections. Manager B confirmed s/he had not had the fire extinguishers inspected this year stating, " I will get that done today." Cross Reference M0348 DHS 88.05(4)(d) Semi-Annual Fire Drills Cross Reference M0290 DHS 88.05(3)(e)2.b Inspections Gas Furnace	M 332		
M 348	88.05(4)(d)2.c SEMI-ANNUAL FIRE DRILLS The licensee shall conduct semi-annual fire drills with all household members with written documentation of the date and the evacuation time for each drill	M 348		

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M 348	Continued From page 5 maintained by the home. This Rule is not met as evidenced by: Based on record review and interview the provider did not ensure fire drills were conducted semi-annually in 2024 and to date in 2025, with all household members and with written documentation of the date and evacuation time for each drill. This is a repeat deficiency. See Statement of Deficiency R45C12, dated 12/28/2021. Findings include: On 08/20/2025, Surveyor reviewed safety records for the facility. There was no fire drills documented which included the date and evacuation time for each drill for 2024, and to date in 2025. On 08/20/2025, at approximately 11:59 AM, Surveyor interviewed Manager B regarding fire drills. Manager B confirmed they had not completed fire drills since 2023. Stating, "We have a system for recording the fire drills, but it just got away from me." Cross Reference M0290 DHS 88.05(3)(e)2.b Inspections Gas Furnace Cross Reference M0332 DHS 88.05(4)(a) Fire Safety-Fire Extinguishers	M 348		