| 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 07/30/2026 |

| 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<br><br>On 07/13/2026, with information gathered through 07/30/2026, the Bureau of Assisted Living, Southern Regional Office conducted a standard licensing survey, complaint investigation, and self-report investigation of Evergreen Manor III, Inc located at 239 Victory Street in Juneau, WI.<br><br>One citation of noncompliance was issued. The complaint was unsubstantiated.<br><br>Census: 7 | N 000 | | |
| N 220 | 83.17(2)(a) Employees screened for communicable disease.<br><br>The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes.<br><br>This Rule is not met as evidenced by:<br>Based on observation, interview, and record review, the provider did not ensure 2 caregivers were screened for clinically apparent communicable disease, as required.<br><br>Caregiver C and Caregiver D were tested for tuberculosis but not screened for clinically | N 220 | | |

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

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| N 220 | Continued From page 1<br>apparent communicable disease, as required.<br><br>The findings are:<br><br>On 07/13/2026 at approximately 8:30 A.M., Lead Caregiver B told Surveyor Caregiver D was on duty on this day. Lead Caregiver B provided Surveyor a list of current caregivers and their dates of hire. Surveyor introduced self to Caregiver D and observed Caregiver D assisting resident's with preparing lunch and spending time with residents in the common areas of the home.<br><br>On 07/13/2026, Lead Caregiver B provided Surveyor with Caregiver C's and Caregiver D's employee records for review.<br>Caregiver C's date of hire was 10/30/2029.<br>Caregiver C's employee record included documentation of a tuberculin test completed on 10/26/2019. Caregiver C's employee record did not include documentation Caregiver C was screened for clinically apparent communicable disease, as required.<br>Caregiver D's date of hire was 05/20/2026.<br>Caregiver D's employee record included documentation of a tuberculin test completed on 05/20/2026. Caregiver D's employee record did not include documentation Caregiver D was screened for clinically apparent communicable disease, as required.<br>Lead Caregiver B told Surveyor only tuberculin tests and drug screens were completed when caregivers were hired.<br><br>Administrator A told Surveyor Caregiver C's and Caregiver D's communicable disease screen had not been completed before nor after Caregiver C and Caregiver D were hired and began working with residents at the facility. Administrator A said s/he was aware of this requirement but Caregiver | N 220 | | |

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| **EVERGREEN MANOR III INC** | **239 VICTORY STREET JUNEAU, WI 53039** |

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| N 220 | Continued From page 2<br>C's and Caregiver D's screening was "just not done."<br>Administrator A told Surveyor s/he would be reviewing all caregiver files to ensure their communicable disease screen, including tuberculosis, were completed to correct this noncompliance. | N 220 | | |