STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018789	A. BUILDING: _____ B. WING _____	03/03/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HILLSIDE GARDENS AFH LLC	221 MARGARET ST WATERTOWN, WI 53094

(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 03/03/2026, the Bureau of Assisted Living, Southern Regional Office conducted an abbreviated licensing survey at Hillside Gardens AFH [adult family home] LLC in Watertown, WI. One citation of noncompliance was issued. Census: 4	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 interview and record review, the provider did not obtain documentation indicating 2 of 2 sample caregivers were screened for illness detrimental to residents, including tuberculosis, as required. The findings include: On 03/03/2026, Manager A and Surveyor reviewed	M 232		

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
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M 232	Continued From page 1 2 current employee records, including records for Caregiver B, and Caregiver C. Caregiver B was hired in February 2021 and Caregiver C was hired in February 2025. Both Caregiver B and Caregiver C were tested for tuberculosis, as required. Manager A told Surveyor there was no documentation of health screening for Caregiver B and Caregiver C, and s/he was not aware caregivers were to be screened for illness detrimental to residents, other than tuberculosis.	M 232		