STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013063	A. BUILDING: _____ B. WING _____	07/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHSAIDA FAMILY HOME 3	110 N HIGH POINT RD MADISON, WI 53717

(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 From 07/09/2024 to 07/10/2024, Surveyor conducted an abbreviated survey at Bethsaida Family Home 3, an AFH in Madison. Two deficiencies of DHS Chapter 88 were identified. One deficiency of DHS Chapter 50 was identified. 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 record review and interview, the provider did not ensure 1 of 2 caregivers reviewed were screened for illness detrimental to residents, including for tuberculosis, within 90 days before the start of providing services. Caregiver D had his/her tuberculosis test completed greater than 90 days prior to his/her start date. Findings include:	M 232		

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

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M 232	Continued From page 1 On 07/08/2024 at approximately 10:30 a.m., Surveyor reviewed an employee roster, provided by Director A. Surveyor then requested the record of Caregiver D, hired 06/10/2024. Director A stated s/he would /need to reach out to someone in corporate because s/he did not have access to employee records. On 07/08/2024 at approximately 5:00 p.m., Surveyor received documentation that indicated Caregiver D had a tuberculosis test completed 01/24/2024, greater than 4 months prior to his/her start date . Surveyor asked Director A if Caregiver D had a tuberculosis test or screen completed within 90 days prior to starting to provide services. On 07/09/2024 at approximately 7:30 a.m., Director A responded that Caregiver D did not have another tuberculosis test because the clinic the provider worked with stated Caregiver D could not have another tuberculosis test administered since the clinic had a recent test on file. Director A did not comment on whether or not a new screen was completed. On 07/09/2024 at approximately 11:00 a.m., Human Resources Compliance B stated Caregiver D did not have a new screen completed upon hire.	M 232		
M 246	88.04(5)(b) TRAINING-8 HOURS ANNUALLY Except as provided in pars. (c) and (d), the licensee and each service provider shall complete 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of	M 246		

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M 246	Continued From page 2	M 246		

residents every year beginning with the calendar year after the year in which the initial training is received.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 1 of 1 caregivers reviewed that required continuing education had received at least 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents in 2022 and 2023. Caregiver E received 3.5 hours of continuing education in 2022 and 4.5 hours of continuing education in 2023.

Findings include:

On 07/08/2024 at approximately 10:30 a.m., Surveyor reviewed an employee roster, provided by Director A. Surveyor then requested the 2022 and 2023 continuing education for Caregiver E, hired 02/25/2020. Director A stated s/he would need to reach out to someone in corporate because s/he did not have access to employee records.

On 07/08/2024 at approximately 5:00 p.m., Surveyor received documentation that indicated Caregiver E received 3.5 hours of continuing education in 2022 and 4.5 hours of continuing education in 2023. Documentation indicated Caregiver E did not receive training for resident rights in 2023.

On 07/09/2024 at approximately 11:00 a.m., Human Resources Compliance B stated Caregiver E had completed additional trainings in

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M 246	Continued From page 3 2024. Surveyor received documentation indicating Caregiver E had received 12.25 hours of continuing education from January to June 2024. Human Resources Compliance B did not state why Caregiver E's 2022 or 2023 continuing education did not total 8 hours per year.	M 246		
Z 012	50.065(2)(bm) OUT OF STATE BACKGROUND CHECKS If the person who is the subject of the search under par. (am) or (b) is not a resident of this state or if at any time within the 3 years preceding the date of the search that person has not been a resident of this state, or if the department or entity determines that the person's employment, licensing, or state court records provide a reasonable basis for further investigation, the department or the entity shall make a good faith effort to obtain from any state or other United States jurisdiction in which the person is a resident or was a resident within the 3 years preceding the date of the search information that is equivalent to the information specified in par. (am) 1. or (b) 1. The department or entity may require the person to be fingerprinted on 2 fingerprint cards, each bearing a complete set of the person's fingerprints. The department of justice may provide for the submission of the fingerprint cards to the federal bureau of investigation for the purposes of verifying the identity of the person fingerprinted and obtaining the records of his or her criminal arrests and convictions.	Z 012		

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Z 012	Continued From page 4	Z 012		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not make a good faith effort to obtain a criminal history report from all states when 2 of 3 employees reviewed resided outside of Wisconsin within 3 years of their caregiver background checks. Caregiver C and Caregiver D indicated on their initial background information disclosures (BID) that they lived outside Wisconsin within 3 years from their hire date but the provider did not conduct a background check from the outside state.

Findings include:

On 07/08/2024 at approximately 10:30 a.m., Surveyor reviewed an employee roster, provided by Director A. Surveyor then requested background checks for Caregiver C, hired 04/01/2024 and Caregiver D, hired 06/10/2024. Director A stated s/he would need to reach out to someone in corporate because s/he did not have access to employee records.

On 07/08/2024 at approximately 4:30 p.m., Surveyor reviewed records from Human Resources Compliance B, which included the following:

- Caregiver C's BID, dated 04/04/2024, indicated s/he resided in Texas within the past 3 years.
- Caregiver D's BID, dated 06/06/2024, indicted s/he resided in Ohio within the past 3 years.

On 07/09/2024 at approximately 11:00 a.m., Human Resources Compliance B provided Surveyor with out of state background checks for Caregiver C and Caregiver D that were dated 07/09/2024. Human Resources Compliance B stated the provider was unaware of the

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Z 012	Continued From page 5 requirement to complete out of state background checks but would be completing the background checks moving forward.	Z 012		