

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  525604	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/12/2026
NAME OF PROVIDER OR SUPPLIER  Complete Care at Southpointe		STREET ADDRESS, CITY, STATE, ZIP CODE  4500 W. Loomis Rd. Greenfield, WI 53220	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>Based on interview and record review, the facility did not ensure their abuse policy and procedure was implemented for 1 of 8 employees reviewed for 4-year background checks potentially affecting a portion of the 97 residents residing in the facility. Certified Nursing Assistant (CNA)-R did not have an up-to-date background check completed within the four-year time frame. Findings include: The facility policy and procedure titled Abuse, Neglect and Exploitation dated 3/2/2026 documents: 1. Screening A. Potential employees will be screened for a history of abuse, neglect, exploitation, or misappropriation of resident property. 1. Background, reference, and credentials' checks shall be conducted on potential employees, contracted temporary staff, students affiliated with academic institutions, volunteers, and consultants. 2. Screenings may be conducted by the facility itself, third-party agency or academic institution. 3. The facility will maintain documentation of proof that the screening occurred. On 3/10/2026, Surveyor requested from Nursing Home Administrator (NHA)-A the personnel files for eight employees to review for the required background checks. CNA-R was hired on 11/2/2020. CNA-R's Background Information Disclosure (BID) form, the Department of Justice (DOJ) letter, and the Interagency Border Inspection System (IBIS) form were completed on 9/25/2020, prior to CNA-R beginning employment, and on 3/10/2026, after Surveyor had requested the information. Surveyor noted six years between background checks; a background check should have been completed in September 2024. In an interview on 3/11/2026 at 9:44 AM, Surveyor asked Director of Human Resources (DHR)-G if there was a background check completed for CNA-R between 2020 and yesterday, 3/10/2026. DHR-G stated when Surveyor had asked for CNA-R's background check information, DHR-G noticed it had not been completed in the last four years. DHR-G stated DHR-G did an audit of all employee records and DHR-G was the only employee DHR-G could not find current paperwork for. NHA-A stated the facility was purchased by another company in 2022 and all employees had background checks completed at that time. Surveyor asked NHA-A when had the background checks been completed. NHA-A stated the background checks were completed in June and July of 2022. NHA-A stated NHA-A understood documentation was needed to show the background checks were completed and they were unable to find any forms at that time. On 3/12/2026 at 3:54 PM, NHA-A provided the DOJ letter dated 2/10/2022. NHA-A stated NHA-A and DHR-G were still looking for the BID and IBIS and will provide them when they are located. On 3/13/2026 at 4:34 PM, NHA-A sent an email with CNA-R's BID form signed on 2/10/2022. No IBIS form was provided. Surveyor noted CNA-R's BID form and DOJ letter were both dated 2/10/2022; a new background check for CNA-R should have been completed by 2/10/2026, a month prior to the recertification survey. The facility completed a background check on 3/10/2026, one month beyond the four-year timeline, after it was requested by Surveyor.</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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