STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019259	A. BUILDING: _____ B. WING _____	R 04/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREAT LAKES HOME HEALTHCARE LLC	104 W 4TH ST KAUKAUNA, WI 54130

(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 04/14/2026 with additional information gathered through 04/16/2026, Surveyor conducted a verification visit at Great Lakes Home Healthcare LLC. As a result, 4 of 6 previous deficiencies were corrected and 2 were repeat deficiencies. See Statement of Deficiency (SOD) 11IC11, dated 07/09/2025. Under statutory provisions of WI Stat. Ch. 50 a $200 revisit fee is being assessed. Census: 3	{M 000}		
{M 380}	88.06(2)(a) ADMISSION-HEALTH EXAM Except as provided in subd. 2., the licensee shall ensure that a new resident of an adult family home receives a health examination by a physician to identify health problems and is screened for communicable disease, including tuberculosis. Screening for communicable disease may be provided by a physician, a registered nurse or a physician assistant. The health examination and screening shall take place within 90 days prior to admission to the home or within 7 days after admission. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 3 (Resident 1 and Resident 2) residents reviewed were screened for clinically apparent communicable disease, within 90 days before or 7 days after admission. This is a repeat deficiency. See Statement of	{M 380}		

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

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{M 380}	Continued From page 1 Deficiency (SOD) 11IC11, dated 07/09/2025. Findings include: On 04/14/2026, Surveyor conducted a verification visit. Surveyor requested Resident 1 and Resident 2's record from Licensee B to verify compliance with communicable disease screening requirements. On 04/14/2026 at 2:05 PM, Surveyor reviewed Resident 1 and Resident 2's records. The following was identified: - Resident 1 admitted to the home on 04/01/2023 and his/her record included a TB skin test administered on 04/11/2023. Resident 1's record did not contain evidence s/he was also screened for clinically apparent communicable disease. - Resident 2 admitted to the home on 10/11/2024 and his/her record included a TB skin test administered on 08/19/2025. Resident 2's record did not contain evidence s/he was also screened for clinically apparent communicable disease. On 04/14/2026 at 2:10 PM, Surveyor interviewed Licensee B who confirmed Resident 1 and Resident 2 do not have communicable disease screens. Surveyor reviewed DHS 88.06(2)(a) with Licensee B.	{M 380}		
{M 424}	88.06(3)(f) REVIEW OF ISP The individual service plan shall be reviewed at least once every 6 months by the licensee, the resident or the resident's guardian, the service	{M 424}		

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{M 424}	Continued From page 2 coordinator, if any, the designated representative, if any, the placing agency with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This review is to determine continued appropriateness of the plan and to update the plan as necessary. A plan shall be updated, in writing, whenever the resident's needs or preferences change substantially or when requested by the resident or the resident's guardian. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 Individual Service Plans (ISPs) were reviewed at least once every 6 months by the licensee, the resident, the resident's guardian and the placing agency, to determine the appropriateness of the care plan and to update the care plan as necessary (Resident 2 and Resident 3). Resident 2's ISP was due to be reviewed for an update by 01/18/2026 and was not reviewed or updated. Resident 3's ISP was due to be reviewed for an update by 01/08/2026 and was not reviewed or updated. This is a repeat deficiency. See Statement of Deficiency (SOD) 11IC11, date 07/09/2025.	{M 424}		

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{M 424}	Continued From page 3 Findings include: On 04/14/2026, Surveyor conducted a verification visit. Surveyor requested Resident 2 and Resident 3's record from Licensee B to verify compliance with ISP requirements. On 04/14/2026 at 2:05 PM, Surveyor reviewed Resident 2 and 3's record. The following was identified: - Resident 2 admitted to the home on 10/11/2024, has a guardian and was placed by a managed care organization (MCO). Resident 2's current ISP, dated 07/18/2025 included signatures from his/her guardian and Licensee B. There were no additional ISPs located in Resident 2's record. - Resident 3 admitted to the home on 07/31/2024, has a guardian and was placed by a managed care organization (MCO). Resident 3's current ISP, dated 07/08/2025 included a signature from Resident 3, his/her guardian and Licensee B. There were no additional ISPs located in Resident 3's record. On 04/14/2026 at 2:30 PM, Surveyor inquired about any additional ISP's for Resident 2 and Resident 3 from Licensee B. Licensee B provided Surveyor with an "Individual Support Plan (ISP)" for Resident 2 and stated s/he created it in March 2026. Surveyor reviewed the document and did not observe any dates or signatures. Surveyor also noted the document did not include information specific to Resident 2's needs. Licensee B confirmed Resident 2's updated ISP has not been reviewed with the guardian, Resident 2 and the MCO. Licensee B verified Resident 2 and Resident 3's ISPs have not been updated since July 2025.	{M 424}		

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{M 424}	Continued From page 4 On 04/16/2026 at 2:18 PM, Surveyor interviewed Licensee B who acknowledged Surveyor's concerns Resident 2 and Resident 3's ISP were not updated and/or reviewed at least once every 6 months. Licensee B stated s/he was currently in the process of updating all residents' ISPs. The provider did not ensure 2 of 2 ISPs reviewed were reviewed and updated at least once every 6 months.	{M 424}		