STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019972	A. BUILDING: _____ B. WING _____	R 01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY VIEW	**246 GREEN VALLEY PLACE WEST BEND, WI 53095**

(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 01/14/2026 with information gathered through 01/15/2026, Surveyor conducted a verification visit and standard survey at Valley View, an Adult Family Home (AFH) in West Bend, WI. Two deficiencies identified. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. 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 3 employees reviewed received baseline tuberculosis (TB) skin tests. Caregiver B did not have evidence of a TB skin test within 90 days prior to hire. Findings include:	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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VALLEY VIEW	246 GREEN VALLEY PLACE WEST BEND, WI 53095

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M 232	Continued From page 1 On 01/14/2026, Surveyor reviewed staff records for Caregiver B. Surveyor identified the following: -Caregiver B was hired on 06/21/2018. Surveyor could not locate evidence of a TB skin test for Caregiver B within 90 days of hire. On 01/15/2026 at 12:21 PM, Surveyor interviewed Program Director A. Program Director A stated s/he recently had been updating the employee files to make sure they were up to Beacon Standards and could not locate a TB skin test for Caregiver B. Program Director A stated s/he was having Human Resources look for the documentation in their files. Surveyor stated s/he would need information sent to him/her no later than 01/15/2026 at 3:00 PM. As of 01/15/2026 at 3:00 PM, no additional information was sent.	M 232		
M 464	88.07(3)(d) MEDICATION- WRITTEN ORDER Before the licensee or service provider dispenses or administers a prescription medication to a resident, the licensee shall obtain a written order from the physician who prescribed the medication specifying who by name or position is permitted to administer the medication, under what circumstances and in what dosage the medication is to be administered. The licensee shall keep the written order in the resident's file. This Rule is not met as evidenced by: Based on record review and interview, the	M 464		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019972	A. BUILDING: _____ B. WING _____	R 01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY VIEW	246 GREEN VALLEY PLACE WEST BEND, WI 53095

(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 464	Continued From page 2 provider did not obtain a written order from the physician for 1 of 1 resident reviewed who required staff to administer their medications. Resident 1 did not have a written order permitting the provider staff to administer medications. Findings include: On 01/14/2026 at 10:30 AM, Surveyor reviewed Resident 1's record and identified the following: -Resident 1 was admitted to the facility on 08/12/2024. Resident 1 did not have evidence of written orders from his/her physician permitting the provider staff to administer his/her medications. On 01/15/2026 at 12:21 PM, Surveyor interviewed Program Director A. Program Director A stated s/he could not locate it in Resident 1's file and s/he was having staff look for Resident 1's order for staff to administer his/her medications in a previous binder. Surveyor stated s/he would need information sent to him/her no later than 01/15/2026 at 3:00 PM. As of 01/15/2026 at 3:00 PM, no additional information was sent.	M 464		