STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020893	A. BUILDING: _____ B. WING _____	C 01/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HEARTFELT CARES AFH	510 WHITE OAK AVE PLOVER, WI 54467

(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 01/22/2026, with information gathered through 01/26/2026, Surveyor conducted a complaint investigation at Heartfelt Cares AFH, an Adult Family Home (AFH) in Plover, WI. Four deficiencies identified. Complaint substantiated. Census: 3	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: On 01/23/2026 at approximately 12:00 PM,	M 232		

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

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M 232	Continued From page 1 Surveyor reviewed staff records for Caregiver B. Surveyor identified the following: -Caregiver B was hired on 01/22/2026. Surveyor could not locate evidence of a TB skin test for Caregiver B within 90 days of hire. On 01/23/2026 at 1:17 PM, Surveyor interviewed Licensee A. Licensee A stated Caregiver B was scheduled for his/her TB skin test and screening at 3:30 PM on 01/23/2026 and Licensee A would send the copy of the record to the Surveyor as soon as s/he received them. As of 01/26/2026 at 5:00 PM, no additional information was sent.	M 232		
M 384	88.06(2)(b) SERVICE AGREEMENT EXCEPT RESPITE An adult family home shall have a service agreement with each person to be admitted to the home except a person being admitted for respite care. The service agreement shall be completed prior to admission and revised at least 30 days prior to any change. The service agreement shall be dated and signed by the licensee and the person being admitted or the persons guardian or designated representative. Copies shall be provided to all parties and to the placing agency, if any. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 residents (Resident 1, Resident 2, and Resident 3) reviewed had a service agreement completed prior to admission that was signed.	M 384		

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M 384	Continued From page 2 Findings include: On 01/23/2026, Surveyor requested to review Resident 1, Resident 2 and Resident 3's record. Surveyor identified the following: -Resident 1 was admitted on 06/04/2025 and had a guardian. Resident 1's admission agreement was only signed by Licensee A. -Resident 2 was admitted on 06/02/2025 and was his/her own person. Resident 2's admission agreement was only signed by Licensee A. -Resident 3 was admitted on 01/20/2026 and had a power of attorney (POA). Resident 3's admission agreement was only signed by Licensee A. On 01/26/2026 at approximately 11:50 AM, Surveyor interviewed Licensee A regarding signed admission service agreements. Licensee A stated s/he did not have the resident or resident's guardian and/or POA sign the admission agreements.	M 384		
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 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	M 424		

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M 424	Continued From page 3 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 3 of 3 residents reviewed (Resident 1, Resident 2 and Resident 3) service plans was 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. Findings include: On 01/23/2026, Surveyor reviewed Resident 1, Resident 2 and Resident 3's records and identified the following: -Resident 1 was admitted to the facility on 06/04/2025 and had a guardian. Resident 1's Individual Service Plan (ISP) was dated 01/09/2025, and did not have Licensee A's or Resident 1's guardian's signature. -Resident 2 was admitted to the facility on 06/02/2025 and was his/her own person. Resident 2's ISP was dated 06/02/2025 and did not have his/her signature. -Resident 3 was admitted to the facility on 01/20/2026 and had a power of attorney (POA). Resident 3's ISP was dated 01/13/2026 and did not have Resident 3's POA's signature. On 01/26/2026, Surveyor conducted an exit conference with Licensee A. Licensee A confirmed Resident 1, Resident 2 and Resident	M 424		

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M 424	Continued From page 4 3's ISP's did not have any signatures from the appropriate parties.	M 424		
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 provider did not obtain a written order from the physician for 3 of 3 residents reviewed (Resident 1, Resident 2 and Resident 3) who required staff to administer their medications. Resident 1, Resident 2 and Resident 3 did not have a written order permitting the provider staff to administer medications. Findings include: On 01/23/2026 at 12:00 PM, Surveyor reviewed Resident 1, Resident 2 and Resident 3's record and identified the following: -Resident 1 was admitted to the facility on 06/04/2025. Resident 1 did not have evidence of written orders from his/her physician permitting the provider staff to administer his/her	M 464		

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M 464	Continued From page 5 medications. -Resident 2 was admitted to the facility on 06/02/2025. Resident 2 did not have evidence of written orders from his/her physician permitting the provider staff to administer his/her medications. -Resident 3 was admitted to the facility on 01/20/2026. Resident 3 did not have evidence of written orders from his/her physician permitting the provider staff to administer his/her medications. On 01/26/2026, Surveyor conducted an exit conference with Licensee A. Licensee A confirmed Resident 1, Resident 2 and Resident 3 did not have evidence of written orders from his/her physician permitting the provider staff to administer his/her medications.	M 464		