STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020171	A. BUILDING: _____ B. WING _____	C 03/02/2026

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M 000	INITIAL COMMENTS On 02/25/2026, with additional information gathered through 03/02/2026, Surveyor conducted a complaint investigation and standard survey at Caring Corner Byrd St. The complaint was substantiated. Four deficiencies were identified. Census: 4	M 000		
M 338	88.05(4)(c)1 EXITING FROM THE FIRST FLOOR Exiting from the first floor. The first floor of the home shall have at least 2 means of exiting which provides unobstructed access to the outside. This Rule is not met as evidenced by: Based on observation and interview, the provider did not have at least 1 of 2 means of exiting which provided unobstructed access to the outside. The exit through the garage service door was unobstructed by a Hoyer lift, walker, recycle bin, locked doorknob, snow, and a vehicle, which led to an outside unramped walkway and designated safe area. Findings include: The provider is licensed as a non-ambulatory adult family home (AFH) who can serve up to 4 residents who may be alcohol/drug dependent, developmentally disabled, emotionally disturbed/mentall ill, physically disabled, and/or have a traumatic brain injury. At the time of survey, the census was 4 residents. Three of 4 residents required a ramp to exit the adult family	M 338		

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

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M 338	Continued From page 1	M 338		

home.

On 02/25/2026, Surveyor conducted a standard survey.

At 11:12 AM, Surveyor toured the home with Manager B. Surveyor and Manager B observed a Hoyer lift located at the top of the ramp at the immediate entrance between the kitchen door and the ramp in the garage, which would be required to move if a resident with a wheelchair or walker needed to get to the ramp. Halfway down the ramp was a wheeled walker which would be required to move if a resident with wheelchair or walker needed to go to the ramp. At the garage floor in front of the exit door was the recycle dumpster, which was blocking the full exit to the sevice door. Manager B said the dumpster was not usually located there but did not move it elsewhere. Surveyor observed Manager B unlock the service door and open it. Surveyor and Manager B observed and noted a 1/2-inch lip, metal threshold, and 2-inch step down to the driveway through the service door exit. Manager B said there was a fold-up ramp that was usually on the service door floor that eliminated the step down, but it was removed for the construction person. Surveyor asked whether it would be replaced and s/he said yes, when the construction crew was done with their project. Surveyor observed the driveway to be partially snow covered and a vehicle parked outside of the service door creating a path not large enough for a resident in a wheelchair or walker to get to the sidewalk.

At 12:13 PM, Surveyor interviewed Caregiver C in the garage who said they kept the garage service door locked for safety reasons. Caregiver C locked the door. Surveyor and Caregiver C

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M 338	Continued From page 2 confirmed the service door had to be manually unlocked to open the door to get outside. Caregiver C said s/he would not leave the door unlocked. On 02/27/2026, Surveyor reviewed the provider's fire evacuation plan and noted the 1 exit identified through the front door and ramp, and the other exit identified through the garage ramp and out the service door. Surveyor noted the "meeting place" was listed as in front of the house. Surveyor noted the path to the front of the house from the second exit was across the driveway and around the house using the city sidewalk. On 03/02/2026 at 10:00 AM, Surveyor interviewed Licensee A who acknowledged the 2nd exit from the home was obstructed and s/he would make changes to ensure resident evacuation safety.	M 338		
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.	M 380		

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M 380	Continued From page 3 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 resident records reviewed (Resident 1 and Resident 2) were screened for communicable disease within 90 days prior or 7 days after admission to the home. Findings include: On 02/25/2026, Surveyor conducted a standard survey. Surveyor reviewed Resident 1 and Resident 2's sample records. Resident 1 moved to the home on 01/13/2026. Resident 1's record did not include evidence s/he was screened for communicable disease by a physician, registered nurse or a physician assistant. Resident 2 moved to the home on 04/19/2024. Resident 2's record did not include evidence s/he was screened for communicable disease by a physician, registered nurse or a physician assistant. On 03/02/2026 at 10:00 AM, Surveyor interviewed Licensee A who acknowledged Resident 1 and Resident 2 were not screened for communicable disease.	M 380		
M 440	88.07(2)(b)1 SUPERVISNG & ASSISTING WITH ADLS Supervising or assisting a resident with or teaching a resident about activities of daily living.	M 440		

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M 440	Continued From page 4 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 3 was supervised and assisted with activities of daily living. Findings include: The provider is licensed as a non-ambulatory adult family home (AFH) who can serve up to 4 residents who may be alcohol/drug dependent, developmentally disabled, emotionally disturbed/mentally ill, physically disabled, and/or have a traumatic brain injury. On 12/02/2025, the department received complaint information alleging resident needs were not being met. On 02/25/2026, Surveyor conducted a complaint investigation. Surveyor reviewed Resident 3's record and noted s/he moved to the facility on 11/13/2023 with diagnoses of type II diabetes, diabetic neuropathy, other obesity, bipolar disorder, anxiety disorders, post-traumatic stress disorder, psychophysiologic insomnia, borderline personality disorder, obstructive sleep apnea, asthma, irritable bowel syndrome, fibromyalgia, and osteoarthritis. Resident 3 was his/her own person and able to make his/her needs known. Surveyor reviewed Resident 3's individual service plan (ISP) dated 09/23/2025 and noted s/he required full assistance from staff for bathing, dressing, toileting, transferring from 2 staff with a Hoyer lift, mobility with a wheelchair, and repositioning. Surveyor noted "Evacuation ...Staff	M 440		

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will provide assistance to ensure [Resident 3] evacuates the facility in a safe and timely manner. If [Resident 3] is in [his/her] bed and unable to be transferred to [his/her] wheelchair, Staff will cover [him/her] with a fire-proof blanket and ensure that 911 is contacted to update them of the facility's inability to transfer [him/her] with only one staff present."

Surveyor reviewed Resident 3's October 2025 Task Administration Record (TAR) and noted the following tasks staff signed off on.
Mobility & Walking - Full Assistance - Wheelchair "Staff to provide total assistance with mobility and ambulating. [Resident 3] ambulates via wheelchair. Staff to ensure Resident safety at all times to ensure compliance with this task."
Positioning - Full Assist "Staff to provide assistance with positioning to ensure that Resident is free of skin breakdown / skin issues. Resident should be repositioned PRN [as needed], every 2 hours while awake and with cares when asleep."
Toileting - Full Assistance "Staff should provide total assistance with all toileting needs. Staff to check for incontinence every 2 hours or as needed and ensure Resident safety with all tasks. Staff should assist with dressing and undressing, toileting, peri-care and clean-up to ensure compliance."
"TRANSFERRING - FULL ASSISTANCE - HOYER LIFT - ASST OF 2 STAFF FOR 1 HOUR DAILY Staff to provide total assistance with transfers to ensure that Resident is transferring safely. [Resident 3] transfers via Hoyer lift with assist of two staff. Due to [Resident 3's] anxiety and difficulty transferring, along with the timeframe to transfer from bed to wheelchair and then wheelchair to chair, transfers take 30 minutes for each transfer. One hour of 2:1

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staffing is provided daily so [Resident 3] is safely transferred up once daily and then returned down to [his/her] bed (1 hour provided daily for 2:1 staffing) in order to accommodate the hour available."

On 02/26/2026 at 9:54 AM, Surveyor received written correspondence from Managed Care Organization (MCO) Provider Quality Supervisor E: "On 10/30/25, [Resident 3] notified IDT [interdisciplinary team staff, care management] that [s/he] typically would remain in bed on Saturdays and Sundays due to a lack of 2 staff available to assist [him/her] with getting out of bed. [Resident 3] indicated at that time that [his/her] preference was to get out of bed ...[APS] investigation determined [Resident 3] was neglected. [MCO] had 3 incidents entered [for neglect] ...During discussions, the provider had indicated that the prior MCO had discontinued the 2-person staffing for [Resident 3]. At that time, the staffing model for [Resident 3] was one staff member on duty with a second available as needed. To address this issue, an enhanced rate was implemented and starting October 30-November 29 ...[Resident 3] was enrolled with [this MCO] while already residing at this location on 9/23/2025."

On 03/02/2026 at 11:27 AM, Surveyor received written correspondence from Provider Quality Supervisor E stating "[Resident 3] was not transferred out of bed on October 29, 2025."

On 02/26/2026 at 9:01 AM, Surveyor interviewed Adult Protective Services (APS) F who stated s/he conducted an investigation on 11/08/2025 and found 1 staff to be at the home. Upon contacting Licensee A, it had been determined the 2nd staff member had to leave for personal

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reasons and so Licensee A went to the home to assist with Resident 3's transfer out of bed. APS - F stated s/he questioned whether Resident 3 would have been transferred out of bed if s/he would not have gone to the home. APS - F reported s/he had found at least 2 days where Resident 3 was left in bed all day and was not assisted up. APS - F's investigation concluded that Resident 3 did sustain harm as a result.

On 02/26/2026, Surveyor reviewed APS - F's case notes:
11/05/2025 "Time accounts for writer speaking to [MCO]. [MCO] reported [this MCO] took over as [Resident 3's] [MCO] on 9/23. The AFH gave notice on [Resident 3] in August, saying they could not meet [his/her] needs as [s/he] now requires 2 people and a hoyer [sic] lift for transfers. [MCO] has been looking for a placement ....When [MCO] spoke to [Resident 3] on the phone on 10/30 [Resident 3] reported staff did not transfer [him/her] hour [out] of bed at all. [Resident 3] also reported [s/he] have never gotten transferred out of be on weekend during the entire time [s/he] is placed there. [MCO] met with the AFH owner who admitted they are not always able to transfer [Resident 3] out of bed due to lack of staff. Per [MCO], [MCO] provided 'education' to the AFH about the need to have sufficient staff to complete transfers. Writer questioned what [MCO] is doing to ensure [Resident 3] is being transferred out of bed daily until a new AFH can be found ..."

11/07/2025 "Time accounts for writer participating in an online meeting regarding [Resident 3]. Present were [MCO staff] ...We discussed the concerns with the AFH not having enough staff to transfer [Resident 3] resulting in [him/her] being left in bed or extended period. [MCO]

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emphasized because the AFH is state licensed they are required to increase staff to meet this need for as long as [Resident 3] is there."

11/08/2025 11:00 AM "Time accounts for travel and meeting with [Resident 3] and AFH staff. There was one staff working when writer arrived and [Resident 3] was in bed. Writer met with [Resident 3 in [his/her] room. [Resident 3] reported the AFH owner will be coming over later to help get [him/her] out of bed. [Resident 3] indicated [s/he] struggles to roll over/reposition [him/herself] in bed due to there being a dent in it. [Resident 3] reported [s/he] plans to talk to [his/her] doctor at an upcoming appointment about getting a new bed. [Resident 3] reported staff give [him/her] a bed bath as [his/her] shower chair doesn't work in the bathroom. Staff brought [Resident 3] lunch and [s/he] confirmed [s/he] eats all [his/her] meals in bed. [Resident 3] was most on [his/her] side with the head of [his/her] bed partially raised. Writer asked [Resident 3] about adjusting [him/herself] and [his/her] bed so [s/he] could eat sitting up."

11/11/2025 "Time accounts for multiple emails with [MCO] ...The [MCO] also 'provided education' to the AFH about getting [Resident 3] up and out of bed for meals."

On 02/27/2026, Surveyor reviewed provider's staff September-November 2025 staffing schedule and noted one staff was scheduled 8 AM - 8 PM and one staff was scheduled 8 PM - 8 AM daily. A note listed "[Manager B] available every day as needed for transfers." Surveyor noted there was no notation as to when Manager B was onsite for transfers or otherwise.

On 03/02/2026 at 10:00 AM, Surveyor

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M 440	Continued From page 9 interviewed Licensee A who verified Resident 3 required 2 staff assistance with transfers in and out of bed. Licensee A verified Resident 3 required full assistance from staff for all activities of daily living. S/he verified Resident 3 required 2 staff assistance to get out of bed if s/he was in bed in the case of a need for evacuation. Licensee A said since the MCO discontinued funding for the second staff at the home, s/he was not able to provide the second staff at the home, so Resident 3 was issued an involuntary discharge in August 2025. Resident 3 changed MCO's and a new rate was not applied for additional staffing (for a second staff) until October 30th 2025. Licensee A said the staffing for the home was 1 staff from August-October with Manager B available as needed to assist with transfers. In October, it was implemented to have a second staff available for Resident 3 to be transferred out of bed to get ready and go to a medical appointment for 30 minutes, and then 30 minutes for a second staff member to assist Resident 3 back into bed upon return. Licensee A verified there was for sure 1 day where Resident 3 was not transferred out of bed with 2 other days where s/he may not have been transferred at all in a day. Surveyor inquired whether Resident 3 had the ability to choose when s/he got in and out of bed and Licensee A said s/he was able to get out of bed or go back to bed when the second staff person was available. Licensee A verified Resident 3 required assistance from 2 staff and they did not always have 2 staff to meet his/her needs and provide choice.	M 440		
M 462	88.07(3)(c) MEDICATION ASSISTANCE If the licensee or service provider assists a resident with prescription	M 462		

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medication, the licensee or service provider shall help the resident securely store the medication, take the correct dosage at the correct time and communicate effectively with his or her physician.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 2 of 2 resident records reviewed (Resident 1 and Resident 2) received all prescription medication as ordered by their physician(s).

Findings include:

On 02/25/2026, Surveyor conducted a standard survey. Surveyor reviewed Resident 1 and Resident 2's sample records.

RESIDENT 1
Surveyor reviewed Resident 1's record and noted s/he was placed at the home on 01/13/2026 with diagnoses of adult failure to thrive, schizoaffective disorder, anxiety, bipolar disorder, borderline personality disorder, depression, post-traumatic stress disorder, epilepsy, and dysphagia. Resident 1 required staff assistance with medication management and administration.

Surveyor reviewed Resident 1's January and February 2026 medication administration records (MARs) and noted the following medications were not administered on a regular basis:
Medihoney Gel tube 1.5 oz - Started 01/13/2026 at 8:00 AM and 8:00 PM - 01/13/2026 at 8:00 PM

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- 02/03/2026 at 8:00 PM; 02/04/2026 at 8:00 AM - 02/09/2026 at 8:00 PM (54 missed doses) MAR Notation "not available"
Therahoney Get 42.5 g at 8:00 AM and 8:00 PM - Started 02/10/2026 at 8:00 AM and 8:00 PM - 02/10/2026 at 8:00 AM - 02/25/2026 8:00 AM (18 missed doses) MAR Notation "not available"
Metoprolol Tartrate 25 mg tablet- Started 01/13/2026 at 8:00 AM and 8:00 PM - 01/13/2026 at 8:00 PM - 02/25/2026 at 8:00 AM (88 missed doses) MAR Notation "not available"
Folic Acid 0.4 mg tablet - Started 01/13/2026 at 8:00 AM - 01/28/2026 - 02/25/2026 (29 missed doses) MAR Notation "not available"
Vitamin A&D Ointment 42.50 gm - Started 01/13/2026 at 8:00 AM and 8:00 PM - 02/07/2026 - 02/25/2026 at 8:00 AM (39 missed doses) MAR Notation "not available"

Surveyor reviewed provider's "Additional notes" listed in Resident 1's January and February MARs: "Medications currently pending MCO [managed care organization] authorization include Medihoney Gel Tube 1.5 oz (31815), Vitamin A & D Ointment 42.50 gm, and Folic Acid 0.4 mg tablet.
Pharmacy provided a limited supply of Folic Acid and Vitamin A & D Ointment due to cost being under $15 while awaiting MCO approval.
Metoprolol Tartrate 25 mg tablet has been on hold since 01/12 and has not yet ben delivered to the home. Follow-up with pharmacy is indicated to determine status and prevent lapse in therapy."

On 02/26/2026 at 11:48 AM, Surveyor interviewed MCO Care Manager RN-D. RN-D said s/he was not made aware of the need to authorize any medications for Resident 1 and was not made aware that s/he had not been getting certain medications since admission.

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M 462	Continued From page 12 RESIDENT 2 Surveyor reviewed Resident 2's sample record and noted s/he moved to the home on 04/19/2024 with diagnoses of dementia, psychotic disorder with delusions, chronic kidney disease, gastro-esophageal reflux disease. Surveyor reviewed Resident 1's January and February 2026 MARs and noted the following medications were not administered on a regular basis: Fiber-lax tabs 625 mg at 8:00 AM - 01/01/2026-02/25/2026 (56 missed doses) MAR Notation "not available" Surveyor reviewed provider's "Additional notes" listed in Resident 1's January and February MARs: "Fiber-Lax 625 mg tablets are currently on hold at the pharmacy pending payment." On 02/25/2026 at 11:40 AM, Surveyor interviewed Caregiver C who said there were medications for Resident 1 and Resident 2 which had not arrived to the home, so do not get administered. Caregiver C indicated the medications had not been administered for months. On 03/02/2026 at 10:00 AM, Surveyor interviewed Licensee A who said there were issues with payment for over-the-counter medications. Licensee A verified Resident 1 and Resident 2 did not receive medications as prescribed and would be following up with the pharmacy and payer sources.	M 462		