

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0017845	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/15/2023
NAME OF PROVIDER OR SUPPLIER HORIZON MANOR INC		STREET ADDRESS, CITY, STATE, ZIP CODE N112 W12850 MEQUON RD GERMANTOWN, WI 53022		
(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 08/15/2023, Surveyor conducted an abbreviated survey at Horizon Manor Inc, an Adult Family Home (AFH) in Germantown, WI. One deficiency identified. Census: 3	M 000		
M 282	88.05(3)(d) ANNUAL WELL WATER INSPECTIONS Where a public water supply is not available water samples shall be taken from the well and tested at the state laboratory of hygiene or other laboratory approved under ch. HSS 165 at least annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure water samples were taken from the well and tested at the state laboratory of hygiene or other approved laboratory at least annually. Findings include: On 08/15/2023, Surveyor conducted an abbreviated survey. As part of the survey process, Surveyor requested to review the well water test from calendar year 2022. Licensee A stated s/he only had it completed prior to being licensed and it hadn't been done since 2019. Licensee A stated s/he would get one completed as soon as possible.	M 282		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE