STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020022	A. BUILDING: _____ B. WING _____	09/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HORIZON HOMECARE LLC	610 N HEATHERSTONE DR SUN PRAIRIE, WI 53590

(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 09/02/2026, Surveyor conducted a standard survey at Horizon Homecare LLC, an AFH in Sun Prairie. Seven deficiencies were identified. Census: 3	M 000		
M 246	88.04(5)(b) TRAINING-8 HOURS ANNUALLY Except as provided in pars. (c) and (d), the licensee and each service provider shall complete 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training is received. This Rule is not met as evidenced by: Based on record review and interview, Licensee A did not ensure 2 of 2 caregivers completed 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment in 2025. Licensee A and Caregiver B did not complete annual training in 2025. Findings include: On 09/02/2026 at 7:50 a.m., Surveyor reviewed employee records provided by Licensee A. Records documented the following:	M 246		

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

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M 246	Continued From page 1 - Licensee A had worked for the home since the home was licensed on 05/14/2024. Licensee A did not complete continuing education in 2025. - Caregiver B had worked for the home since the home was licensed on 05/14/2024. Caregiver B did not complete continuing education in 2025. On 09/02/2026 at approximately 8:15 a.m., Surveyor reviewed concern with Licensee A that employee records did not include documentation of continuing education in 2025. Licensee A reviewed employee records and confirmed Surveyor's concern. Licensee A stated s/he missed completing continuing education in 2025.	M 246		
M 336	88.05(4)(b)2 SMOKE DETECTORS-TESTING AND MAINTENANCE The licensee shall maintain each required smoke detector in working condition and test each smoke detector monthly to make sure that it is operating. If a unit is found to be not operating, the licensee shall immediately replace the battery or have the unit repaired or replaced. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure smoke detectors were tested monthly to make sure they were operating. The provider had not completed smoke detector checks since May 2026. Findings include:	M 336		

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M 336	Continued From page 2 On 09/02/2026 at approximately 8:00 a.m., Surveyor reviewed the provider's smoke detector checks. Documentation indicated smoke detector checks had not been completed since May 2026. On 09/02/2026 at approximately 8:30 a.m., Surveyor reviewed concern with Licensee A that smoke detector checks had not been completed since May 2026. Licensee A reviewed his/her documentation and confirmed Surveyor's concern. Licensee A made a note to him/herself to complete smoke detector checks.	M 336		
M 458	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be securely stored, shall remain in its original container as received from the pharmacy and be stored as specified by the pharmacist. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all medication was securely stored. The provider stored 4 Mounjaro insulin pens, unsecured, in the refrigerator. Findings include:	M 458		

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M 458	Continued From page 3 On 09/02/2026 at approximately 8:15 a.m., Surveyor reviewed resident medications. Surveyor observed Licensee A obtain a box, containing 4 Mounjaro insulin pens, from the kitchen refrigerator. As Licensee A provided Surveyor with the Mounjaro insulin pens, Surveyor interviewed Licensee A regarding the storage of the insulin. Licensee A confirmed the medication was stored unsecured in the refrigerator.	M 458		
M 466	88.07(3)(e)1 MEDICATION- RECORD KEEPING The licensee shall keep a record of all prescription medications controlled, dispensed or administered by the licensee which show the name of the resident, the name of the particular medication, the date and time the resident took the medication and errors and omissions. The medication controlled by the licensee shall be kept in a locked place. This Rule is not met as evidenced by: Based on observation, interview and record review, the provider did not ensure an accurate record of all prescription medications administered was maintained for 2 of 2 residents reviewed. Resident 1's record documented administration of Co Q-10, Florajen Acidophilus and Tizanidine Hcl, which were unavailable in the home and not administered. Resident 2's record documented administration of	M 466		

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M 466	Continued From page 4 Latanoprosot and Dorzolamide-Timolol eye drops, which were unavailable in the home and not administered. Findings include: On 09/02/2026 at approximately 8:15 a.m., Surveyor reviewed resident records and the provider's medication supply with Licensee A. The following concerns were identified: Example 1 - Resident 1: Resident 1 admitted to the provider's home on 10/26/2024. Resident 1's record indicated the provider was responsible for medication administration. Resident 1's physician orders included Co Q-10 100 mg (Start Date: 10/22/2024) 2 times daily, Florajen Acidophilus 20 mg (Start Date: 10/22/2024) 2 times daily and Tizanidine Hcl 2 mg (Start Date: 06/03/2026) 1 time daily. Resident 1's Medication Administration Record (MAR), dated 08/01/2026 to 09/02/2026, documented 2 times daily administration of Co Q-10 and Florajen Acidophilus and 1 time daily administration of Tizanidine Hcl; however, Resident 1's medication supply did not contain the medications. While reviewing Resident 1's record and medication supply, Surveyor interviewed Licensee A. Licensee A confirmed Resident 1's Co Q-10, Florajen Acidophilus, and Tizanidine had been discontinued some time ago and should not have been documented on the MAR as administered 08/01/2026 to 09/02/2026. Example 2 - Resident 2: Resident 2 was admitted to the provider's home	M 466		

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M 466	Continued From page 5 on 08/05/2024. Resident 2's record indicated the provider was responsible for medication administration. Resident 2's physician orders included Latanoprost .005% eye drops (Start Date: 04/22/2025) - Instill 1 drop in each eye 1 time daily and Dorzolamide - Timolol eye drops (Start Date: 04/22/2025) - Instill 1 drop in both eyes 2 times daily. The MAR, dated 08/01/2026 to 09/02/2026, documented daily administration of Latanoprost and 2 times daily administration of Dorzolamide-Timolol. Resident 2's medication supply did not contain Latanoprost and contained an empty bottle of Dorzolamide-Timolol, dated 04/22/2025. While reviewing Resident 2's record and medication supply, Surveyor interviewed Licensee A regarding Resident 2's eye drops. Licensee A stated it had been a while since Resident 2 received eye drops and that the eye drop administration should not have been documented in the MAR 08/01/2026 to 09/02/2026.	M 466		
M 550	88.10(3)(b) Privacy Privacy. To have physical and emotional privacy in treatment, living arrangements and in caring for personal needs, including toileting, bathing and dressing. The resident, the resident's room, any other area in which the resident has reasonable expectation of privacy, and the personal belongings of a resident shall not be searched without the resident's permission or permission of the resident's guardian except when there is reasonable cause to believe	M 550		

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M 550	Continued From page 6 that the resident possesses contraband. The resident shall be present for the search. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure residents were provided privacy. The provider had a camera located in the kitchen that observed the front hallway/entrance of the home. Findings include: On 09/02/2026 at approximately 8:30 a.m., Surveyor observed a camera in the provider's kitchen, which was aimed across the room. While observing the camera, Surveyor interviewed Licensee A regarding use of a camera. Licensee A confirmed the camera was operating and stated it was pointed at the front (interior) entryway/common area to observe individuals coming/going from the home.	M 550		
M 582	88.10(3)(q) Medications Medications. To receive all prescribed medications in the dosage and at the intervals prescribed by the resident's physician, and to refuse medications unless there has been a court order under s. 51.61(1)(g), Stats., with a court finding of incompetency.	M 582		

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M 582	Continued From page 7 This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 2 of 2 residents reviewed received all medication as prescribed. Resident 1 did not receive Co Q-10, Florajen Acidophilus and Tizanidine Hcl as prescribed. Resident 2 did not receive Latanoprost and Dorzolamide-Timolol eye drops as prescribed. Findings include: On 09/02/2026 at approximately 8:15 a.m., Surveyor reviewed resident records and the provider's medication supply with Licensee A. The following concerns were identified: Example 1 - Resident 1: Resident 1 admitted to the provider's home on 10/26/2024. Resident 1's record indicated the provider was responsible for medication administration. Resident 1's physician orders included Co Q-10 100 mg (Start Date: 10/22/2024) 2 times daily, Florajen Acidophilus 20 mg (Start Date: 10/22/2024) 2 times daily and Tizanidine Hcl 2 mg (Start Date: 06/03/2026) 1 time daily. Resident 1's record included a medication list, dated 05/12/2026, that listed the medications as current. Resident 1's medication supply did not include Co Q-10, Florajen Acidophilus and Tizanidine Hcl. While reviewing Resident 1's record and medication supply, Surveyor interviewed Licensee A. Licensee A confirmed Resident 1's Co Q-10, Florajen Acidophilus, and Tizanidine were unavailable. Licensee A stated s/he thought	M 582		

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M 582	Continued From page 8 the medications had been discontinued but did not have a corresponding physician order. On 09/02/2026 at 12:30 p.m., Surveyor interviewed Pharmacist C. Pharmacist C confirmed Resident 1 had been prescribed Co Q-10 and Florajen Acidophilus but neither medication was provided due to lack of coverage and that Tizanidine was in need of a refill, which the provider should have reached out to the pharmacy to initiate. Example 2 - Resident 2: Resident 2 was admitted to the provider's home on 08/05/2024. Resident 2's record indicated the provider was responsible for medication administration. Resident 2's physician orders included Latanoprost .005% eye drops (Start Date: 04/22/2025) - Instill 1 drop in each eye 1 time daily and Dorzolamide - Timolol eye drops (Start Date: 04/22/2025) - Instill 1 drop in both eyes 2 times daily. Resident 2's record included a medication list, dated 05/13/2026, that listed both eye drops as current medications. Resident 2's medication supply did not contain Latanoprost and contained an empty bottle of Dorzolamide-Timolol, dated 04/22/2025. While reviewing Resident 2's record and medication supply, Surveyor interviewed Licensee A regarding Resident 2's eye drops. Licensee A stated it had been a while since Resident 2 received eye drops. Licensee A did not have a physician order indicating either eye drop had been discontinued. On 09/02/2026 at 12:30 p.m., Surveyor interviewed Pharmacist C. Pharmacist C confirmed the pharmacy had not provided the	M 582		

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M 582	Continued From page 9 provider with eye drops because both eye drops were due for new scripts, which the provider was responsible for contacting the pharmacy to initiate the process for.	M 582		
Z 022	50.065(3)(b) COMPLETE BACKGROUND CHECK PROCESS Every 4 years or at any other time within that period that an entity considers appropriate, the entity shall request the information specified in sub. (2) (b) 1. to 5. for all caregivers of the entity. This Rule is not met as evidenced by: Based on record review and interview, Licensee A did not ensure 1 of 1 caregivers reviewed had a background check completed every 4 years. Licensee A had not completed a background check for Caregiver B in greater than 4 years. Findings include: According to The Wisconsin Caregiver Program Manual (P-00038), a complete Caregiver Background Check, at minimum, consists of: 1) A completed DHS form F-82064, Background Information Disclosure (BID).	Z 022		

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Z 022	Continued From page 10 2) A response from the Department of Justice (DOJ). 3) A Governmental Findings Report from DHS that reports the person's status, including administrative finding or licensing restrictions (GFR). On 09/02/2026 at 7:50 a.m., Surveyor reviewed employee records provided by Licensee A. Records documented that Caregiver B had worked for the home since the home was licensed on 05/14/2024. Caregiver B's record included a BID, dated 04/10/2024. Caregiver B's DOJ and GFR were dated 04/19/2022, greater than 4 years ago . On 09/02/2026 at approximately 8:15 a.m., Surveyor reviewed concern with Licensee A that Caregiver B's DOJ and GFR were completed greater than 4 years ago. Licensee A clarified that the DOJ and GFR also had to be completed every 4 years.	Z 022		