STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017279	A. BUILDING: _____ B. WING _____	R-C 05/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELENS HOME	1265 NELSON DR BOYCEVILLE, WI 54725

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{M 000}	INITIAL COMMENTS On 05/14/2025, Surveyor conducted a standard licensure survey and verification visit. Data was collected through 5/21/2025. Eight deficiencies were identified. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 4	{M 000}		
M 332	88.05(4)(a) FIRE SAFETY-FIRE EXTINGUISHERS Fire extinguishers. Every adult family home shall be equipped with one or more fire extinguishers on each floor. Each required fire extinguisher shall have a minimum 2A, 10-B-C rating. All required fire extinguishers shall be mounted. A fire extinguisher is required at the head of each stairway and in or near the kitchen except that a single fire extinguisher located in close proximity to the kitchen and the head of a stairway may be used to meet the requirement for an extinguisher at each location. Each required fire extinguisher shall be maintained in readily usable condition and shall be inspected annually by the authorized dealer or the local fire department and have an attached tag showing the date of the last dealer or fire department inspection. This Rule is not met as evidenced by:	M 332		

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

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M 332	Continued From page 1 Based on observation and interview, the provider did not ensure fire extinguishers were inspected annually by an authorized dealer or local fire department, and did not have an attached tag showing the date of the last inspection. Findings include: On 5/14/2025, Surveyor observed the fire extinguisher mounted to the wall in the kitchen by the garage door. The fire extinguisher had an annual inspection tag, dated 12/2020. At approximately 1:22 PM, Surveyor asked Administrator B when the last time the fire extinguishers were inspected. Surveyor asked for updated documentation if they had been inspected more recently than 12/20/20. On 05/21/2025 at approximately 1:30 PM, Surveyor interviewed Administrator A. Administrator A stated s/he took the fire extinguishers to [Inspection Company] to get inspected. S/he thinks they were inspected last year but just did not get an updated inspection tag. Surveyor requested that documentation of inspection be sent by the end of the day. On 05/22/2025, Surveyor did not receive any documentation of fire extinguisher inspection.	M 332		
M 344	88.05(4)(d)2.a FIRE SAFETY EVACUATION PLAN REVIEW The licensee shall review the fire safety evacuation plan with each new resident immediately following placement and shall evaluate the resident using a form provided by the	M 344		

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M 344	Continued From page 2 department to determine whether the resident is able to evacuate the home without any help within 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure an evacuation assessment was completed for Resident 2 within 3 days of admission. Findings include: On 05/15/2025 at approximately 2:52 PM, Surveyor requested to review Resident 2's record. Resident 2 was admitted to the facility on 01/02/2025. Resident 2's initial evacuation was dated 02/03/2025, about a month after admission. On 5/21/2025 at approximately 1:30 PM, Surveyor interviewed Administrator A about initial evacuation assessments. Administrator A stated s/he had this "all screwed up." S/he stated s/he thought they just needed to be completed every 6 months. Administrator A stated s/he would add this to her new admission checklist right away. The provider did not ensure Resident 2's initial evacuation assessment was completed in a timely manner.	M 344		
M 348	88.05(4)(d)2.c SEMI-ANNUAL FIRE DRILLS The licensee shall conduct semi-annual fire drills with all household members	M 348		

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M 348	Continued From page 3 with written documentation of the date and the evacuation time for each drill maintained by the home. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure fire drills were conducted semi-annually in 2023 or 2024. Findings include: On 5/14/2025 at 1:22 PM, Surveyor requested fire drills completed for 2023 and 2024, from Administrator A. Surveyor never received any documentation of completed fire drills. On 5/20/2025 at 1:54 PM, Surveyor asked again if there was any documentation of completed fire drills. At 1:57 PM, Administrator A replied via e-mail and stated, "The fire drills were sent with their paperwork. 6 [sic] month evacuation drills." Surveyor explained that fire drills and evacuation assessments are two different things. Administrator A stated they perform fire drills with the evacuation drills but do not have documented times. Administrator A acknowledged fire drills needed to be completed separately from evacuation drills, with proper documentation.	M 348		
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	M 380		

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M 380	Continued From page 4 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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents reviewed were screened for communicable disease, including tuberculosis (TB), within 90 days prior to admission, or within 7 days after admission. Findings include: On 05/15/2025 at approximately 2:52 PM, Surveyor requested to review Resident 1 and Resident 2's record. Resident 1 was admitted to the facility on 10/04/2022. The record did not contain documentation to show a health screen or TB test was completed. Resident 2 was admitted to the facility on 01/02/2025. The record did not contain documentation to show a health screen or TB test was completed. On 5/20/2025 at approximately 1:54 PM, Surveyor asked Administrator A again for any health screen/TB tests for Resident 1 or 2. At 1:57 PM, Administrator A replied via e-mail and stated, "I don't have TB tests for them."	M 380		

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M 384	Continued From page 5	M 384		
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 Resident 2 had a signed service agreement prior to admission. Findings include: On 05/15/2025 at approximately 2:52 PM, Surveyor requested to review Resident 2's record. Resident 2 was admitted to the facility on 01/02/2025. The record contained a document titled Admission and Service Agreement. The document was signed by Administrator A on 01/02/2025, however, the signature line for "Signature of Resident, Legal Rep, or Court," was blank. On 05/21/2025 at approximately 1:30 PM, Surveyor interviewed Administrator A regarding the unsigned service agreement. Administrator A	M 384		

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M 384	Continued From page 6 stated s/he sent it to Resident 2's sister to sign but must not have gotten it back. Administrator A acknowledged the service agreement should be signed at the time of admission.	M 384		
M 402	88.06(2)(c)8 RESIDENT RIGHTS AND GRIEVANCE A statement indicating that the resident rights and grievance procedures have been explained and copies provided to the resident and the resident's guardian or designated representative, if any. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure resident rights and grievance procedures had been explained and copies provided to the resident and the resident's guardian. Findings include: On 05/15/2025 at approximately 2:52 PM, Surveyor requested to review Resident 2's record. Resident 2 was admitted to the facility on 01/02/2025. The record contained a document titled Admission and Service Agreement. In the Admission and Service Agreement packet, a sentence read, "We have reviewed and received a copy of the Resident Rights and Grievance Procedures, House Rules and Responsibilities, and Admission and Service Agreement. The document was signed by Administrator A on 01/02/2025, however, the signature line for "Signature of Resident, Legal Rep, or Court" was	M 402		

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M 402	Continued From page 7 blank. On 05/21/2025 at approximately 1:30 PM, Surveyor interviewed Administrator A regarding the resident rights and grievance procedures. Administrator A stated s/he did go over the full admission paperwork with the resident or resident's guardian. S/he acknowledged that there must be a signature to prove the information was explained and provided to the correct parties. The provider did not ensure resident rights and grievance procedures had been explained or provided to the resident and/or residents guardian.	M 402		
M 406	88.06(3)(b) PERSONS INVOLVED WITH ISP & ASSESSMENT The individual service plan and written assessment shall be developed by the placing agency, if any, the service coordinator, if any, the licensee, the resident and the resident's guardian, if any and designated representative, if any, with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure residents, legal representatives, and placing agencies, were involved in the development of individual service plans (ISP), for 2 of 2 residents reviewed	M 406		

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M 406	Continued From page 8 (Resident 1 and Resident 2). Findings include: The provider is licensed to care for 4 residents in the following client groups: physically disabled, developmentally disabled, traumatic brain injury, terminally ill, emotionally disturbed/mental illness, irreversible dementia/Alzheimer's disease, and advanced aged. On 05/15/2025 at approximately 2:52 PM, Surveyor requested the last two ISPs for Resident 1 and Resident 2. On 5/20/2025 at approximately 10:06 AM, Administrator A provided Surveyor with 2 documents, one for each resident, titled AFH (adult family home) Individualized Service Plan Form. Resident 1 was admitted to the facility on 10/04/2022. Both ISPs did not include a creation/revision date or any signatures. Resident 2 was admitted to the facility on 01/02/2025. Both ISPs did not include a creation/revision date or any signatures. On 05/21/2025 at approximately 1:30 PM, Surveyor interviewed Administrator A. Administrator A stated s/he created the ISPs in a document and had them saved under the date they were created. S/he acknowledged that none of the ISPs had signatures from the appropriate parties. S/he stated s/he would make sure to add a date and have the proper signatures on them moving forward.	M 406		

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M 464	Continued From page 9	M 464		
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 ensure a written authorization from Resident 1 or Resident 2's physician was completed prior to staff dispensing and administering prescription medications to Resident 1 and Resident 2. Findings include: On 05/14/2025, Surveyor reviewed Resident 1 and Resident 2's medication administration record (MAR) for May 2025, which showed staff signatures for the administration of Resident 1's and Resident 2's medications. On 05/15/2025 at approximately 2:52 PM, Surveyor requested to review Resident 1 and Resident 2's record, including the written authorization for staff to administer medications. Resident 1 was admitted to the facility on 10/04/2022. Resident 1's record did not contain a	M 464		

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M 464	Continued From page 10 written authorization from his/her physician for staff to administer medications Resident 2 was admitted to the facility on 01/02/2025. Resident 2's record did not contain a written authorization from his/her physician for staff to administer medications On 05/21/2025 at approximately 1:30 PM, Surveyor interviewed Administrator A about the missing written authorization to administer medications. Administrator A stated that this was something s/he did not know about. Administrator A stated s/he would get that completed right away.	M 464		