STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016386	A. BUILDING: _____ B. WING _____	02/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ROSEWOOD AFH	2551 HAVEY LN STOUGHTON, WI 53589

(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 02/04/2026, Surveyor conducted a standard survey at Rosewood AFH, an AFH in Stoughton. Four deficiencies were identified. Census: 4	M 000		
M 292	88.05(3)(e)2.c INSPECTIONS-CHIMNEY The chimney shall be visually inspected by the inspector at the interval identified in subpar. a. or b. This Rule is not met as evidenced by: Based on record review and interview, the facility chimney was not inspected every 3 years as required. The chimney had not been inspected since 2016. Findings include: On 02/04/2026 at approximately 1:30 p.m., Surveyor requested environmental records for the home from Caregiver A. Caregiver A stated that all the environmental information was in the binder. Surveyor reviewed the chimney inspection for the facility. The last inspection was completed in 2016. On 02/04/2026 at approximately 2:30 p.m., Caregiver A acknowledged that there was the chimney inspection in the facility binder was from 2016. Caregiver A stated that Licensee B was on vacation and would probably have a better idea of where the current chimney inspection was located.	M 292		

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

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M 336	Continued From page 1	M 336		
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 monthly smoke detector testing for 2 of 2 years reviewed. There was no evidence that smoke detectors were checked in 2024, and the smoke detectors were checked 3 times in 2025. Findings include: On 02/04/2026 at approximately 1:30 p.m., Surveyor requested environmental records for the home from Caregiver A. Caregiver A stated that all the environmental information was in the binder. Surveyor reviewed the monthly smoke detector tests and noted that there were only 3 tests completed in 2025. There was no record for 2024 tests. On 02/04/2026 at approximately 2:30 p.m., Caregiver A acknowledged that there was missing information on the smoke detector record form. Caregiver A stated that Licensee B was on vacation and would probably have a better idea of	M 336		

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M 336	Continued From page 2 where the past records were located.	M 336		
M 346	88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION Each resident shall be evaluated annually for evacuation time, using the departments form. All service providers who work on the premises shall be made aware of each resident having an evacuation time of more than 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents reviewed that had resided at the home greater than 1 year, was evaluated, using the department's form, annually to determine whether the resident was able to evacuate the home without any help within 2 minutes. Resident 1 and Resident 2's ability to evacuate the home was not evaluated annually using the department's form. Findings include: On 02/04/2026 at approximately 1:30 p.m., Surveyor reviewed resident records. -Resident 1 was admitted to the provider's home on 07/02/2018. Resident 1's record did not include an evacuation assessment. -Resident 2 was admitted to the provider's home on 04/17/2022. Resident 2's record did not include	M 346		

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M 346	Continued From page 3 an evacuation assessment. On 02/04/2026 at approximately 2:30 p.m., Caregiver A stated that s/he did not know about an evacuation assessment. Caregiver A stated that s/he knew the home completed fire drills. Caregiver A stated s/he would contact Licensee B on the phone to confirm where the evacuation assessments were kept. On 02/04/2026 at approximately 3:00 p.m., Surveyor interviewed Licensee B. Licensee B stated that s/he was unaware of this assessment and would complete them when s/he returned home from vacation.	M 346		
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 order from the resident's physician permitting the provider's staff to	M 464		

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M 464	Continued From page 4	M 464		

administer medications was received before administering medications for 2of 3 residents reviewed. The provider did not have a written order to administer medications to Resident 1 or Resident 2.

Findings include:

On 01/13/2025 at approximately 1:30 p.m., Surveyor reviewed Resident 1 and Resident 2's records, provided by Caregiver A. Resident 1 and Resident 2's records at the home did not indicate written orders from the resident's physician permitting provider's staff to administer medications.

- Resident 1 admitted to the provider's home on 07/02/2018. Resident 1's record indicated the provider's staff administered Resident 1's medication. Resident 1's record did not include a physician order to administer medications.
- Resident 2 admitted to the provider's home on 04/17/2022. Resident 2's record indicated the provider's staff administered Resident 2's medications. Resident 2's record did not include a physician order to administer medications.

On 02/04/2026 at approximately 2:30 p.m., Caregiver A stated that s/he did not know about written orders. Caregiver A stated that s/he passed medications to Resident 1 and Resident 2. Caregiver A stated s/he would contact Licensee B on the phone to confirm where the written orders were kept in the file.

On 02/04/2026 at approximately 3:00 p.m., Surveyor interviewed Licensee B via the phone.

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M 464	Continued From page 5 Licensee B stated that s/he was unaware of written orders being a requirement. Licensee B said s/he would complete them when s/he returned home from vacation.	M 464		