STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019971	A. BUILDING: _____ B. WING _____	C 02/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILSON HOUSE	233 N WILSON ST FREDONIA, WI 53021

(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 02/16/2026, Surveyor conducted a standard survey and 2 complaint investigations at Wilson House. Additional information was gathered through 02/17/2026. As a result of the survey ten (10) deficiencies were identified, 2 complaints were unsubstantiated. Census: 4	M 000		
M 232	88.04(2)(g)1 HEALTH SCREENING FOR STAFF The licensee shall obtain documentation from a physician, a registered nurse or a physician's assistant indicating that the licensee and any service provider has been screened for illness detrimental to residents, including for tuberculosis. The documentation is to be completed within 90 days before the start of providing service. The documentation shall be kept confidential except that the licensing agency shall have access to the documentation for verification. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 employees reviewed were screened for clinically apparent communicable disease, within 90 days before the start of employment and that documentation of the test was available to the department. Findings include: On 02/16/2026 at approximately 10:20 AM, Surveyors requested the records for Direct	M 232		

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

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M 232	Continued From page 1 Support Person (DSP) B from Program Director (PD) A. PD A stated s/he would have human resources send the requested documents. On 02/16/2026 at 12:02 PM, Surveyor received DSP B's record. DSP B was hired on 10/13/2025. DSP B's record did not have documentation that a communicable disease form had been completed. The provider did not have documentation of a communicable disease screen, for DSP B.	M 232		
M 276	88.05(3)(a) Homelike Environment An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the adult family home was well-maintained and provided a homelike environment for 4 of 4 residents. Findings include: On 02/16/2026, at approximately 10:30 AM, Surveyor conducted a tour of the home and observed the following areas needed cleaning: * Lower rec room floor and hallway floor * Resident 1's bedroom	M 276		

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M 276	Continued From page 2 * Main floor bathroom tub, ceiling fan, sink and register * Basement laundry - wash sink, ceiling, floor, washer and dryer tops On 02/16/2026 at 11:00 AM, Surveyor interviewed Program Director (PD) A. PD A acknowledged that s/he had not been in the lower level and had not observed the lack of cleanliness. PD A stated s/he will work on cleaning the areas identified. The provider did not ensure the adult family home was well-maintained and provided a homelike environment for 4 of 4 residents.	M 276		
M 290	88.05(3)(e)2.b INSPECTIONS-GAS FURNACE A gas furnace shall be inspected and serviced every 3 years by a heating contractor or local utility company. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the gas furnace was inspected by a heating contractor or local utility company at least every 3 years for 1 of 1 furnace. Findings include: On 02/16/2026 at 10:30 AM, Surveyor requested to review facility's most recent furnace inspection from Program Director (PD) A. PD A stated s/he would request the furnace inspection and send to Surveyor. PD A acknowledged s/he would send documentation by 4:00 PM on 02/16/2026. On 02/17/2026 at 2:34 PM, Surveyor emailed PD A and left a voicemail to request any additional	M 290		

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M 290	Continued From page 3 documents. As of 4:30 PM, no information was received. The provider did not ensure the gas furnace was inspected by a heating contractor or local utility company at least every 3 years.	M 290		
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 each required smoke detector was tested monthly to make sure that the smoke detector was operating for 2 of 2 calendar years reviewed (2024 & 2025). Findings include: On 02/16/2026 at approximately 10:30 AM, Surveyors requested documentation of the home's smoke detector tests from Program Director (PD) A. PD A stated the person who had access to these records was out of the office for the day but would return 02/17/2026. PD A stated s/he would have the information sent to Surveyor. On 02/17/2026 at 2:34 PM, Surveyor emailed PD	M 336		

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M 336	Continued From page 4 A and left a voicemail to inquire if s/he had any additional documents. As of 4:30 PM, no information was received. The provider did not ensure each required smoke detector was tested monthly to make sure that the smoke detector was operating.	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 1 of 1 resident was evaluated annually for evacuation time, using the Department's form. Findings include: On 02/16/2026 at 10:30 AM, Surveyor requested Resident 2's record from Program Director (PD) A. Resident 2 was admitted to the facility on 10/05/2023. Resident 2 had a resident evacuation evaluation completed on 07/15/2024, updated 10/30/2024 stating no change. On 02/16/2026 at 10:45 AM, Surveyor interviewed PD A. PD A did not have documentation an updated resident evacuation	M 346		

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M 346	Continued From page 5 evaluation was completed in 2025. The provider did not ensure residents were evaluated annually for evacuation time.	M 346		
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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident had been screened for communicable diseases, within 90 days before and up to 7 days after admission. Findings include: On 02/16/2026 at 10:30 AM, Surveyor requested Resident 3's resident records from Program Director (PD) A. Resident 3's record did not have documentation Resident 3 had been screened for communicable disease. Surveyor advised PD A to send additional information by 4:30 PM on 02/16/2026.	M 380		

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M 380	Continued From page 6 On 02/17/2026 at 2:34 PM, Surveyor emailed PD A and left a voicemail to inquire if s/he had any additional documents. As of 4:30 PM, no information was received. The provider did not ensure residents had been screened for communicable diseases, within 90 days before and up to 7 days after admission.	M 380		
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 the Individual Service Plans (ISPs) for 2 of 2 residents were updated together with the resident, guardian, the placing agency, and the provider. Findings include: On 02/16/2026 at 10:30 AM, Surveyor requested Resident 2 and Resident 4's records from Program Director (PD) A.	M 406		

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M 406	Continued From page 7 Resident 2 was admitted to the facility on 10/05/2023. Resident 2's ISP was dated 01/15/2026 and signed by PD C, no other signatures were on the ISP. Resident 4 was admitted to the facility on 04/07/2025. Resident 4's ISP was dated 01/15/2026 and signed by PD C, no other signatures were on the ISP. On 02/16/2026 at 10:45 AM, PD A acknowledged the ISP is supposed to be completed with the POA/Guardian/Resident. PD A stated PD C was no longer at the facility and that s/he had not had time to review the ISPs. PD A stated s/he was going to update the ISPs when Surveyor exited the facility. The provider did not ensure resident ISPs were signed by responsible party.	M 406		
M 408	88.06(3)(c) ASSESSMENT IDENTIFY NEEDS & ABILITIES The assessment shall identify the person's needs and abilities in at least the areas of activities of daily living, medications, health, level of supervision required in the home and community, vocational, recreational, social and transportation. This Rule is not met as evidenced by: Based on record reviews and interviews, the	M 408		

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M 408	Continued From page 8	M 408		

provider did not assess 3 of 3 residents to identify the needs and abilities in the areas of activities of daily living and level of supervision required in the home and community.

Findings include:

On 02/16/2026, Surveyor arrived at the adult family home (AFH) at 9:15 AM. Surveyor rang the doorbell and Resident 2 answered the door. Resident 2 stated s/he and Resident 4 were alone in the house as Program Director (PD) A had run an errand. Resident 2 stated s/he thought PD A would be back in about 10 minutes.

On 02/16/2026 at 10:10 AM, PD A arrived at the AFH. PD A stated s/he had to run to a sister facility. PD A stated Resident 2 can be left alone for up to an hour, and Resident 4 was able to be left alone for an unlimited amount of time. Surveyor requested Resident 2 and Resident 4's ISPs.

Resident 2 was admitted to the facility on 10/05/2023, with diagnosis including anxiety, ADHD, Autistic and mood disorder. Resident 2's ISP dated 12/16/2025 reflected:
* Medications - Self-administer own and staff supervises
* Behavioral Challenges - "will hit [him/herself] or hit things in [his/her] room when things don't go [his/her] way or gets frustrated."
Resident 2's ISP reflected s/he was independent with most things, needing occasional reminders. Resident 2's ISP did not state s/he could be left alone, or for what amount of time s/he could be left alone.

Resident 3 was admitted to the facility on 04/07/2025, no diagnosis listed. Resident 3's ISP

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M 408	Continued From page 9 dated 04/01/2025 reflected: * Medications - Self-administer own and staff supervises Resident 3's ISP reflected s/he was independent, needing supervision with medications. Resident 4 was admitted to the facility on 05/26/2025. Resident 4's ISP reflected s/he was independent with most activities of daily living (ADLs). Resident 4's ISP did not state s/he could be left alone, or for what amount of time s/he could be left alone. On 02/16/2026 at 11:30 AM, Surveyor interviewed PD A. PD A stated they were told Resident 2 could be left alone for up to 1 hour at a time, and Resident 4 was able to be left alone for an unlimited amount of time. PD A confirmed the ISPs did not reflect the time Resident 2 and Resident 4 could be left alone. PD A confirmed staff administer Resident 2 and Resident 3's medications and that Resident 2 and Resident 3's medications are locked in the med cart. PD A stated s/he would work on updating the ISPs to reflect the time residents are able to be left unattended and to update which residents receive medication from the staff. The provider did not assess resident to identify the needs and abilities in the areas of activities of daily living and level of supervision required in the home and community.	M 408		
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	M 458		

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M 458	Continued From page 10 specified by the pharmacist. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure prescription medications were securely stored in the home. Findings include: On 02/16/2026, Surveyor arrived at the adult family home (AFH) at 9:15 AM. Surveyor rang the doorbell and Resident 2 answered the door. Resident 2 stated s/he and Resident 4 were alone in the house as Program Director (PD) A had run an errand. Resident 2 stated s/he thought PD A would be back in about 10 minutes On 02/16/2026 at 10:10 AM, Surveyor entered the house with Program Director (PD) A. Surveyor observed the med cart in the kitchen unlocked. Resident 2 and Resident 4 were home alone when Surveyor and PD A entered the house. At 10:24 AM, Surveyor observed PD A locking the med cart. Surveyor interviewed PD A and s/he stated s/he usually locks the cart, but stated s/he must of forgot to lock the cart. PD A confirmed Resident 2 and Resident 4 were home while s/he had left the house and left the med cart unlocked. PD A stated s/he would review the med policy and ensure s/he locks the cart going forward.	M 458		

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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 physician order to administer medication was obtained for 2 of 2 residents reviewed. Findings include: On 02/16/2026 at approximately 10:30 AM, Surveyors requested Resident 2 and Resident 3's records from Program Director (PD) A. Resident 2 was admitted to the facility on 10/05/2023. Resident 2 did not have a written physician order stating who by name or position is permitted to administer the medication. Resident 3 was admitted to the facility on 04/04/2025. Resident 3 did not have a written physician order stating who by name or position is permitted to administer the medication. On 02/16/2026 at approximately 11:30 AM,	M 464		

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M 464	Continued From page 12 Surveyors interviewed PD A. PD A confirmed staff administer medications for Resident 2 and Resident 3. PD A stated s/he was unaware they did not have the written physician's order. The provider did not ensure they had a written physician order stating who by name or position is permitted to administer the medication, prior to dispensing medication.	M 464		