

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0019971	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 08/05/2026
NAME OF PROVIDER OR SUPPLIER WILSON HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 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 08/05/2026, Surveyor conducted a verification visit at Wilson House. As a result of the survey two (2) of ten (10) deficiencies are repeat violations for a second time. Three (3) new deficiencies were identified. Under statutory provisions of Wis. Stat. Ch. 50, a \$200 revisit fee is being assessed. Census: 4	{M 000}		
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 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 that 1 of 1 resident reviewed was evaluated within 3 days of admission for evacuation time, using the Department's form. Findings include: The provider is licensed to serve up to 4 ambulatory residents in the client groups of emotionally disturbed/mental illness and/or developmentally disabled.	M 344		

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

TITLE

(X6) DATE

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M 344	Continued From page 1 On 08/05/2026 at 1:30 PM, Surveyor requested Resident 5's record from Manger D. Resident 5 was admitted to the facility on 03/10/2026. Surveyor could not locate an evacuation evaluation for Resident 5 in his/her record. Manager D confirmed s/he did not have an evacuation evaluation completed for Resident 5. The provider did not ensure the fire safety evacuation plan was completed within 3 days of admission.	M 344		
{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. This is a repeat deficiency. See statement of deficiency (SOD) EOGH11, 02/17/2026.	{M 380}		

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{M 380}	Continued From page 2 Findings include: On 08/05/2026 at 1:30 PM, Surveyor requested Resident 5's resident records from Manager D. Resident 5 was admitted to the facility on 03/10/2026. There was no documentation or other evidence Resident 5 had been screened for communicable disease, including tuberculosis. On 08/05/2026 at approximately 2:00 PM, Surveyor interviewed Manager D and Assistant VP of Operations (AVPO) E. AVPO E confirmed s/he did not have the communicable disease screening or the tuberculosis test for Resident 5. AVPO E stated they were reviewing resident records and will work to ensure compliance with the code. The provider did not ensure residents were screened for communicable diseases, including tuberculosis, within 90 days before and up to 7 days after admission for residents residing in the home for more than 7 days.	{M 380}		
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	M 384		

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M 384	Continued From page 3 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 have a service agreement for 1 of 1 resident reviewed (Resident 5). Findings include: On 08/05/2026, Surveyors requested Resident 5's record from Manager D. Resident 5 was admitted to the facility on 03/10/2026. Resident 5's record did not include an admission agreement from when s/he admitted to the home. On 08/05/2026 at approximately 2:00 PM, Surveyor interviewed Manager D and Assistant VP of Operations (AVPO) E. AVPO E stated Resident 5 resided at a sister facility, and confirmed they had not complete an admission agreement when Resident 5 moved into the facility. Manager D stated s/he will work to complete the missing paperwork with Resident 5. The provider did not have a service agreement for Resident 5 when s/he moved into the facility.	M 384		
M 404	88.06(3)(a) INDIVIDUAL SERVICE PLAN & ASSESSMENT The licensee shall ensure that a written assessment and individual service plan is completed and developed for each resident within 30 days after placement.	M 404		

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M 404	Continued From page 4 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a written assessment and individual service plan (ISP) were completed for 1 of 1 resident within 30 days of placement. Findings include: On 08/05/2026 at 1:30 PM, Surveyor requested Resident 5's record from Manager D. Surveyor reviewed Resident 5's record and identified the following: Resident 5 admitted to the home on 03/10/2026. Resident 5's record reflected an ISP from sister facility. Resident 5's record did not have an assessment or ISP completed within 30 days of admission. On 08/05/2026 at 2:00 PM, Surveyor interviewed Manager D and Assistant VP of Operations (AVPO) E. AVPO E stated Program Director (PD) A was no longer at the facility and they were in the process of reviewing resident records to ensure all required paperwork was completed and in the record. Manager D stated s/he had a list of items s/he needed to complete for Resident 5. The provider did not ensure an assessment and ISP was completed and accurate for Resident 5 within 30 days of placement.	M 404			
{M 464}	88.07(3)(d) MEDICATION- WRITTEN ORDER Before the licensee or service	{M 464}			

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{M 464}	Continued From page 5 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 obtain a written order from the physician for 4 of 4 residents reviewed who required staff to administer their medications. Resident 2, Resident 3, Resident 4 and Resident 5 did not have a written order permitting the provider staff to administer medications. This is a repeat deficiency. See statement of deficiency (SOD) EOGH11, 02/17/2026. Findings include: On 08/05/2026 at approximately 1:30 PM, Surveyor reviewed resident records. Resident 2's record identified the following: -Resident 2 was admitted to the provider's home on 10/05/2023. -Resident 2's medications were administered by the home's caregivers. Resident 2's record did not include a physician order to administer medications. Resident 3's record identified the following:	{M 464}			

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{M 464}	Continued From page 6 -Resident 3 was admitted to the provider's home on 04/07/2025. -Resident 3's medications were administered by the home's caregivers. Resident 3's record did not include a physician order to administer medications. Resident 4's record identified the following: -Resident 4 was admitted to the provider's home on 05/26/2025. -Resident 4's medications were administered by the home's caregivers. Resident 4's record did not include a physician order to administer medications. Resident 5's record identified the following: -Resident 5 was admitted to the provider's home on 03/10/2026. -Resident 5's medications were administered by the home's caregivers. Resident 5's record did not include a physician order to administer medications. On 08/05/2026 at approximately 2:00 PM, Surveyor interviewed Manager D and Assistant VP of Operations (AVPO) E. Manager D stated s/he had the blank form and was working on sending it to the providers to get the order to administer medications completed. AVPO E confirmed they were reviewing resident records to ensure any missing documents would be completed. The provider did not obtain a written order from the physician stating who by position or name could administer resident medications.	{M 464}		