

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0015448	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/07/2025
NAME OF PROVIDER OR SUPPLIER ALICE & LOUISES ADULT FAMILY HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 814 E 6TH ST MARSHFIELD, WI 54449		
(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 02/05/2025, Surveyor conducted an abbreviated survey at Alice & Louises Adult Family Home. Data was collected through 02/07/2025. Four deficiencies were identified. Census: 4	M 000		
M 234	88.04(2)(g)2 COMMUNICABLE DISEASE The licensee shall ensure that no one who has a communicable disease reportable under ch. HSS 145 may work in a position in the adult family home where the disease would present a significant risk to the health or safety of the residents. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Caregiver C and Caregiver D were screened for communicable diseases, including tuberculosis (TB) within 90 days prior to the start of employment. Findings include: On 02/05/2025, Surveyor requested to review employee records for Caregiver C and Caregiver D. Caregiver C had a hire date of October 2024. At 10:30 AM, Caregiver C informed Surveyor s/he had not had a health screening or TB test completed, and was scheduled to get one on 02/24/2025. Caregiver C's record did not contain documentation of a health screening or TB test	M 234		

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

TITLE

(X6) DATE

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0015448	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/07/2025
NAME OF PROVIDER OR SUPPLIER ALICE & LOUISES ADULT FAMILY HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 814 E 6TH ST MARSHFIELD, WI 54449		
(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 234	Continued From page 1 results. Caregiver D had a hire date of 01/13/2025. Caregiver D's record did not contain documentation of a health screening or TB test results. On 02/06/2025 at 2:10 PM, Caregiver A informed Surveyor via phone that Caregiver C and Caregiver D were both scheduled to complete their health screens and TB tests by the end of the month.	M 234		
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, the provider did not ensure 8 hours of training was completed in 2024 for 1 of 1 employee reviewed. Findings include: On 02/05/2025, Surveyor requested continuing education training for Caregiver A for 2023 and 2024. Caregiver A stated s/he has worked for the company off and on and returned to work at the	M 246		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0015448	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/07/2025
NAME OF PROVIDER OR SUPPLIER ALICE & LOUISES ADULT FAMILY HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 814 E 6TH ST MARSHFIELD, WI 54449		
(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 246	Continued From page 2 facility in 2019. Caregiver A located completed training packets for 2023 but could not locate training documentation for 2024. On 02/05/2025 at 12:26 PM, Surveyor interviewed Caregiver A and asked if s/he completed training in 2024. Caregiver A stated s/he could not locate any documentation and could not recall completing any training in 2024.	M 246		
M 348	88.05(4)(d)2.c SEMI-ANNUAL FIRE DRILLS The licensee shall conduct semi-annual fire drills with all household members 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 2024. Findings include: On 02/05/2025, Surveyor requested to review fire drills for 2023 and 2024. Caregiver A provided Surveyor with a monthly checklist for 2024. The checklist documented fire drills were completed in October, November, and December 2024, as initialed by House Manager (HM) B. January through September had "X" in the monthly box (not initialed). Caregiver A indicated the X meant it was not completed that month. On 02/05/2025 Surveyor reviewed admission dates provided by Caregiver A. Resident 1 had an admission date of 02/05/2024. Resident 2 had an admission date of 06/01/2024. On 02/07/2025 at	M 348		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0015448	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/07/2025
NAME OF PROVIDER OR SUPPLIER ALICE & LOUISES ADULT FAMILY HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 814 E 6TH ST MARSHFIELD, WI 54449		
(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 348	Continued From page 3 12:07 PM, Surveyor interviewed Resident 1 and Resident 2 and asked if they had participated in a fire drill since admission. Resident 1 and Resident 2 stated they had not participated in a drill, and did not recall HM B conducting a fire drill in October, November or December 2024, as documented by HM B's initials on the monthly check list in 2024. Caregiver A informed Surveyor HM B quit employment without notice and did not complete a lot of his/her duties. On 02/07/2025 at 9:12 AM, Surveyor received a fax via email with documentation of a fire drill conducted on 02/06/2025.	M 348		
M 570	88.10(3)(I) Safe Physical Environment Individuals, except for correctional residents, have basic rights which they do not lose when they enter an adult family home. A resident shall have a safe environment in which to live. The adult family home shall safeguard residents who cannot fully guard themselves from environmental hazards to which they are likely to be exposed, including conditions which would be hazardous to anyone and conditions which would be or are hazardous to a particular resident because of the resident's condition or disability. This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not ensure 4 of 4 residents were safeguarded from environmental hazards when the home's water temperature exceeded 120 degrees F at 2 of 2 faucets tested.	M 570		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0015448	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/07/2025
NAME OF PROVIDER OR SUPPLIER ALICE & LOUISES ADULT FAMILY HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 814 E 6TH ST MARSHFIELD, WI 54449		
(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 570	Continued From page 4 Findings include: This facility is licensed to serve up to 4 residents in the client groups advanced aged, irreversible dementia/Alzheimer's, physically disabled, developmentally disabled, emotionally disturbed/mental illness. On 02/05/2025 at 1:55 PM, Surveyor checked water temperatures in the facility at 2 faucets used daily by residents and staff. The water temperature at the kitchen sink registered at 142.4 degrees F. The water temperature at the bathroom faucet registered at 139.5 degrees F. On 02/05/2025 at 2:00 PM, Surveyor discussed the above concerns with Caregiver A. Caregiver A attempted to take the temperature at the kitchen sink with the facility thermometer (a clinical thermometer used to measure body temperature) and got a reading of "High". Caregiver A informed Surveyor they typically use the thermometer to take body temperatures, and appeared the device was not designed to register high temperatures. "Exposure to hot water is a potential environmental danger for residents. Elderly residents and residents with mental and physical disabilities may have neurological conditions that prevent instant recoil from hot water. Because these individuals do not instantly react to dangerous temperature levels, they are at particular risk for injury. Hot water can cause scalding; e.g., second and third degree burns in which the skin blisters and swells. In such instances, skin does not return to normal and forms scar tissue upon healing. These burns may lead to permanent disability.	M 570		

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0015448	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/07/2025
NAME OF PROVIDER OR SUPPLIER ALICE & LOUISES ADULT FAMILY HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 814 E 6TH ST MARSHFIELD, WI 54449		
(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 570	Continued From page 5 Second and third degree hot water burns can occur at the following rates at the following temperatures: 110 degrees F, 13 minutes 120 degrees F, 10 minutes 127 degrees F, 1 minute 130 degrees F, 30 seconds 140 degrees F, 6 seconds." (Source: Publication DHS P-01942 - 08/2017). On 02/05/2025 at approximately 2:00 PM, Caregiver A informed Surveyor water temperatures were being recorded, and s/he was not sure why the temperature was so high at the time of survey. Caregiver showed Surveyor a water temperature log posted on the refrigerator. Caregiver A stated the last recorded temperature was 109 degrees F on 02/04/2025, the day prior to survey. The provider did not ensure 4 of 4 residents were safeguarded from environmental hazards when the water temperature exceeded 120 degrees F at 2 of 2 faucets in the home.	M 570		