STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0009806	A. BUILDING: _____ B. WING _____	07/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GUIDING HAND ADULT FAMILY HOME	1200 N ST JOSEPH AVE 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 07/29/2025, Surveyor conducted an abbreviated survey at Guiding Hand Adult Family Home. Additional information was gathered through 07/31/2025. As a result of the survey four (4) new deficiencies were identified. Census: 2	M 000		
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 that each employee completed 8 hours of continuing education training related to health, safety, welfare, rights and treatment of residents for Caregiver B. This is a repeat deficiency. See SOD BSGZ11 dated 03/21/2022 and UGPV11 dated 12/19/2018. Findings include: The facility is licensed to provide services for up to 4 residents with advanced age.	M 246		

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

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M 246	Continued From page 1 On 07/29/2025 at 9:50 A.M., Surveyor interviewed Owner A over the phone and requested to review Caregiver B's file including his/her continuing education for 2023 and 2024. Owner A stated Caregiver B is a "contract employee" and works "once per week" for "a few hours." Following Surveyor's request on 07/29/2025 at 11:26 A.M., Owner A emailed a photo of a handwritten document which contained the resident roster, staff roster, and dates that Caregiver B worked in June and July of 2025. The document listed Caregiver B's start date as "since 2015." Caregiver B worked the following: June 2025 - 6 total scheduled shifts -- 4 shifts from "7-2" -- 2 shifts recorded as "evening" July 2025- 12 total scheduled shifts, two (2) overnight -- 4 shifts recorded as "evening" -- 1 twelve-hour shift -- 2 six-hour shifts -- 1 seven-hour shift -- 1 eleven-hour shift -- 1 fourteen-hour shift -- 1 twenty-one hour overnight shift -- 1 twenty-three hour overnight shift On 07/29/2025 at 12:40 P.M., Surveyor interviewed Caregiver B. S/he acknowledged that s/he works alone during scheduled shifts. S/he acknowledged that s/he had not completed any continuing education since being hired in 2015. S/he shared with Surveyor that s/he was a CNA (certified nursing assistant) when initially hired, but that his/her license had since expired, was unsure of when, but that it expired "years ago."	M 246		

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M 246	Continued From page 2 Following Surveyor's request on 07/30/2025 at 4:48 P.M., Owner A sent an email to Surveyor which read in part, " ...I also will not be including [Caregiver B] continuing education for 2023 and 2024 as it does not exist ..."	M 246		
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 interview and record review, the licensee did not ensure the gas furnace was inspected and serviced every 3 years by a heating contractor or local utility company. This had the potential to affect all residents residing in the home. Findings include: The facility is licensed to provide services for up to 4 residents with advanced age. On 07/29/2024 at 9:50 A.M., Surveyor interviewed Owner A. S/he verified the home used a gas furnace for a heat source and volunteered to Surveyor that the furnace is due for an inspection and does not currently have one scheduled to be completed. On 07/29/2024 at 1:00 P.M., Surveyor observed the most recent documentation of furnace service dated 06/24/2021. On 07/29/2024 at 2:37 P.M., Surveyor	M 290		

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M 290	Continued From page 3 interviewed Owner A. S/he acknowledged that it had been over 4 years since the last furnace inspection was completed and will schedule one to be completed.	M 290		
M 334	88.05(4)(b)1 FIRE SAFETY-SMOKE DETECTORS Every adult family home shall be equipped with one or more single station battery operated, electrically interconnected or radio signal emitting smoke detectors on each floor level. Required smoke detectors shall be located in each habitable room except the kitchen and bathroom and specifically in the following locations: at the head of each open stairway, at the door leading to every enclosed stairway, on the ceiling of the living room or family room, on the ceiling of each sleeping room and in the basement. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure functional smoke detectors were located in each habitable room. Findings include: The facility is licensed to provide services for up to 4 residents with advanced age. On 07/29/2025 at approximatly 10:45 A.M., while on a tour of the facility with Caregiver B, Surveyor observed the following:	M 334		

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M 334	Continued From page 4 -- An unoccupied resident room without a smoke detector. There was a circular miscolored spot on the ceiling which resembled the shape of a smoke detector. -- An unoccupied resident room with a smoke detector on the ceiling. The smoke detector was open and did not contain an internal battery. Caregiver B confirmed that the smoke detector did not work without the battery and was unaware of when the smoke detector's battery was removed. -- A partially finished basement which contained a living room, 2 bedrooms, and bathroom. The living room and smaller bedroom were missing a smoke detector. On 07/29/2025 at 3:37 P.M., Surveyor interviewed Owner A. S/he acknowledged the locations that did not have smoke detectors and stated they would have new smoke detectors installed.	M 334		
Z 022	50.065(3)(b) COMPLETE BACKGROUND CHECK PROCESS Every 4 years or at any other time within that period that an entity considers appropriate, the entity shall request the information specified in sub. (2) (b) 1. to 5. for all caregivers of the entity.	Z 022		

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Z 022	Continued From page 5	Z 022		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure Caregiver B had a completed updated criminal background check every 4 years as required.

Findings include:

The facility is licensed to provide services for up to 4 residents with advanced age.

On 07/29/2025, Surveyor conducted an abbreviated survey. As part of the survey process, Surveyor requested to review Caregiver B's file including his/her background checks. Provider was offsite during Surveyor's visit and requested to send Caregiver B's files including his/her background checks to surveyor on 07/31/2025.

Following Surveyor's request on 07/29/2025 at 11:26 A.M., Owner A emailed a photo of a handwritten document which contained the resident roster, staff roster, and dates that Caregiver B worked in June and July of 2025. The document listed Caregiver B's start date as "since 2015."

On 07/30/2025 at 4:48 P.M., Owner A replied to Surveyors email requesting additional records be provided. Owner A's response read in part, " ...I did find the file that I have for [Caregiver B] ...but I find no background information in her file. It may be in some of my bookwork yet, but I still cannot find it ...I have conducted a background check today and have included that ..."

On 07/31/2025 at 9:00 A.M., Surveyor reviewed

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Z 022	Continued From page 6 documents faxed to Surveyor which included a completed criminal background check for Caregiver B completed on 07/30/2025. On 07/31/2025 at 2:00 P.M., Surveyor interviewed Owner A. S/he acknowledged s/he did not have documentation of completing a background check for Caregiver B within the last 4 years.	Z 022		