STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015943	A. BUILDING: _____ B. WING _____	R 08/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANSON HOUSE	N10599 CTY RD G OSSEO, WI 54758

(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 08/14/2026, Surveyor conducted a standard licensure survey and verification visit at Hanson House. Data collection continued through 08/28/2026. Seven deficiencies were identified. Five of the 7 deficiencies were repeat violations. See Statement of Deficiency GBER12, dated 09/25/2024. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. 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 4 caregivers were screened for communicable disease, including tuberculosis (TB), within 90 days before the start	M 232		

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

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M 232	Continued From page 1 of providing service. Findings include: On 08/14/2026, Surveyor requested to review employee records. Caregiver C was hired on 04/23/2026. Caregiver C's record did not contain a communicable disease screening. On 08/28/2026 at 12:00 PM, Surveyor interviewed Licensee A. Licensee A stated s/he was unable to provide evidence communicable disease screening was completed upon hire for Caregiver C.	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 home was clean and well-maintained. This is a repeat deficiency. See Statement of Deficiency GBER12, dated 09/28/2024. Findings include:	{M 276}		

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{M 276}	Continued From page 2 This facility is licensed to care for 4 residents in the client groups of: advanced age, developmentally disabled, alcohol/drug dependent, emotionally disturbed/mental illness, correctional clients, traumatic brain injury, and irreversible dementia/Alzheimer's disease. On 08/14/2026 at approximately 9:30 AM, Surveyor entered the facility and was aware of a strong urine odor. On 08/14/2026, from 9:29 PM to 2:05 PM, Surveyor was onsite and observed the following: Living Room -There was a window with approximately foot long crack that was taped. Main Level Bathroom - Utilized by Residents -There were multiple black spots of various sizes on the ceiling around the parameter of the shower and around the ceiling vent. Resident 1's, Resident 2's, and Resident 3's Room -Multiple window screens had holes of various sizes in them. Some of the holes had tape over them. -Resident 1's room had a strong urine odor. On 08/14/2026 at 1:51 PM, Surveyor interviewed Caregiver C. Caregiver C stated Resident 1 had incontinence of urine and would not allow staff to help him/her shower. Caregiver C stated staff were responsible for washing Resident 1's laundry and bedding daily. Caregiver C stated	{M 276}		

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{M 276}	Continued From page 3 Resident 1 also had a behavior of urinating all over his/her room. Caregiver C stated Resident 1 had received a 30-day involuntary discharge notice due to behaviors and safety concerns. On 08/28/2026, at 12:00 PM, Surveyor interviewed Licensee A. Licensee A stated s/he had cleaned the bathroom ceiling with special cleaner for mold and mildew in the past and had used water repellent paint. Licensee A stated the ceiling vent had been replaced. Licensee A stated s/he did not know how the living room window got cracked and there was a second window that was cracked in the living room. Licensee A stated they had already called to get an estimate to fix the windows. Licensee A reported s/he would get these issues fixed.	{M 276}		
{M 278}	88.05(3)(b) FREE OF HAZARDS The home shall be free from hazards and kept uncluttered and free of dangerous substances, insects and rodents. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the home was free from hazards and kept uncluttered. This is a repeat deficiency. See Statement of Deficiency GBER12, dated 09/28/2024. Findings include:	{M 278}		

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{M 278}	Continued From page 4 This facility is licensed to care for 4 residents in the client groups of: advanced age, developmentally disabled, alcohol/drug dependent, emotionally disturbed/mental illness, correctional clients, traumatic brain injury, and irreversible dementia/Alzheimer's disease. On 08/14/2026, from 9:29 PM to 2:05 PM, Surveyor was onsite and observed the following: -A gas furnace was in the lower level of the home. The room was unsecured and open. The furnace was in a room that also contained a toilet, sink, washer, dryer, and space for storage. A file cabinet, multiple cardboard boxes, carpet cleaner, and plastic tote with holiday decorations, was within 3 feet of the furnace. -The dryer vent was not ridged. -The dryer vent exhaust outside had no cover. -The front emergency exit had overgrown plants, including a small tree, coming up through the steps impeding the exit. The steps were slick causing a potential slip hazard. -The downstairs emergency exit to an outdoor walkway was covered in washed out mud causing the walkway to be slick and a potential slip hazard. -The outside deck had overgrown plants coming through the steps at both shorter stairs leading to the lawn impeding the exit. A few boards on the deck were popping up and moving when Surveyor walked on them. The stair railing for the longest set of stairs leading to the outdoor walkway was loose.	{M 278}		

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{M 278}	Continued From page 5 On 08/14/2026 at 11:31 AM, Surveyor interviewed Caregiver C. Caregiver C stated that after it rained the outdoor walkway was usually muddy and slippery. On 08/14/2026 at approximately 1:00 PM, Surveyor interviewed Caregiver C. Caregiver C stated the provider was trying to get someone to fix the outdoor walkway, and it was a big process. Caregiver C stated the summer weeds had grown up through the emergency exit steps and Owner B had tried screwing down boards on the deck. On 08/19/20206 at 8:18 AM, Surveyor interviewed Licensee A. Licensee A stated the outdoor walkway would become covered in mud after every time it rained. Licensee A stated they had a landscaper to fix the outdoor walkway 2 to 3 years ago. Licensee A stated they had put up a retaining wall, which was costly and had not fixed the problem. On 08/28/2026 at 12:00 PM, Surveyor interviewed Licensee A. Licensee A indicated Owner B would be placing a cover on the outdoor dryer vent exhaust and replacing the dryer vent with a ridged venting as s/he was unable to confirm the current dryer vent met UL 2015A listing requirements and was approved for use by the dryer manufacturer. Licensee A stated s/he understood emergency exits needed to be unobstructed for evacuation.	{M 278}		
{M 424}	88.06(3)(f) REVIEW OF ISP The individual service plan shall be reviewed at least once every 6 months by the licensee, the resident or the resident's guardian, the service coordinator, if any, the designated	{M 424}		

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{M 424}	Continued From page 6 representative, if any, the placing agency with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This review is to determine continued appropriateness of the plan and to update the plan as necessary. A plan shall be updated, in writing, whenever the resident's needs or preferences change substantially or when requested by the resident or the resident's guardian. This Rule is not met as evidenced by: Based on record review, observation, and interview, the provider did not update Resident 1's and Resident 2's individual service plan (ISP) when they had significant changes in their needs. This is a repeat deficiency. See Statement of Deficiency GBER12, dated 09/28/2024. Findings include: This facility is licensed to care for 4 residents in the client groups of: advanced age, developmentally disabled, alcohol/drug dependent, emotionally disturbed/mental illness, correctional clients, traumatic brain injury, and irreversible dementia/Alzheimer's disease. Resident 1 On 08/14/2026 at approximately 9:30 AM, Surveyor entered the facility and was aware of a strong urine-like odor.	{M 424}		

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{M 424}	Continued From page 7 On 08/14/2026 at approximately 10:00 AM, Surveyor reviewed a binder given by Caregiver C with Resident 1's record. Resident 1's last updated Individual Service Plan (ISP) was dated May 2023. On 08/14/2026 at approximately 10:30 AM, Surveyor observed a log next to the refrigerator indicating Resident 1 was on a 2-hour toileting schedule. On 08/14/2026 at approximately 10:40 PM, Caregiver C indicated to Surveyor that Resident 1's bedding was in the washer. On 08/14/2026 at approximately 10:50 PM, Surveyor entered Resident 1's room. Surveyor observed that the strong urine-like odor increased upon entrance. Surveyor observed a basket full of dirty laundry and the bed did not have sheets on it. On 08/14/2026 at 1:51 PM, Surveyor interviewed Caregiver C. Caregiver C stated Resident 1 had incontinence of urine and would not allow staff to help him/her shower. Caregiver C stated staff were responsible daily for washing Resident 1's laundry and bedding, changing his/her garbage, and disinfecting the surfaces of his/her room. Caregiver C stated Resident 1 also had a behavior of urinating all over his/her room. Caregiver C stated Resident 1 had received a 30-day involuntary discharge notice due to behavior and safety concerns. On 08/14/2026 at 4:54 PM, Surveyor requested updated records via email from Licensee A for Resident 1.	{M 424}		

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{M 424}	Continued From page 8 On 08/27/2026 at 8:10 AM, Surveyor reviewed Resident 1's record sent via fax from Licensee A. Resident 1 was admitted on 10/24/2011 and had a guardian. Resident 1's ISP updated in July 2026, indicated Resident 1 had diagnoses that included bi-polar disorder, major depressive disorder, medication induced Parkinson's disease, borderline intellectual functioning, and incontinence of urine. The ISP indicated staff were to encourage and prompt Resident 1 to shower and thoroughly wash him/herself. Staff were to set up Resident 1's shower, and s/he would refuse staff assistance. The ISP indicated Resident 1 required prompts to change his/her clothing as Resident 1 would wear soiled clothing. Staff were to take soiled clothing out of Resident 1's room so that s/he would not wear it again. The ISP read in part, "Urinates on floor by toilet, sink and in various containers in [his/her] room. [S/He] has urinated on the back of [his/her] dresser." The ISP indicated staff were to do Resident 1's laundry and clean his/her room due to his/her physical limitations, but did not indicate the frequency of these tasks. The ISP was signed by Resident 1's guardian on 07/08/2026. On 08/28/2026 at 12:00 PM, Surveyor interviewed Licensee A. Licensee A stated s/he recently implemented a 2-hour toileting schedule for Resident 1 due to his/her urinary incontinence. Licensee A was unable to say what date this was implemented and would send that information by the end of the day. Licensee A confirmed other interventions to help with Resident 1's urinary incontinence, such as washing bedding and laundry daily and cleaning his/her room daily were not in the ISP.	{M 424}		

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{M 424}	Continued From page 9 On 08/28/2026 at 5:00 PM, Surveyor had not received any additional information from Licensee A regarding Resident 1's toileting schedule implementation. Resident 2 On 08/14/2026 at approximately 10:00 AM, Surveyor interviewed Caregiver C. Caregiver C indicated Resident 2 had eloped prior to him/her starting employment in April 2026. Caregiver C stated police were not called because Owner B found Resident 2 and brought him/her back to the home. On 08/14/2026 at approximately 10:30 AM, Surveyor observed a log next to the refrigerator indicating Resident 2 logged his/her soda consumption. On 08/14/2026 at 12:54 PM, Surveyor observed the medication storage cabinet with Caregiver C. Surveyor observed Resident 2's soda by his/her medication. On 08/14/2026 at approximately 10:00 AM, Surveyor reviewed a binder given by Caregiver C with Resident 2's record. Resident 2's last updated Individual Service Plan (ISP) was dated September 2025. On 08/14/2026 at 1:51 PM, Surveyor interviewed Caregiver C. Caregiver C indicated Resident 2 was able to leave the facility for up to a 1-hour walk by letting staff know prior. Caregiver C stated Resident 2's soda was kept locked due to him/her misplacing it and accusing another resident of stealing it. On 08/14/2026 at 4:54 PM, Surveyor requested	{M 424}		

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{M 424}	Continued From page 10 updated records via email from Licensee A for Resident 2. On 08/27/2026 at 8:10 AM, Surveyor reviewed Resident 2's record sent via fax from Licensee A. Resident 2 was admitted on 04/02/2025 and was his/her own decision maker. Resident 2's ISP updated on 05/10/2026, indicated Resident 2 had diagnoses that included major depressive disorder, diabetes, insomnia, and history of traumatic brain injury by self-inflicted gunshot in 2010. Resident 2's ISP indicated s/he required 24/7 supervision. The ISP indicated Resident 2 would take off and not let staff know where s/he was going and was gone too long at a time. The ISP read in part, "[Resident 2] regularly blames others for 'taking [his/her] soda'. [S/He] keeps [his/her] soda in [his/her] room in a small fridge. Each time staff has assisted [him/her] with looking for [his/her] sodas it always adds up, the empty ones in [his/her] garbage can, and full cans in a dresser drawer." An update on 05/10/2026 indicated Resident 2 had become more confused and had a decline in his/her memory. The ISP indicated this caused Resident 2 to accuse other residents of stealing his/her items. On 08/28/2026 at 12:00 PM, Surveyor interviewed Licensee A. License A stated Resident 2's soda tracking log started in March 2026. Licensee A stated Resident 2 was able to have a soda every 2 hours and signed the log. Licensee A clarified Resident 2 could have a soda whenever s/he wanted, but Resident 2 and his/her care team wanted to track his/her soda use. Licensee A stated since starting the log and securing Resident 2's soda in the medication	{M 424}		

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{M 424}	Continued From page 11 cabinet Resident 2's behavior of accusing another resident of stealing his/her soda had improved. Licensee A stated within the first 3 months of Resident 2's admission, s/he would go for walks in the neighbor's field. Licensee A stated they had spoken with Resident 2 at that time, and s/he had not done so since. Licensee A stated Resident 2 walked to the mailbox but usually was never gone for more than 1 hour. The provider did not update Resident 1's ISP with interventions when Resident 1's urinary incontinence increased causing a strong urine odor in Resident 1's room that drifted out into the rest of the home. Resident 1 was on a 2-hour toileting schedule. Daily, staff were washing Resident 1's bedding and laundry, cleaning his/her room with disinfectant wipes, and emptying out his/her garbage. These interventions were not updated in Resident 1's ISP. The provider did not update Resident 2's ISP with interventions when Resident 2 had increased behavior of accusing other residents of stealing his/her soda. Resident 2 had a log tracking his/her soda use and his/her soda was locked in the medication cabinet. Resident 2's ISP did not indicate Resident 2 was able to have 1-hour unsupervised walks.	{M 424}		
{M 462}	88.07(3)(c) MEDICATION ASSISTANCE If the licensee or service provider assists a resident with prescription medication, the licensee or service provider shall help the resident securely store the medication, take the correct dosage at the correct time and communicate effectively with his or her physician.	{M 462}		

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{M 462}	Continued From page 12	{M 462}		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure Resident 2 and Resident 3 received medication administration services to meet their needs.

Resident 2's medication order was not followed when the provider failed to increase Resident 2's Lispro and Lantus insulin per the prescribing doctor's order.

Resident 3's medication order was not followed when the provider failed to provide evidence of a current prescribing doctor's order for his/her current lorazepam order in the Medication Administration Record (MAR).

This is a repeat deficiency. See Statement of Deficiency GBER12, dated 09/28/2024.

Findings include:

This facility is licensed to care for 4 residents in the client groups of: advanced age, developmentally disabled, alcohol/drug dependent, emotionally disturbed/mental illness, correctional clients, traumatic brain injury, and irreversible dementia/Alzheimer's disease.

On 08/14/2026 at 1:51 PM, Surveyor interviewed Caregiver B. Caregiver B indicated s/he did not manage resident paperwork, and Surveyor would have to request any additional documents from Licensee A.

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{M 462}	Continued From page 13 On 08/14/2026 at 4:54 PM, Surveyor requested updated records via email from Licensee A for Resident 2 and Resident 3 including current medication orders and the MARs for the past 3 months. On 08/27/2026 at 8:10 AM, Surveyor reviewed Resident 2's and Resident 3's records sent via fax from Licensee A. Resident 2 Resident 2 was admitted on 04/02/2025 and was his/her own decision maker. Resident 2's individual service plan (ISP) indicated the provider managed his/her medications. An order for Lispro insulin was dated 09/12/2025 and indicated 12 units were to be injected daily with the morning meal. An order for Lispro insulin was dated 02/25/2026 and indicated 14 units were to be injected daily with the morning meal. The June and July 2026 MARs indicated 12 units of Lispro insulin were to be injected daily with the morning meal. An order for Lantus insulin was dated 09/12/2025 and indicated 25 units were to be injected daily with the evening meal. The June and July 2026 MARs indicated Resident 2 indicated 26 units of Lantus insulin were to be injected daily with the evening meal. On 08/28/2026 at 12:00 PM, Surveyor interviewed Licensee A. Licensee A stated Resident 2 had a primary physician and	{M 462}		

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(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 462}	Continued From page 14	{M 462}		

pharmacist that specialized in diabetes overseeing his/her medications and insulin orders kept changing frequently. Licensee A stated s/he was unsure of the discrepancy and would send the most updated orders for Lispro and Lantus insulin.

On 08/28/2026 at 5:00 PM, Surveyor received an order for Resident 2 for Lispro insulin dated 08/27/2026 that indicated 4 to 16 units were to be injected daily with the morning meal with a sliding scale. Surveyor did not receive a more recent order for Resident 2's Lantus insulin.

Resident 3

Resident 3 was admitted on 05/09/2019 and had a guardian. Resident 3 had diagnoses that included paranoid schizophrenia. Resident 3's ISP indicated the provider managed his/her medications.

An order for lorazepam was dated 04/10/2025 and indicated 1 tablet was to be given every day at bedtime.

The June and July 2026 MARs indicated Resident 3 had this order crossed off and a new order for lorazepam was to be given 1 tablet as needed (PRN) for anxiety.

On 08/28/2026 at 12:00 PM, Surveyor interviewed Licensee A. Licensee A stated s/he was unsure of the discrepancy and would send the most updated order for lorazepam.

On 08/28/2026 at 5:00 PM, Surveyor did not receive a more recent order for lorazepam for Resident 3.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015943	A. BUILDING: _____ B. WING _____	R 08/28/2026

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{M 462}	Continued From page 15 The provider did not ensure Resident 2 and Resident 3 received medication administration services to meet their needs when Resident 2 did not receive his/her insulin and Resident 3 did not receive his/her lorazepam as ordered. The provider was unable to provide a current orders for Resident 2's insulin and Resident 3's lorazepam.	{M 462}		
{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 1 of 2 residents (Resident 2) reviewed, had a written order from his/her prescribing physician specifying who by name or position was permitted to administer the medication, under what circumstances, and in what dosage the medication was to be administered. This is a repeat deficiency. See Statement of Deficiency GBER12, dated 09/28/2024.	{M 464}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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{M 464}	Continued From page 16 Findings include: This facility is licensed to care for 4 residents in the client groups of: advanced age, developmentally disabled, alcohol/drug dependent, emotionally disturbed/mental illness, correctional clients, traumatic brain injury, and irreversible dementia/Alzheimer's disease. On 08/14/2026 at 1:51 PM, Surveyor interviewed Caregiver B. Caregiver B indicated s/he did not manage resident paperwork, and Surveyor would have to request any additional documents from Licensee A. On 08/14/2026 at 4:54 PM, Surveyor requested updated records via email from Licensee A for Resident 2 including a written order from his/her prescribing physician for medication administration. On 08/27/2026 at 8:10 AM, Surveyor reviewed Resident 2's record sent via fax from Licensee A. Resident 2 was admitted on 04/02/2025 and was his/her own decision maker. Resident 2's ISP indicated the provider managed his/her medications. Resident 2's record did not include a written physician order permitting staff to administer medications. On 08/28/2026 at 12:00 PM, Surveyor interviewed Licensee A. Licensee A confirmed s/he was unable to find a written physician order permitting staff to administer medications for Resident 2.	{M 464}		
Z 022	50.065(3)(b) COMPLETE BACKGROUND CHECK PROCESS	Z 022		

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Z 022	Continued From page 17 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. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure a caregiver background check (CBC) was completed at least every four years for 3 of 4 employees reviewed. Findings include: On 08/14/2026 at 1:51 PM, Surveyor interviewed Caregiver B. Caregiver B indicated s/he did not manage employee paperwork, and Surveyor would have to request any additional documents from Licensee A. On 08/14/2026 at 4:54 PM, Surveyor requested employee records via email from Licensee A for Owner B, Caregiver D, and Caregiver E. On 08/27/2026 at 8:10 AM, Surveyor reviewed Owner B's, Caregiver D's, and Caregiver E's records sent via fax from Licensee A. Owner B started employment when the facility was licensed on 07/11/2016 and did not have	Z 022		

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Z 022	Continued From page 18 evidence in his/her record a CBC was completed since 2012. Caregiver D had a hire date of 09/11/2021 and did not have evidence in his/her record a CBC was completed since 2021. Caregiver E had a hire date of 07/02/2012 and contained evidence that a Background Information Disclosure (BID) form was filled out in 2026. Caregiver E's record did not have evidence in his/her record a full CBC was completed since 2012. On 08/28/2026 at 12:00 PM, Surveyor interviewed Licensee A. Licensee A clarified Owner B was his/her spouse and worked directly with residents. Licensee A confirmed s/he had not been diligent in completing employee CBCs every 4 years.	Z 022		