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	0012915	A. BUILDING: _____ B. WING _____	04/14/2026

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M 000	INITIAL COMMENTS On 04/09/2026, Surveyor conducted onsite facility visits to complete an abbreviated survey at Heartland Family Care. Additional information was received through 04/14/2026. As a result of the survey, five deficiencies were identified. Census: 3	M 000		
M 114	88.03(3)(b) CRIMINAL RECORDS CHECK Criminal records check. Prior to an initial license the licensing agency shall ask the Wisconsin department of justice to conduct a criminal records check on the license applicant and on any other adult household member. The licensee shall arrange for a criminal records check of all service providers. At least every second year following issuance of an initial license the licensing agency shall request a criminal records check on the licensee and all other adult household members and the licensee shall arrange for a criminal records check on any service provider. In addition, during the period of the licensure, the licensee shall arrange for a criminal records check on any new service provider. If any of these persons has a conviction record or a pending criminal charge which substantially relates to the care of a dependent population, the funds or property of adults or minors or activities of the adult family home, the licensing agency may deny, revoke, refuse to renew or suspend a license, initiate other enforcement action	M 114		

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

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M 114	Continued From page 1 provided in this chapter or in ch. 50, Stats., or place conditions on the license. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each service provider received a complete caregiver background check. This is a repeat violation, see Statement of Deficiency (SOD) IHRS11 dated 08/23/2022. Findings include: Facility is licensed to serve up to 4 residents who may be developmentally disabled, of advanced age, and/or physically disabled. According to The Wisconsin Caregiver Program Manual (P-00038), Wis. Stat. ch. 50, and Wis. Admin. Code ch. 12, a complete caregiver background check consists of: 1-A completed DHS form F-82064, Background Information Disclosure (BID); 2-A report of findings from the Department of Justice (DOJ); 3-An Integrated Background Information System (IBIS) letter from the Department of Health Services (DHS).	M 114		

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M 114	Continued From page 2 On 04/09/2026 at 12:00 PM, as part of an abbreviated survey, Surveyor requested documentation for review including a staff roster and background checks for the staff listed. Licensee A explained that their adult family home was family owned, occupied and staffed. Licensee A provided a staff list which included: -- Licensee A hire date January 1999 -- Licensee B hire date January 1999 Licensee A stated background checks were completed and submitted online. S/he provided Surveyor her BID and a paper titled "Fax log" and dated 06/01/2021. Surveyor noted the background check paperwork for Licensee A and Licensee B did not include a report of findings from the DOJ and an IBIS letter from the DHS. On 04/09/2026 at 11:53 AM and 2:14 PM, Surveyors emailed Background Check Program Lead C (Matthew Krueger). S/he confirmed the most recent background checks on file for Licensee A and Licensee B were completed in 2021, that both were out of compliance, and the requirement to complete a background check every 4 years was not met. On 04/10/2026, Licensee A emailed Surveyor documentation of a background check completed on 04/10/2026 for both Licensee A and Licensee B which included the BID, DOJ and IBIS. Licensee A responded that s/he " ...found the BID (Background Information Disclosure) forms for 2022 ...I thought it was done, but there was an error somewhere and I didn't know it ..." On 04/14/2026 at 10:30 AM, Surveyor interviewed Licensee A. S/he acknowledged that prior to Surveyors visit on 04/09/2026, a complete	M 114		

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M 114	Continued From page 3 caregiver background check was not completed for both Licensee A and Licensee B within the previous 4 years.	M 114		
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. Findings include: Facility is licensed to serve up to 4 residents who may be developmentally disabled, of advanced age, and/or physically disabled. On 04/09/2026 at 9:00 AM, Surveyor entered the facility and observed a large object covered with a bedsheet pushed up against the living room wall. Licensee A informed Surveyor that it was furniture from Resident 2's room, they were "remodeling" his/her room "this spring" including replacing the carpet. S/he stated that Resident 2 moved out of his/her room "today" and is sleeping on a cot in Resident 3's room "temporarily" during the renovations.	M 276		

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M 276	Continued From page 4 On 04/09/2026 at 11:02 AM, during a tour of the facility with Licensee A, Surveyor observed a resident room with light pink panted walls. The room contained 2 bed frames, a TV mounted on the wall, and white curtains covering the windows. Surveyor observed an area directly under the smaller window that appeared to resemble paint pealing away from the wall. The area was approximately 4 feet wide with a curved pattern measuring approximately 12 inches long at the largest section. The area on the wall appeared to resemble previous water damage. S/he shared that the damage to the wall was not structural in nature and just needed to be "sanded off" and re-painted. Licensee A stated that the carpet is old and is being replaced "Friday" and that the wall was scheduled to be repaired on "Monday." On 04/09/2026, Surveyor sent Licensee A an email, requesting photos be provided of the work completed to Resident 2's room regarding the flooring and wall " ...as soon as you are able prior to ...Tuesday ..." On 04/12/2026 at 1:27 PM, Licensee A responded to Surveyor's email which read "photo of resident room" and included a photo attachment. The photo was of Resident 2's room facing towards the side of the room where the two bed frames were observed on 04/09/2026. The bed frames appeared to have been removed from the room. The carpet observed on 04/09/2026 had not been removed, and the damaged area under the window was not in frame of the photo. On 04/14/2026 at 10:30 AM, Surveyor interviewed Licensee A. S/he acknowledged that the flooring had not yet been replaced and the damaged area to the wall had not been repaired. Licensee A stated that s/he noticed "rippling" to	M 276		

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M 276	Continued From page 5 the paint under the window, "last year or so" and it appeared that water "had gotten in there." S/he stated that there was a misunderstanding while Surveyor was onsite and they were in the process of acquiring bids from contractors to complete the flooring and wall repair. As of 04/14/2026, Licensee A did not have an anticipated date of completion for the flooring replacement and wall repair.	M 276		
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 Resident 1 received a screening for communicable disease within 90 days prior to admission or within 7 days after admission. Findings include: Facility is licensed to serve up to 4 residents who may be developmentally disabled, of advanced	M 380		

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M 380	Continued From page 6 age, and/or physically disabled. On 04/09/2026 at approximately 12:00 PM, Surveyor requested to review Resident 1's records, including his/her communicable disease screening. Licensee A was unable to locate a communicable disease screening and stated that Guardian D might be in possession of that document. On 04/09/2026 at approximately 1:42 PM, Licensee A provided a staff and resident roster which listed Resident 1's date of admission as 11/14/2019. On 04/10/2026, Licensee A emailed Surveyor a document titled, "[Resident 1] communicable diseases". The document read, "[Resident 1] has no communicable disease as of last evaluation on 5/8/2025." The document was dated 04/10/2026 and was signed by Provider E. On 04/14/2026 at 10:30 AM, Surveyor interviewed Licensee A. S/he acknowledged that s/he did not have records that indicated that Resident 1 had been screened for a communicable disease within 90 days prior to admission or within 7 days after admission. S/he stated, "I know [s/he] didn't have communicable disease screening."	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	M 384		

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M 384	Continued From page 7	M 384		

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 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 ensure a service agreement was signed by the legal guardian prior to admission for Resident 1.

Findings include:

The facility is licensed to serve up to 4 residents who may be developmentally disabled, of advanced age, and/or physically disabled.

On 04/09/2026 at 12:35 PM, Surveyor interviewed Licensee A. S/he said that Resident 1 was a respite resident prior to admission on 11/14/2019. Surveyor requested to review Resident 1's admission agreement. Licensee A stated that s/he did not have a separate service agreement for Resident 1 and stated, " ...I just have the one signed by [Managed Care Organization] through [Managed Care Organization]..." S/he was unable to locate the document while Surveyor was onsite and requested to provide it by 04/10/2026.

On 04/10/2026, Licensee A emailed a document titled "[Managed Care Organization] Subagreement [sic] 2021" and identified that it was the current service agreement for Resident 1. Surveyor reviewed the documents content that included a signature page which was dated

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M 384	Continued From page 8 06/08/2021 and was signed by Licensee A and the [Managed Care Organization] Chief Executive Officer. Surveyor noted the document did not contain the following: -- A signature from Resident 1 and/or his/her designated representative/Guardian. -- The names of the resident or guardian (parties to the agreement). -- The services that would be provided and a description of each. -- Charges for room and board and services and any other applicable expenses, and the amount of the security deposit, if any. -- Frequency, amount, source and method of payment. -- A Policy on refunds. -- How personal funds would be handled. -- Conditions for transfer or discharge and the assistance a licensee will provide in relocating a resident. -- A statement indicating that the resident rights and grievance procedures had been explained and copies provided to the resident and the resident's guardian or designated representative. On 04/14/2026 at 10:30 AM, Licensee A acknowledged that the forementioned document titled "[Managed Care Organization] Subagreement [sic] 2021" did not meet the code requirements for an admission agreement. S/he stated, "We have not had ...admission paperwork for 15 years."	M 384		
M 464	88.07(3)(d) MEDICATION- WRITTEN ORDER Before the licensee or service provider dispenses or administers a prescription medication to a resident,	M 464		

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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 observation and interview, the provider did not obtain written orders from the physician for Resident 1's prescribed medications, specifying who by name or position is permitted to administer medications and in what dosages.

Findings include:

This facility is licensed to serve up to 4 residents who may be developmentally disabled, of advanced age, and/or physically disabled.

On 04/09/2026 at 11:30 AM, Surveyor requested to view the facilities medication storage system as part of the abbreviated survey process. Surveyor observed Resident 1's medications stored in a locked cabinet in the facility kitchen. Surveyor noted medications for Resident 2 and Resident 3 were also being stored in the same locked cabinet. Licensee A stated that Resident 1's medications are locked in the secure cabinet located in the kitchen accessible only by staff. S/he stated that everyday, when it is time for Resident 1 to receive his/her medications, Licensee A will take them out of the locked cabinet in the kitchen and give the medications to Resident 1. Surveyor requested to see Resident

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1's medications, including his/her medication orders and Medication Administration Records (MARs). Licensee A stated that s/he did not have the orders for Resident 1's medications as Guardian C manages them.

On 04/09/2026 at 12:31 PM, Licensee A provided Surveyor with a paper document dated 11/14/2019 and signed by Resident 1 and Guardian C. The document read in part, " ...It is my wish under [Resident 1's] rights to privacy and confidentiality, that all of her medical information be maintained between only [Resident 1] ... [Guardian C] ...and [Resident 1's] medical team (physicians, dentists, pharmacists, etc.). [Resident 1] and I will confer about what information is to be disclosed and provide it at our discretion. I will provide any medications or treatments to the substitute care-providers ..."

On 04/09/2026 at 1:35 PM, Surveyor reviewed Resident 1's Individualized Service Plan (ISP). Surveyor noted the ISP was silent to Resident 1's needs regarding medication management.

On 04/10/2026, following Surveyor request, Licensee A emailed Resident 1's MARs from March and April 2026. Surveyor noted Licensee A's initialed 31 days in March of 2026 and 10 days in April of 2026 next to each of Resident 1's medications. The MAR read in part, " ...please initial in box when each med has been given ..."

On 04/10/2026, following Surveyors request, Licensee A emailed photos of the following:

-- A piece of paper with Resident 1's name and "12/4/19" handwritten at the top of the page. The document contained a handwritten list of five (5) medications, their dosage, and how often to take

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M 464	Continued From page 11 per day. The document did not contain a physician signature nor a description of who is permitted to administer the medications. -- A document titled "Med List [Hospital] Clinics." The document listed eight (8) medications and included the generic name, brand name, tablet size, and instructions for use. The document was signed by Provider E and was " ...Valid as of: April 09, 2026 - 4:36 PM ..." On 04/14/2026 at 10:30 AM, Surveyor interviewed Licensee A. S/he acknowledged that Resident 1 currently relies on the facility to store and dispense his/her medications daily. S/he stated, "I have no problem adjusting" for the requirement to obtain written orders from the physician for prescription medications which would include who is permitted to administer them and in what dosages.	M 464		