STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012317	A. BUILDING: _____ B. WING _____	C 09/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREEN ACRES	**7632 W PUETZ RD FRANKLIN, WI 53132**

(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 09/25/2025, Surveyor completed a standard survey and 1 complaint investigation at Green Acres. As a result, 7 deficiencies were identified. One complaint was unsubstantiated. Census: 4	M 000		
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 a safe, clean, and well-maintained homelike environment for 4 of 4 residents in the home. The kitchen, basement, and two bathrooms needed cleaning and maintenance. This is a repeat deficiency. See Statement of Deficiency (SOD) 9CET11, dated, 10/10/2022. Findings include: On 08/27/2025 at approximately 11:00 AM, Surveyor toured the facility and observed the following: Kitchen: -The kitchen ceiling has a crack across the entire ceiling.	M 276		

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

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M 276	Continued From page 1 -The upper kitchen cabinet did not have a cabinet door. -The light fixture in the kitchen did not contain a light fixture cover. -The entire kitchen wall behind the refrigerator was full of a thick gray substance, similar to dust. -The light fixture on the wall did not contain light bulbs. The fixture was missing 3 light bulbs. Dining Room: -The dining room chandelier was missing 3 light bulbs. Basement: - The basement wall behind the washer and dryer were covered in a thick gray substance consistent with dryer lint. The wall behind the washer and dryer also contained a black substance similar to mold. -The basement ceiling drop tiles were missing and hanging from the ceiling. Exposed wires were hanging from some of the drop tiles. Bathroom: -The bathroom located off of the right side of the living room contained brown and black stains similar to mold and water damage on the ceiling above the shower. The patching on the ceiling was crumbling apart and cracked. -The bathroom located down the hall from the kitchen needed a deep cleaning. The entire	M 276		

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M 276	Continued From page 2 ceiling contained brown and black spots similar to mold and water damage. The paint on the ceiling was peeling off and the exhaust fan in the ceiling was full of a dark gray substance consistent with dust. The sink was separating from the wall. The wall paint around the sink was peeling and missing paint. There was a hole in the wall located to the right side of shower towards the floor. The baseboards by the shower were full of a black substance similar to mold. The toilet was leaking water onto the floor. On 09/25/2025, at approximately 9:30 AM, Surveyor interviewed Licensee A. Licensee A did not have an explanation as to why the condition of the home was not clean and well maintained. Licensee A reported s/he informed maintenance of the concerns and maintenance was addressing the issue.	M 276		
M 298	88.05(3)(g) WINDOWS AND VENTILATION The home shall have ventilation for health and comfort. There shall be at least one window which is capable of being opened to the outside in each resident sleeping room and each common room used by residents. Windows used for ventilation shall be screened during appropriate seasons of the year. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 3 of 3 resident bedroom windows used for ventilation were screened. Resident 1's, Resident 2's, and Resident 3's bedroom windows did not contain screens.	M 298		

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M 298	Continued From page 3 Findings include: On 08/27/2025, at approximately 11:00 AM, Surveyor toured the facility. Surveyor observed Resident 1's, Resident 2, and Resident 3's bedrooms contained 2 windows. The windows did not contain screens. On 08/27/2025 at approximately 12:00 PM, Surveyor interviewed Resident 1. Resident 1 reported s/he was unable to open the windows and let fresh air in due to no screens being on the windows. On 08/27/2025 at approximately 12:00 PM, Surveyor interviewed Resident 2. Resident 2 reported s/he was unable to open the windows and let fresh air in due to no screens being on the windows. Resident 2 reported s/he would like to open his/her windows. On 08/27/2025 at approximately 12:00 PM, Surveyor interviewed Resident 3. Resident 3 reported s/he was unable to open the windows and let fresh air in due to no screens being on the windows. Resident 3 reported his/her parent was willing to bring in screens to put on the window. Resident 3 reported s/he wanted his/her windows open. On 09/25/2025, at approximately 9:30 AM, Surveyor interviewed Licensee A regarding the missing screens. Licensee A confirmed the bedroom windows did not contain screens. Licensee A reported s/he would inform maintenance and make the corrections needed.	M 298		
M 334	88.05(4)(b)1 FIRE SAFETY-SMOKE DETECTORS	M 334		

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M 334	Continued From page 4 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 smoke detectors were located in 2 of 4 resident bedrooms and the basement. Resident 1's and Resident 4's bedrooms did not contain a smoke detector. There was no smoke detector in the basement. Findings include: On 08/27/2025, at 11:00 AM, Surveyor toured the facility. Surveyor toured the basement, Resident 1's bedroom, and Resident 4's bedroom. Surveyor observed the smoke detectors were missing. On 09/25/2025, at approximately 9:30AM, Surveyor interviewed Licensee A. Licensee A confirmed s/he was aware of the code requirement for smoke detectors. Licensee A reported s/he would ensure the smoke detectors	M 334		

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M 334	Continued From page 5 would be installed as soon as possible.	M 334		
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 each resident admitted to the facility was screened for communicable disease, including tuberculosis (TB), 90 days prior to admission or within 7 days after admission, for 2 of 2 residents. Resident 1's and Resident 4's records did not contain documentation which indicated s/he was screened for TB. This is a repeat deficiency. See Statement of Deficiency (SOD) 9CET11, dated, 10/10/2022. Findings include: On 09/18/2025, Surveyor reviewed resident records and identified the following:	M 380		

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M 380	Continued From page 6 -Resident 1 was admitted on 05/22/2008. Resident 1's record did not contain evidence s/he was screened for communicable disease, including TB. -Resident 4 was admitted on 05/27/2008. Resident 3's record did not contain evidence s/he was screened for communicable disease, including TB. On 09/25/2025, at approximately 9:30 AM, Surveyor interviewed Licensee A. Licensee A reported s/he was aware of the code requirement. Licensee A reported s/he was working to locate the admission health exam documents. As of 09/25/2025 at 5:00 PM, no additional documentation was received.	M 380		
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 obtain a written order from the physician who prescribed medications to the	M 464		

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M 464	Continued From page 7	M 464		

resident, stating who can administer the medications for 2 of 4 residents. Resident 1's and Resident 4's records did not contain a written order identifying who could administer medications.

Findings include:

On 09/18/2025, at approximately 3:30 PM, Surveyor reviewed resident records and identified the following:

-Resident 1 was admitted on 05/22/2008. Resident 1's record did not include a physician's order stating who could administer Resident 1's medications. Surveyor reviewed Resident 1's managed care organization Membered Center Plan dated 03/01/2024. The plan indicated Resident 1 required assistance with medication administration/ medication management. Resident 1's membered center plan also indicated Resident 1 required assistance with blood sugar level checks and monitoring of side effects and efficacy of medications.

-Resident 4 was admitted on 05/27/2008. Resident 4's record did not include a physician's order stating who could administer Resident 1's medications. Surveyor reviewed Resident 4's managed care organization Member Centered Plan dated 11/01/2023. Resident 4's plan indicated Resident 4 needed assistance with medication administration and medication management. The comments section under medication management on the plan reported "Staff manages medications."

On 09/25/2025, at approximately 9:30 AM, Surveyor interviewed Licensee A. Licensee A confirmed the requirement to have a written order

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M 464	Continued From page 8 indicating who can pass resident prescription medications. Licensee A reported s/he had been trying to find the documents and was unable to locate the written authorization to administer medications for Resident 1 and Resident 4.	M 464		
M 482	88.09(1)(a) RESIDENT RECORDS The licensee shall maintain a record for each resident. Resident records shall be maintained in a secure location within the home to prevent unauthorized access. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 2 of 2 residents' (Resident 1 and Resident 4) records contained all required information and were maintained in a secure location within the home. Resident 1's and Resident 4's records did not include individual service plans (ISPs). Findings include: On 09/18/2025, at approximately 3:00 PM, Surveyor reviewed resident records and identified the following: -Resident 1's record did not contain an ISP. Resident 1 was admitted to the facility on 05/22/2008. Resident 1 was his/her own person. Resident 1's diagnoses consisted of type 2 diabetes mellitus without complications, and dyslipidemia.	M 482		

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M 482	Continued From page 9 -Resident 4's record did not contain an ISP. Resident 4 was admitted to the facility on 05/27/2008. Resident 4 was his/her own person. Resident 4's diagnosis was bipolar disorder. On 09/30/2025, at approximately 9:30 AM, Surveyor interviewed Licensee A. Licensee A reported s/he was trying to update resident records and could not locate the ISPs for Resident 1 and Resident 4. Licensee A reported s/he was unsure as to where the individual service plans were. Licensee A reported s/he was aware of the code requirement to ensure ISPs were completed twice a year and upon significant changes.	M 482		
M 484	88.09(1)(b) RESIDENT RECORDS-CONFIDENTIALITY The records of residents shall be confidential. Access to records of a resident's HIV test results shall be controlled by s. 252.15 Stats. Access to other resident records shall be restricted to the following: The resident, the resident's guardian, authorized representatives of the department, other persons or agencies with informed written consent of the resident or the resident's guardian, if applicable, persons or agencies authorized by s. 51.30, Stats., ss. 46.81 to 146.83, Stats., or 42 CFR Part 2, and persons or agencies authorized by other applicable law. This Rule is not met as evidenced by: Based on observation and interview, the provider	M 484		

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M 484	Continued From page 10	M 484		

did not ensure the records of residents were kept confidential for 4 of 4 residents (Resident 1, Resident 2, Resident 3, and Resident 4). Medication administration records and assessment information were located in the bathroom shower covered in towels.

This is a repeat deficiency. See Statement of Deficiency 9CET11, dated 10/10/2022.

Findings include:

On 08/27/2025, at approximately 11:00 AM, Surveyor toured the home and observed binders and folders stacked up in the bathroom shower located to the right of the living room. Surveyor reviewed the documents and observed medication administration records belonging to Resident 1, Resident 2, Resident 3, and Resident 4. There was a consumer assessment form for Resident 1, a prescription change information form for Resident 2, and a pharmacy document for Resident 3. There was also a member blood sugar record for a previous resident (Resident 5) and an order summary report for previous Resident 6. Surveyor observed residents using the bathroom and walking freely through the facility.

On 09/25/2025, at 9:30 AM, Surveyor interviewed Licensee A. Licensee A reported the basement flooded and resident records were moved to the bathroom temporarily. Licensee A reported the records would be placed in a locked file cabinet.