STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019172	A. BUILDING: _____ B. WING _____	06/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOME CARES ADULT FACILITY HOME	W152 N5480 BEAVER DR MENOMONEE FALLS, WI 53051

(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 06/03/2025, Surveyor conducted a standard survey at Home Cares Adult Facility Home. Four deficiencies were identified. Census: 4	M 000		
M 244	88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS The licensee and each service provider shall complete 15 hours of training approved by the licensing agency related to health, safety and welfare of residents, resident rights and treatment appropriate to residents served prior to or within 6 months after starting to provide care. This training shall include training in fire safety and first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each service provider completed all required training approved by the licensing agency within 6 months after starting to provide care including training in first aid. Caregiver B did not complete training in first aid until 2 years, 2 months, and 21 days after hire date. Findings include: The facility is licensed as an adult family home able to serve up to 4 residents within the client groups of traumatic brain injury, physically	M 244		

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

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M 244	Continued From page 1 disabled, terminally ill, emotionally disturbed/mental illness, developmentally disabled, irreversible dementia/Alzheimer's disease, pregnant women/counselling, advanced age and correctional clients. On 06/03/2025, Surveyor reviewed Caregiver B's employee record. S/he was hired 03/04/2023. The record did not include training in first aid. On 06/03/2025 at approximately 12:15 PM, Surveyor discussed concern of no documentation of Caregiver B's initial training in first aid with Licensee A. Licensee A stated Caregiver B had completed training in first aid and the training documentation was at a different location. Licensee A stated s/he would send Surveyor the training documentation by 1:00 PM on 06/04/2025. On 06/05/2025 at 10:13 AM, Surveyor received an email from Licensee A. Attached to the email was a UW-Green Bay Community Based Residential Facility training certificate identifying Caregiver B completed training in first aid and choking on 05/25/2025. No additional initial training documentation in first aid was received from Licensee A.	M 244		
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.	M 276		

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M 276	Continued From page 2	M 276		

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure the home was well-maintained.

Findings include:

The facility is licensed as an adult family home able to serve up to 4 residents within the client groups of traumatic brain injury, physically disabled, terminally ill, emotionally disturbed/mental illness, developmentally disabled, irreversible dementia/Alzheimer's disease, pregnant women/counselling, advanced age and correctional clients.

On 06/03/2025 at 11:21 AM while touring home with Licensee A, surveyor observed the following:

Example 1- Front entry
The screen door's screen contained several holes and was torn out of the top and right side of its frame (Photo 1).
One of 3 front door windows was covered with cardboard (Photo 2).
Licensee A stated a resident recently broke the front door window and s/he had requested maintenance replace screen and front door window.

Example 2- Resident 1's and Resident 2's shared room:
Above a window, left side and middle of window curtain rod brackets remained with no curtain rod (Photo 3).
The outermost part of a window consisted of a left side windowpane and right-side screen. The

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M 276	Continued From page 3	M 276		

windowpane was open approximately 6" causing the screen to hang partially out of the frame. (Photo 4).
1 of 2 windows did not have a window covering. The hardwood floor had multiple darkened areas and spots, and small black spots appearing as carpet residue (Photo 5).

Licensee A stated the blind was broken by a resident and s/he had purchased new curtains for the windows. Licensee A showed Surveyor curtains still in a new package. Licensee A stated s/he was not aware the screen was loose and stated the managed care organization staff required they pull up the carpet due to Resident 1's use of a cane.

Example 3- Kitchen
19 of 19 cabinet door and drawer handles were missing 1 of 2 screws resulting in the handles hanging haphazardly and scratching the finish of doors/drawers (Photo 6).

Licensee A stated the screw holes in cabinet doors and drawers did not line up with the screws on the new handles and s/he did not know if they could be replaced, and the light bulb burnt out that morning.

Example 5- Sunroom
2 heavy matching blankets were hung over some of the windows in the sunroom. The upper right corner of 1 blanket had detached from the wall and was hanging down (Photo 7).
White lines and debris were observed on carpet throughout sunroom (Photo 8).

Licensee A stated they put the blankets up during the winter when residents were cold while smoking in there. S/he stated residents used the

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M 276	Continued From page 4 sunroom during spring and summer and the blankets provided shade and kept it cooler. Example 6- Living room Upon entry into living through front door, a temporary partial wall (approximately 4' wide) was situated approximately 3' from the front door in the living room. Multiple informational postings covered the front door side of the partial wall (Photo 2) including State of Wisconsin unemployment benefits poster and "No Firearms or Weapons Permitted on this Property" sign. An office area was located behind the partial wall within the living room (Photo 13). Business information (HIPPA poster, postings attached to bulletin board, file organizer containing files and dry erase board containing resident information) covered the 1st living room wall across from the office area and a television hung on the other half of the 1st wall. The 2nd living room wall perpendicular to and used by the office area. The 3rd living room wall was completely void of any decorations (Photos 12), and the 4th living room wall contained a large window and front door. The sole access to the rest of the home was to walk between the office area and 1st living room wall. Licensee A stated the living room was recently painted, and s/he had ordered sports themed wall hangings for the living room. On 06/03/2025 at approximately 12:15 PM, Surveyor discussed concerns of home environment with Licensee A who stated they would address the concerns. Cross Reference: M0552 DHS 88.10(3)(c) Confidentiality	M 276		

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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: The provider did not ensure the home was free from hazards when an outlet was overloaded and the dryer was not properly vented. Findings include: The facility is licensed as an adult family home able to serve up to 4 residents within the client groups of traumatic brain injury, physically disabled, terminally ill, emotionally disturbed/mental illness, developmentally disabled, irreversible dementia/Alzheimer's disease, pregnant women/counselling, advanced age and correctional clients. On 06/03/2025 at 11:21 AM while touring home with Licensee A, surveyor observed the following: Example 1- Living room electric outlet 2 multi plug adapters (containing 3 outlets each) were plugged into an electric outlet in living room. Five items were plugged into the adapters (Photo 9). Licensee A stated they would replace the adapters with a surge protector power strip.	M 278		

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M 278	Continued From page 6 Example 2- Dryer vent Dryer vent consisted of a rigid vent running from the bottom of dryer to basement ceiling and vented to outside. Midway up the rigid vent, a louvered dryer exhaust vent (attached to approximately 6" of flexible dryer vent tubing) was connected to the rigid vent. Duct tape was placed around seam of rigid vent/exhaust vent and a zip tie held the flexible vent to rigid vent. The dryer exhaust vent was heavily covered with lint (Photo 10). Licensee A stated s/he thought the dryer vent was ok because it was set up like that when adult family home was licensed. On 06/03/2025 at approximately 12:15 PM, Surveyor discussed concerns of hazards with Licensee A who stated s/he would have maintenance change out the dryer vent.	M 278		
M 552	88.10(3)(c) Confidentiality Confidentiality. To have his or her records kept confidential as described in s. HSS 88.09(1)(b). This Rule is not met as evidenced by: Based on observation and record review, the provider did not ensure the resident's right to confidentiality. Confidential resident information regarding 4 of 4 residents was displayed on a dry erase board hung on the living room wall. Findings include: The facility is licensed as an adult family home	M 552		

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M 552	Continued From page 7 able to serve up to 4 residents within the client groups of traumatic brain injury, physically disabled, terminally ill, emotionally disturbed/mental illness, developmentally disabled, irreversible dementia/Alzheimer's disease, pregnant women/counselling, advanced age and correctional clients. On 06/03/2025 at 7:23 AM, Surveyor observed a dry erase board hung on the living room wall across from the office area located in the living room. Resident first and last name initials were written on the board with private information regarding the resident under their initials. Example 1-Resident 1 Information included times Resident 1 took scheduled and as needed medications and listed dates and times of 4 upcoming appointments, 3 including names of physicians and 1 identifying an eye appointment. Example 2- Resident 2 Information included times Resident 2 took scheduled medications, listed 2 upcoming appointments, 1 including the name of physician and the 2nd identifying an eye appointment. Resident 2's information also stated "Note: Call the following for An Appointment 1. Colonoscopy testing 2. To (Neuropsychology ...)" Example 3- Resident 3 Resident 3's information identified times Resident 3 took scheduled medications and identified Wednesday as his/her shower day. Example 4- Resident 4 Resident 4's information identified times Resident 4 took scheduled medications and stated, "No Phone". On 06/03/2025 at approximately 12:15 PM, Surveyor discussed concern of resident's confidential information posted in a public area with Licensee A. Licensee A immediately erased	M 552		

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M 552	Continued From page 8 all information off the dry erase board. When Surveyor asked if s/he wanted to write the information down before erasing it, s/he stated "I have all this information memorized." Cross Reference: M0276 DHS 88.05(3)(a) Home Environment	M 552		