

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0014928	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R-C 07/21/2026
NAME OF PROVIDER OR SUPPLIER DURAND ADULT FAMILY HOME LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 6439 DURAND AVENUE MOUNT PLEASANT, WI 53406		
(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 07/21/2026, Surveyor completed a standard survey and verification visit at Durand Adult Family Home LLC. As a result, 5 deficiencies were identified. Two of the 5 deficiencies are repeat violations (see SOD J5G811, dated 10/31/2021). One of the 5 deficiencies is being cited for the third time (see SOD J5G811, dated 10/31/2021 and SOD J5G812, dated 08/31/2022). Under statutory provisions of Wis. Stat. C. 50, a \$200 revisit fee is being assessed. Census: 3	{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 each caregiver completed 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights, and treatment of residents for 2 of 2 (Caregiver D and Caregiver F) caregivers	M 246		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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M 246	Continued From page 1 reviewed who required annual training. Caregiver D did not receive annual training related to the health, safety, welfare, rights, and treatment of residents in 2024 and 2025. Caregiver F did not receive annual training related to resident rights, and treatment of residents in 2024. Caregiver F did not receive annual training related to the health, safety, welfare, rights, and treatment of residents in 2025. This is a repeat deficiency. See SOD J5G811, dated 10/31/2021. Findings include: On 07/21/2026 at approximately 2:00 PM, Surveyor reviewed employee files. The following was identified: -Caregiver D was hired on 01/28/2021. Caregiver D's file did not contain evidence that indicated Caregiver D completed annual training related to the health, safety, welfare, rights, and treatment of residents in 2024 and 2025. -Caregiver F was hired on 01/18/2014. Caregiver F's file did not contain evidence that indicated Caregiver F completed annual training in 2024 related to resident rights, and treatment of residents in 2024. In addition, Caregiver F's file did not contain evidence that indicated Caregiver F completed annual training in 2025 related to the health, safety, welfare, rights, and treatment of residents. On 07/21/2026 at approximately 4:00 PM, Surveyor interviewed Manager A. Manager A	M 246		

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M 246	Continued From page 2 acknowledged Caregiver D and Caregiver F did not complete all required annual trainings in 2024 and 2025. Manager A reported vacating his/her employment with the provider in 2023. Upon his/her return in 2025, Manager A completed an audit on all employee files and identified the missing annual trainings. Manager A could not state why Caregiver D and Caregiver F did not complete required annual trainings in 2024 and 2025.	M 246		
{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 well-maintained, cleaned and a homelike environment for 3 of 3 residents. The resident bathroom required maintenance and light fixtures throughout the home needed cleaning. This requirement is being cited for the third time. See Statements of Deficiency (SOD) J5G811, 10/31/2021 and SOD J5G812, 08/31/2022. Findings include: On 07/21/2026 at approximately 2:00 PM,	{M 276}		

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{M 276}	Continued From page 3 Surveyor completed an onsite tour with Manager A. The following was observed: Living room: The living room contained 1 ceiling fan with 5 blades. Five of 5 blades contained debris consistent with dust that was wrapped from the top of the blade towards the bottom of the blade. A light fixture near the front door consisted of debris consistent with dust on the top of the fixture. Resident Bathroom The light fixture contained a spot for 4 light bulbs. One of the 4 spots did not have a light bulb. Two of the 3 spots that contained a light bulb which was not working. The toilet paper was observed sitting on the back of the toilet. A hole was observed in the ceiling, near the vent. The wall near the shower area had missing paint. Within the shower area, Surveyor observed a sliding shower chair tub transfer bench and a PVC shower chair. The metal on the transfer bench appeared to be rusting as the metal was red and not silver. The seat was observed to have red substance on the perimeter of the seat. The seat on the PVC shower chair was observed to have red substance on the perimeter of the seat. The wall that consisted of the towel holder had black marks in the middle of the wall, on the baseboard, and on the wall near the baseboard. The black marks were consistent with a wheelchair rubbing up against the wall. On 07/21/2026 at approximately 4:00 PM, Surveyor interviewed Manager A. Manager A reported purchasing a toilet holder prior to them vacating his/her employment in 2023. Manager A	{M 276}		

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{M 276}	Continued From page 4 could not state what happened to the toilet paper holder. Manager A stated he/she would inform Licensee E about the needed repairs.	{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 each resident admitted to the facility was screened for communicable disease, including tuberculosis (TB), within 90 days prior to placement or within 7 days after admission for 1 of 3 residents reviewed (Resident 3). Resident 3's record did not contain evidence of a completed communicable disease screening. This is a repeat deficiency. See Statement of Deficiency J5G811, dated 10/31/2021. Findings include:	M 380		

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M 380	Continued From page 5 On 07/21/2026, at approximately 2:00 PM, Surveyor reviewed Resident 3's record. Resident 3 was admitted into the adult family home on 02/23/2026. Resident 3's record contained a communicable disease screen form that was not completed. On 07/21/2026 at approximately 4:00 PM, Surveyor interviewed Manager A. Manager A stated he/she would contact Resident 3's primary care physician's office to see if they had the completed communicable disease screening. Manager A reported taking the document to Resident 3's medical appointment where other documents were completed. Manager A stated he/she would email the document to Surveyor on 07/22/2026. As of 07/23/2026, Surveyor has not received additional documents from Manager A.	M 380		
M 420	88.06(3)(d)5 SIGNED STATEMENT OF AGREEMENT A statement of agreement with the plan, dated and signed by all persons involved in developing the plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 3 (Resident 2 and Resident 3) residents' individual service plans (ISP) included a statement of agreement with the plan, dated and signed by all persons involved with developing the plan. Resident 2's and Resident 3's ISPs did not include a signed statement of agreement with all	M 420		

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M 420	Continued From page 6 parties involved. Findings include: On 07/21/2026, at approximately 2:00 PM, Surveyor reviewed resident's record. The following was identified: Resident 2 was admitted on 09/08/2020. Resident 2's ISP indicated Resident 2 was their own decision maker. Resident 2's record contained four ISPs. The first ISP was dated 02/06/2024, second ISP was dated 02/11/2025, the third ISP was dated 08/10/2025, and the fourth ISP was dated 02/01/2026. All four ISPs did not contain Resident 2's signature that indicated Resident 2 agreed with the plan. Resident 3 was admitted on 04/15/2022. Resident 3's ISP indicated Resident 3 had a legal guardian. Resident 3's record contained three ISPs. The first ISP was dated 06/06/2024, second ISP was dated 06/03/2025, and the third ISP was dated 02/01/2026. All three ISPs did not contact Resident 3's legal guardian's signature. On 07/21/2026 at approximately 4:00 PM, Surveyor interviewed Manager A. Manager A reported he/she vacated their position in 2023 and could not speak to why ISPs developed in 2024 and 2025 did not contain signatures from the appropriate parties. Manager A reported Resident 3's ISP dated 02/01/2026 was not signed by the legal guardian as the legal guardian is often hard to get in contact with.	M 420			
M 424	88.06(3)(f) REVIEW OF ISP The individual service plan shall be	M 424			

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M 424	Continued From page 7 reviewed at least once every 6 months by the licensee, the resident or the resident's guardian, the service coordinator, if any, the designated 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 and interview, the provider did not review 2 of 2 residents (Resident 2 and Resident 4) who required a review of their Individual Service Plan (ISP), every 6 months. Findings include: On 07/21/2026, at approximately 2:00 PM, Surveyor reviewed resident's record. The following was identified: Resident 2 was admitted on 09/08/2020. Resident 2's ISP indicated Resident 2 was their own decision maker. Resident 2's record contained four ISPs. The first ISP was dated 02/06/2024, second ISP was dated 02/11/2025, the third ISP was dated 08/10/2025, and the	M 424			

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M 424	Continued From page 8 fourth ISP was dated 02/01/2026. Resident 2's ISP did not contain evidence Resident 2's ISP was updated and/or reviewed on or before 08/06/2024. Resident 3 was admitted on 04/15/2022. Resident 3's ISP indicated Resident 3 had a legal guardian. Resident 3's record contained three ISPs. The first ISP was dated 06/06/2024, second ISP was dated 06/03/2025, and the third ISP was dated 02/01/2026. Resident 3's ISP did not contain evidence Resident 3's ISP was updated and/or reviewed on or before 12/06/2024 and 12/12/2025. On 07/21/2026 at approximately 4:00 PM, Surveyor interviewed Manager A. Manager A reported he/she vacated their position in 2023 and could not speak to why ISPs were not reviewed in 2024. Manager A stated he/she was rehired in October 2025 and has since been working on auditing all charts. During Manager A's audit, Manager A identified ISPs were not reviewed every 6 months in 2024 and 2025. Manager A reported updating and/or reviewing all ISPs in February 2026.	M 424			