STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020192	A. BUILDING: _____ B. WING _____	R-C 07/28/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
33 FIELDS	2520 STATE ROAD 33 PORT WASHINGTON, WI 53074

(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 07/23/2025, Surveyor conducted a verification visit at 33 Fields, Adult Family Home. Additional information was gathered through 07/28/2025. As a result of the survey, the previous deficiency was corrected, and seven (7) new deficiencies were identified. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 4	{M 000}		
M 344	88.05(4)(d)2.a FIRE SAFETY EVACUATION PLAN REVIEW The licensee shall review the fire safety evacuation plan with each new resident immediately following placement and shall evaluate the resident using a form provided by the department to determine whether the resident is able to evacuate the home without any help within 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 4 of 4 residents reviewed were evaluated within 3 days of admission for evacuation time, using the Department's form. Findings include: On 07/23/2025, Surveyors requested Resident 1, Resident 2, Resident 3 and Resident 4's records from Lead Direct Support Person (LDSP) B. Resident 1 was admitted to the facility end of	M 344		

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

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M 344	Continued From page 1 January 2025 for respite and on 04/22/2025 signed admission agreement for permanent placement. Resident 1 did not have evidence of a fire safety evacuation plan evaluation completed within 3 days of admission. Resident 2 was admitted to the facility on 04/09/2025. Resident 2's evacuation assessment was completed on 04/04/205, 5 days prior to admission. Resident 3 was admitted to the facility on 03/24/2025. Resident 3's evacuation assessment was completed 03/28/2025, 4 days after admission. Resident 4's did not have a resident record at 33 Fields. Lead Direct Support Person (LDSP) B handed Surveyor Resident 4's record from his/her previous facility. LDSP B stated s/he worked the weekend Resident 4 admitted and believed it to be 06/27/2025 or 06/28/2025. Resident 4 did not have evidence of a fire safety evacuation plan completed within 3 days of admission. On 07/23/2025 at 12:10 PM, Program Director (PD) A arrived at the facility. PD A stated the evacuation assessments were in the computer and stated s/he would email them to Surveyor. Surveyor stated all documents need to be received by noon on 07/24/2025. PD A acknowledged and stated s/he would send documents before noon on 07/24/2025. On 07/28/2025 at 6:59 AM, Surveyor received an email from PD A stating s/he would be sending requested documentation by noon on 07/28/2025. As of 07/28/2025, 3:00 PM, no documentation was received.	M 344		

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M 344	Continued From page 2 The provider did not ensure the fire safety evacuation plan was completed within 3 days of admission.	M 344		
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 4 of 4 residents had been screened for communicable diseases, including tuberculosis, within 90 days before and up to 7 days after admission. Findings include: On 07/23/2025, Surveyor requested Resident 1, Resident 2, Resident 3 and Resident 4's records from Lead Direct Support Person (LDSP) B. Resident 1 was admitted to the facility end of January 2025 for respite and on 04/22/2025 signed admission agreement for permanent	M 380		

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M 380	Continued From page 3	M 380		

placement. Resident 1 did not have evidence s/he had been screened for communicable disease including tuberculosis, when s/he resided in the home more than 7 days.

Resident 2 was admitted to the facility on 04/09/2025. Resident 2's did not have evidence s/he had been screened for communicable disease including tuberculosis.

Resident 3 was admitted to the facility on 03/24/2025. Resident 3's did not have evidence s/he had been screened for communicable disease including tuberculosis.

Resident 4's did not have a resident record for 33 Fields. LDSP B handed Surveyor Resident 4's record from his/her previous facility. Resident 4 did not have evidence s/he had been screened for communicable disease including tuberculosis.

On 07/23/2025 at 12:10 PM, Program Director (PD) A arrived at the facility. PD A stated the communicable disease and tuberculosis documents were in the computer and stated s/he would email them to Surveyor. Surveyor stated all documents needed to be received by noon on 07/24/2025. PD A acknowledged and stated s/he would send documents before noon on 07/24/2025.

On 07/28/2025 at 6:59 AM, Surveyor received an email from PD A stating s/he would be sending requested documentation by noon on 07/28/2025.

As of 07/28/2025, 3:00 PM, no documentation was received.

The provider did not ensure residents were screened for communicable diseases within 90

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M 380	Continued From page 4 days before and up to 7 days after admission for 3 of 3 residents and 1 of 1 respite resident when s/he resided in the home over 7 days.	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 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 have a service agreement for 4 of 4 residents prior to admission. Findings include: On 07/23/2025, Surveyor requested Resident 2, Resident 3 and Resident 4's records from Lead Direct Support Person (LDSP) B. Resident 1 was admitted to the facility end of January 2025 for respite and on 04/22/2025 signed admission agreement for permanent placement. Resident 1 did not have an admission agreement completed when his/her respite exceeded 14 days.	M 384		

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M 384	Continued From page 5 Resident 2 was admitted to the facility on 04/09/2025. Resident 2's did not have an admission agreement completed prior to admission. Resident 3 was admitted to the facility on 03/24/2025. Resident 3's did not have an admission agreement completed prior to admission. Resident 4's did not have a resident record for 33 Fields. LDSP B handed Surveyor Resident 4's record from his/her previous facility. Resident 4 did not have an admission agreement completed prior to admission. On 07/23/2025 at 12:10 PM, Program Director (PD) A arrived at the facility. PD A stated the admission agreements were in the computer and stated s/he would email them to Surveyor. Surveyor stated all documents needed to be received by noon on 07/24/2025. PD A acknowledged and stated s/he would send documents before noon on 07/24/2025. On 07/28/2025 at 6:59 AM, Surveyor received an email from PD A stating s/he would be sending requested documentation by noon on 07/28/2025. As of 07/28/2025, 3:00 PM, no documentation was received. The provider did not have a service agreement for 4 of 4 residents prior to admission.	M 384		
M 404	88.06(3)(a) INDIVIDUAL SERVICE PLAN & ASSESSMENT The licensee shall ensure that a	M 404		

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M 404	Continued From page 6 written assessment and individual service plan is completed and developed for each resident within 30 days after placement. This Rule is not met as evidenced by: Based on record review and interview, the licensee did not ensure 2 of 2 residents records had a written assessment and individual service plan (ISP) completed and developed within 30 days after placement. Findings include: On 07/23/2025, Surveyor requested Resident 1 and Resident 4's records from Lead Direct Support Person (LDSP) B. Resident 1 was admitted to the facility end of January 2025 for respite and on 04/22/2025 signed admission agreement for permanent placement. Resident 1 did not an ISP completed in his/her record. Resident 4's did not have a resident record for 33 Fields. LDSP B handed Surveyor Resident 4's record from his/her previous facility. Resident 4 did not have an ISP completed in his/her record. On 07/23/2025 at 12:10 PM, Program Director (PD) A arrived at the facility. PD A stated the ISP's were in the computer and stated s/he would email them to Surveyor. Surveyor stated all documents needed to be received by noon on 07/24/2025. PD A acknowledged and stated s/he would send documents before noon on 07/24/2025.	M 404		

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M 404	Continued From page 7 On 07/28/2025 at 6:59 AM, Surveyor received an email from PD A stating s/he would be sending requested documentation by noon on 07/28/2025. As of 07/28/2025, 3:00 PM, no documentation was received. The provider did not have an ISP completed and developed within 30 days after placement.	M 404		
M 406	88.06(3)(b) PERSONS INVOLVED WITH ISP & ASSESSMENT The individual service plan and written assessment shall be developed by the placing agency, if any, the service coordinator, if any, the licensee, the resident and the resident's guardian, if any and designated representative, if any, with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the Individual Service Plans (ISPs) for 1 of 1 resident was updated together with the resident, guardian, the placing agency, and the provider. Findings include: On 07/23/2025, Surveyor requested Resident 1 and Resident 4's records from Lead Direct Support Person (LDSP) B.	M 406		

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M 406	Continued From page 8 Resident 2 was admitted to the facility on 04/09/2025. Resident 2's ISP was not signed by his/her guardian. On 07/23/2025 at 12:10 PM, Program Director (PD) A arrived at the facility. PD A stated the ISPs were in the computer and stated s/he would email them to Surveyor. Surveyor stated all documents needed to be received by noon on 07/24/2025. PD A acknowledged and stated s/he would send documents before noon on 07/24/2025. On 07/28/2025 at 6:59 AM, Surveyor received an email from PD A stating s/he would be sending requested documentation by noon on 07/28/2025. As of 07/28/2025, 3:00 PM, no documentation was received. The provider did not ensure the Resident 2's ISP was signed by Resident's guardian.	M 406		
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 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	M 424		

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M 424	Continued From page 9 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 ensure 1 of 1 individual service plan (ISP) reviewed was updated at least once every 6 months. Findings include: On 07/23/2025, Surveyor requested Resident 3's records from Lead Direct Support Person (LDSP) B. Resident 3 was admitted to the facility on 03/24/2025. Resident 3's ISP stated s/he was not employed. Resident 3's ISP was not updated when Resident 3 started working. LDSP B stated Resident 3 started working a month or 2 ago. LDSP B stated s/he didn't realize the ISP needed to be updated. On 07/23/2025 at 12:10 PM, Program Director (PD) A arrived at the facility. PD A stated s/he believed the ISP had been updated and was in the computer. PD A stated s/he would email the updated ISP to Surveyor. Surveyor stated all documents needed to be received by noon on 07/24/2025. PD A acknowledged and stated s/he would send documents before noon on 07/24/2025. On 07/28/2025 at 6:59 AM, Surveyor received an email from PD A stating s/he would be sending	M 424		

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M 424	Continued From page 10 requested documentation by noon on 07/28/2025. As of 07/28/2025, 3:00 PM, no documentation was received. The provider did not have an updated ISP completed when Resident 3 stated his/her employment.	M 424		
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 a physician order to administer medication was obtained for 4 of 4 residents reviewed. The provider did not have a physician order to administer medication to Resident 1, Resident 2, Resident 3 and Resident 4. Findings include: On 07/23/2025, Surveyors requested Resident 1, Resident 2, Resident 3 and Resident 4's records	M 464		

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from Lead Direct Support Person (LDSP) B.

Resident 1 was admitted to the facility end of January 2025 for respite and on 04/22/2025 signed admission agreement for permanent placement. Resident 1 did not have a written physician order stating who by name or position is permitted to administer the medication.

Resident 2 was admitted to the facility on 04/09/2025. Resident 2 did not have a written physician order stating who by name or position is permitted to administer the medication.

Resident 3 was admitted to the facility on 03/24/2025. Resident 3 did not have a written physician order stating who by name or position is permitted to administer the medication.

Resident 4's did not have a resident record at 33 Fields. Lead Direct Support Person (LDSP) B handed Surveyor Resident 4's record from his/her previous facility. LDSP B stated s/he worked the weekend Resident 4 admitted and believed it to be 06/27/2025 or 06/28/2025. Resident 4 did not have a written physician order stating who by name or position is permitted to administer the medication.

On 07/23/2025 at 12:10 PM, Program Director (PD) A arrived at the facility. PD A stated the written physician order to administer medication was in the computer and stated s/he would email them to Surveyor. Surveyor stated all documents needed to be received by noon on 07/24/2025. PD A acknowledged and stated s/he would send documents before noon 07/24/2025. Surveyor shared special orders from SOD #KXCC11, dated 03/26/2025, stating: "Before a licensee or service provider dispenses or administers a prescription

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M 464	Continued From page 12 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 record." On 07/28/2025 at 6:59 AM, Surveyor received an email from PD A stating s/he would be sending requested documentation by noon on 07/28/2025. On 07/28/2025 at 2:50 PM, Surveyor interviewed PD A. PD A stated s/he will update the medical form used at admission to ensure they receive the written order. As of 07/28/2025, 3:00 PM, no documentation was received. The provider did not ensure they had a written physician order stating who by name or position is permitted to administer the medication, prior to dispensing medication.	M 464		