Wisconsin Department of Health Services

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 11/11/2025

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 11/11/2025, Surveyor conducted a verification visit at 33 Fields. As a result, two of seven previous deficiencies were verified as corrected. Five new deficiencies were identified. Five of five deficiencies are repeat violations. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 4	{M 000}		
{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. This is a repeat deficiency. See statement of deficiency (SOD) KXCC12, dated 07/28/2025.	{M 380}		

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

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{M 380}	Continued From page 1 Findings include: On 11/11/2025, Surveyor requested Resident 1, Resident 2, Resident 3 and Resident 4's records from Lead Direct Support (LDS) B. Resident 1 was admitted to the facility on 03/11/2025. Resident 1 did not have evidence s/he had been screened for communicable disease, including tuberculosis. Resident 2 was admitted to the facility on 04/04/2025. 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 was admitted to the facility on 07/05/2025. Resident 4 did not have evidence s/he had been screened for communicable disease, including tuberculosis. On 11/11/2025 at 11:26 AM, Program Director (PD) A stated s/he thought they were ready as they had completed an internal audit. The provider did not ensure residents were screened for communicable diseases within 90 days before and up to 7 days after admission for 4 of 4 residents.	{M 380}		
{M 384}	88.06(2)(b) SERVICE AGREEMENT EXCEPT RESPITE An adult family home shall have a	{M 384}		

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{M 384}	Continued From page 2 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 1 of 4 residents prior to admission. This is a repeat deficiency. See statement of deficiency (SOD) KXCC12, dated 07/28/2025. Findings include: On 11/11/2025, Surveyor requested resident records from Lead Direct Support (LDS) B. Resident 4 was admitted to the facility on 07/05/2025. Resident 4 did not have an admission agreement completed prior to admission. On 11/11/2025 at 11:26 AM, Program Director (PD) A stated s/he thought they were ready as they had completed an internal audit. The provider did not have a service agreement for 1 of 4 residents prior to admission.	{M 384}		

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{M 404}	Continued From page 3	{M 404}		
{M 404}	88.06(3)(a) INDIVIDUAL SERVICE PLAN & ASSESSMENT The licensee shall ensure that a 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. This is a repeat deficiency. See statement of deficiency (SOD) KXCC12, dated 07/28/2025. Findings include: On 11/11/2025, Surveyor requested Resident 1 and Resident 4's records from Lead Direct Support (LDS) B. Resident 1 admitted to the facility 03/11/2025. Resident 1 did not have an ISP completed in his/her record. Resident 4 admitted to the facility 07/05/2025. Resident 4 did not have an ISP completed in his/her record. On 11/11/2025 at 11:26 AM, Program Director (PD) A stated s/he thought they were ready as they had completed an internal audit. PD A stated the ISPs were in the computer. Surveyor	{M 404}		

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{M 404}	Continued From page 4 asked LDS B to pull the ISP in the computer. LDS B tried to find the ISP and stated s/he was unable to find where s/he had to go to find the ISP in the computer. Surveyor requested the ISP be emailed to him/her by 4:00 PM on 11/11/2025. No further documentation was submitted for Surveyor's review. The provider did not have an ISP completed and developed within 30 days after placement.	{M 404}		
{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 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	{M 424}		

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{M 424}	Continued From page 5 every 6 months. This is a repeat deficiency. See statement of deficiency (SOD) KXCC12, dated 07/28/2025. Findings include: On 11/11/2025, Surveyor requested Resident 3's records from Lead Direct Support (LDS) 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. LDS B stated Resident 3 started working approximately January 2025. On 11/11/2025 at 11:26 AM, Program Director (PD) A stated s/he thought they were ready as they had completed an internal audit. PD A thought s/he had updated the ISP to reflect Resident 3 was currently working. The provider did not have an updated ISP completed when Resident 3 started 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	{M 464}		

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{M 464}	Continued From page 6 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. This is a repeat deficiency. See statement of deficiency (SOD) KXCC12, dated 07/28/2025. Findings include: On 11/11/2025, Surveyor requested Resident 1, Resident 2, Resident 3 and Resident 4's records from Lead Direct Support (LDS) B. Resident 1 was admitted to the facility 03/11/2025. 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 04/04/2025. 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 was admitted to the facility on 07/05/2025. Resident 4 did not have a written physician order stating who by name or position is	{M 464}		

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{M 464}	Continued From page 7 permitted to administer the medication. On 11/11/2025 at 11:26 AM, Program Director (PD) A stated we don't get orders signed by the doctor, the doctors send the prescription orders to the pharmacy. PD A stated page 19 of the admission agreement is signed by the doctor and states staff administer medications. Surveyor shared 4 of 4 residents did not have page 19 signed in the resident record. Lead Care Team Manager (LCTM) C confirmed staff administer medications for all 4 residents. 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}		