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 03/31/2026

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 03/31/2026, Surveyors conducted a standard survey and verification visit at 33 Fields, Adult Family Home. As a result of the survey, 5 of 5 deficiencies are repeat violations and 4 additional deficiencies were cited. One deficiency was cited for a second time. Five deficiencies were cited for a third time. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 4	{M 000}		
M 216	88.04(2)(a) RESPONSIBILITIES The licensee shall ensure that the home and its operation comply with this chapter and with all other laws governing the home and its operation. This Rule is not met as evidenced by: Based on record review and interview, the licensee did not ensure the provider, and its operation complied with all laws governing an Adult Family Home (AFH). Findings include: The provider is licensed to provide care for up to 4 residents who may be emotionally disturbed/mental illness and/or developmentally disabled. On 03/31/2026, at approximately 1:00 PM, Surveyors arrived at the facility and entered with Lead Care Team Manage (LCTM) C. Surveyor requested information to conduct verification visit.	M 216		

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

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M 216	Continued From page 1	M 216		

LCTM C acknowledged s/he did not have information requested. LCTM C acknowledged s/he was unsure who was responsible to complete the tasks. LCTM C stated s/he has done some of the updates in the individual service plan, but stated s/he has not received any training. LCTM stated Administrator F was on PTO and thinks s/he will train him/her when s/he is back.

One (1) deficiency was a repeat violations for a second time and five (5) deficiencies were repeat violations for a third time.

N0216 88.04(2)(a) Responsibilities
Based on record review and interview, the licensee did not ensure the provider, and its operation complied with all laws governing an Adult Family Home (AFH).

N0282 88.05(3)(d) Annual Well Water Inspection
Based on record review and interview, the provider did not ensure the well water was tested at the state laboratory of hygiene or other laboratory at least annually. The home's water had not been tested since 2023.

N0344 88.05(4)(d)2.a Fire Safety Evacuation Plan Review *2nd cite**
Based on record review and interview, the provider did not ensure 2 of 3 residents reviewed were evaluated within 3 days of admission for evacuation time, using the Department's form.

N0380 88.05(2)(a) Admission Health Exam ** 3rd cite**
Based on record review and interview, the provider did not ensure 3 of 4 residents had been screened for communicable diseases, including tuberculosis, within 90 days before and up to 7

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M 216	Continued From page 2 days after admission. N0384 88.06(2)(b) Service Agreement Except Respite ** 3rd cite** Based on record review and interview, the provider did not have a service agreement for 3 of 3 residents prior to admission. N0402 88.06(2)(c)8 Resident Rights And Grievance Based on record review and interview, the provider did not ensure 3 of 3 residents reviewed received the resident rights and grievance procedure upon admission. N0404 88.06(3)(a) Individual Service Plan & Assessment ** 3rd cite** 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. N0424 88.06(3)(f) Review of ISP ** 3rd cite** 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. N0464 88.07(3)(d) Medication Written Order ** 3rd cite** 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 2, Resident 4, Resident 5 and Resident 6. The licensee did not ensure the provider, and its	M 216		

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M 216	Continued From page 3 operation complied with all laws governing an Adult Family Home (AFH).	M 216		
M 282	88.05(3)(d) ANNUAL WELL WATER INSPECTIONS Where a public water supply is not available water samples shall be taken from the well and tested at the state laboratory of hygiene or other laboratory approved under ch. HSS 165 at least annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the well water was tested at the state laboratory of hygiene or other laboratory at least annually. The home's water has not been tested since 2023. Findings include: On 03/31/2026 at approximately 1:00 PM, Surveyors requested the provider's environmental records. Lead Care Team Manager (LCTM) C stated s/he had the 2023 water test. LCTM C stated s/he talked to maintenance, and they confirmed the well water test was not completed in 2025 but will schedule to have it completed for 2026. On 03/31/2026 at 3:00 PM, Surveyors interviewed Program Director (PD) E. PD E stated s/he will check on documentation for the well water to see if it was tested in 2024 and/or 2025. Surveyors stated any documentation could be sent by 4:00 PM, 03/31/2026. As of 5:00 PM, Surveyor did not receive any documentation reflecting the well water had been tested in 2024 or 2025.	M 282		

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M 282	Continued From page 4 The provider did not ensure the well water was tested at the state laboratory of hygiene or other laboratory at least annually.	M 282		
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 2 of 3 residents reviewed were evaluated within 3 days of admission for evacuation time, using the Department's form. This is a repeat Deficiency. See statement of deficiency (SOD) KXCC12, 07/28/2025. Findings include: The provider is licensed to serve up to 4 ambulatory residents in the client groups of emotionally disturbed/mental illness and/or developmentally disabled. On 03/31/2026 at 1:00 PM, Surveyor requested Resident 5 and Resident 6's record from Lead Care Team Manager (LCTM) C. Resident 5 was admitted to the facility on 02/24/2026. Resident 6	M 344		

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M 344	Continued From page 5 was admitted to the facility on 03/11/2026. LCTM C confirmed s/he did not have an evacuation form completed for Resident 5 and Resident 6. 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 3 of 4 residents had been screened for communicable diseases, including tuberculosis, within 90 days before and up to 7 days after admission. This requirement is being cited for third time. See statements of deficiency (SOD) KXCC12, 07/28/2025 and KXCC13, dated 11/11/2025. Findings include:	{M 380}		

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{M 380}	Continued From page 6 On 03/31/2026, Surveyors requested Resident 2, Resident 4 and Resident 6's records from Lead Care Team Manager (LCTM) C. Resident 2 was admitted to the facility on 04/14/2025. Resident 2 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. Resident 6 was admitted to the facility on 03/11/2026. Resident 6 did not have evidence s/he had been screened for communicable disease, including tuberculosis. On 03/31/2026 at 2:00 PM, LCTM C acknowledged s/he did not have tuberculosis or communicable disease screens for Resident 2, Resident 4 and Resident 6. The provider did not ensure residents were screened for communicable diseases within 90 days before and up to 7 days after admission.	{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	{M 384}		

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{M 384}	Continued From page 7 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 3 of 3 residents prior to admission, dated and signed by the licensee and the person being admitted or that person's guardian or designated representative. This requirement is being cited for third time. See statements of deficiency (SOD) KXCC12, 07/28/2025 and KXCC13, dated 11/11/2025. Findings include: On 03/31/2026, Surveyors requested Resident 4, Resident 5 and Resident 6's resident records from Lead Care Team Manager (LCTM) C. Resident 4 was admitted to the facility on 07/05/2025. Resident 4 did not have an admission agreement completed prior to admission. Resident 5 was admitted to the facility on 02/24/2026. Resident 5 did not have an admission agreement completed prior to admission. Resident 6 was admitted to the facility on 03/11/2026. Resident 6 did not have an admission agreement completed prior to admission. On 03/31/2026 at 2:00 PM, LCTM C stated s/he	{M 384}		

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{M 384}	Continued From page 8 was working on ensuring all resident records are completed. The provider did not have a service agreement for 3 of 3 residents prior to admission, dated and signed by the licensee and the person being admitted or that person's guardian or designated representative.	{M 384}		
M 402	88.06(2)(c)8 RESIDENT RIGHTS AND GRIEVANCE A statement indicating that the resident rights and grievance procedures have been explained and copies provided to the resident and the resident's guardian or designated representative, if any. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 residents reviewed received the resident rights and grievance procedure upon admission. Findings include: On 03/31/2026, Surveyors requested Resident 4, Resident 5 and Resident 6's resident records from Lead Care Team Manager (LCTM) C. Resident 4 was admitted to the facility on 07/05/2025. Resident 4 did not have evidence that resident rights and the provider's grievance procedure was explained or provided upon admission. Resident 5 was admitted to the facility on 02/24/2026. Resident 5 did not have evidence	M 402		

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M 402	Continued From page 9 that resident rights and the provider's grievance procedure was explained or provided upon admission. Resident 6 was admitted to the facility on 03/11/2026. Resident 6 did not have evidence that resident rights and the provider's grievance procedure was explained or provided upon admission. On 03/31/2026 at 2:00 PM, LCTM C stated s/he was working on ensuring all resident records are completed. The provider did not ensure residents reviewed received the resident rights and grievance procedure upon admission.	M 402		
{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 requirement is being cited for third time. See statements of deficiency (SOD) KXCC12,	{M 404}		

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{M 404}	Continued From page 10 07/28/2025 and KXCC13, dated 11/11/2025. Findings include: On 03/31/2026, Surveyors requested Resident 4 and Resident 5's records from Lead Care Team Manager (LCTM) C. Resident 4 was admitted to the facility on 07/05/2025. Resident 4 did not have an ISP completed in his/her record. Resident 5 was admitted to the facility on 02/24/2026. Resident 5 did not have an ISP completed in his/her record. On 03/31/2026 at 2:00 PM, LCTM C stated s/he was being trained next week to complete ISPs. LCTM C confirmed Resident 4 and Resident 5 did not have an ISP. 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	{M 424}		

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{M 424}	Continued From page 11 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. This requirement is being cited for third time. See statements of deficiency (SOD) KXCC12, 07/28/2025 and KXCC13, dated 11/11/2025. Findings include: On 03/31/2026, Surveyors requested Resident 2's records from Lead Care Team Manager (LCTM) C. Resident 2 was admitted to the facility on 04/04/2025. Resident 2's ISP was completed on 04/09/2025. Resident 2's ISP was not updated in October 2025. On 03/31/2026 at 2:00 PM, Lead Care Team Manager (LCTM) C stated s/he was being trained next week to complete ISPs. LCTM C confirmed Resident 2's ISP was not updated 6 months after ISP was created. The provider did not update the ISP every 6 months.	{M 424}		

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{M 464}	Continued From page 12	{M 464}		
{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 2, Resident 4, Resident 5 and Resident 6. This requirement is being cited for third time. See statements of deficiency (SOD) KXCC12, 07/28/2025 and KXCC13, dated 11/11/2025. Findings include: On 03/31/2026, Surveyors requested Resident 2, Resident 4, Resident 5 and Resident 6's records from Lead Care Team Manager (LCTM) C. Resident 2 was admitted to the facility on 04/14/2025. Resident 2 did not have a written	{M 464}		

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{M 464}	Continued From page 13 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 permitted to administer the medication. Resident 5 was admitted to the facility on 02/24/2026. Resident 5 did not have a written physician order stating who by name or position is permitted to administer the medication. Resident 6 was admitted to the facility on 03/11/2026. Resident 6 did not have a written physician order stating who by name or position is permitted to administer the medication. On 03/31/2026 at 2:00 PM, Surveyors interviewed Lead Care Team Manager (LCTM) C. LCTM C confirmed s/he did not have physician orders signed by the doctor to administer medications for 4 of 4 residents. LCTM C confirmed staff administer medications for 4 of 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}		