STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019198	A. BUILDING: _____ B. WING _____	03/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HINZE HOUSE	S3447 STATE HIGHWAY 80, APT 2 HILLSBORO, WI 54634

(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 02/26/2026, Surveyor conducted a standard survey at Hinze House. Data collection continued through 03/16/2026. Ten deficiencies were identified. Census: 4	M 000		
M 114	88.03(3)(b) CRIMINAL RECORDS CHECK Criminal records check. Prior to an initial license the licensing agency shall ask the Wisconsin department of justice to conduct a criminal records check on the license applicant and on any other adult household member. The licensee shall arrange for a criminal records check of all service providers. At least every second year following issuance of an initial license the licensing agency shall request a criminal records check on the licensee and all other adult household members and the licensee shall arrange for a criminal records check on any service provider. In addition, during the period of the licensure, the licensee shall arrange for a criminal records check on any new service provider. If any of these persons has a conviction record or a pending criminal charge which substantially relates to the care of a dependent population, the funds or property of adults or minors or activities of the adult family home, the licensing agency may deny, revoke, refuse to renew or suspend a license, initiate other enforcement action	M 114		

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

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M 114	Continued From page 1 provided in this chapter or in ch. 50, Stats., or place conditions on the license. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 caregivers sampled had a complete caregiver background check. Findings include: According to The Wisconsin Caregiver Program Manual (P-00038), Wis. Stat. ch. 50, and Wis. Admin. Code ch. 12, a complete background check consists of: 1) A completed DHS (Department of Health Services) form F-82064, Background Information Disclosure (BID). 2) A response from the Department of Justice (DOJ). 3) A Caregiver Background Check - Governmental Findings Report (GFR). On 02/26/2026, Surveyor requested to review Caregiver B's record. The record did not contain evidence of a BID, DOJ or GFR. Surveyor requested a staff roster, including dates of hire from Licensee A. At approximately 10:30 AM, Surveyor interviewed Caregiver B who was working at the time of survey. Caregiver B stated s/he had a hire date of "July 2025," but could not	M 114		

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M 114	Continued From page 2 recall the exact date. On 02/26/2026 at 12:44 PM, Surveyor received a voicemail from Licensee A stating s/he was unable to access background checks and would have to run them again. At 3:15 PM, Surveyor received Caregiver B's BID via email, dated 07/15/2025. On 02/26/2026 at 10:21 PM, Licensee A emailed Caregiver B's DOJ and GFR, dated 02/26/2026.	M 114		
M 232	88.04(2)(g)1 HEALTH SCREENING FOR STAFF The licensee shall obtain documentation from a physician, a registered nurse or a physician's assistant indicating that the licensee and any service provider has been screened for illness detrimental to residents, including for tuberculosis. The documentation is to be completed within 90 days before the start of providing service. The documentation shall be kept confidential except that the licensing agency shall have access to the documentation for verification. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 caregivers were screened for communicable disease, including tuberculosis (TB), within 90 days before the start of providing service. Findings include:	M 232		

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M 232	Continued From page 3 On 02/26/2026 at approximately 10:00 AM, Surveyor requested to review a sample of staff records for Caregiver B and Caregiver C from Licensee A. Licensee A informed Surveyor s/he maintained records on a USB flash drive and would email the records. Caregiver B had a hire date of 07/15/2025. Caregiver C had a hire date of 07/01/2025. At approximately 12:30 PM, Surveyor received a voicemail from Licensee A that Caregiver B's TB test was not legible as the screenshot s/he had saved was not legible. Licensee A further stated that Caregiver B reached out to his/her previous employer and requested a copy, but they would not provide one. Licensee A stated s/he would get Caregiver B and Caregiver C scheduled for a TB test soon.	M 232		
M 262	88.05(2)(a) DIFFICULTY WALKING If a resident is not able to walk at all or able to walk only with difficulty, or only with the assistance of crutches, a cane, or walker or is unable to easily negotiate stairs without assistance: 1. The exits from the home shall be ramped to grade with a hard surfaced pathway with handrails. 2. All entrance and exit doors and interior doors serving all common living areas and all bathrooms and bedrooms used by a resident not able to walk at all shall have a clear opening of at least 32 inches. 3. Toilet and bathing facilities	M 262		

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M 262	Continued From page 4	M 262		

used by a resident not able to walk at all shall have enough space to provide a turning radius for the resident's wheelchair and provide accessibility appropriate to the resident's needs.

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure there were two ramped exits from the facility with handrails for 1 of 1 resident who utilized a wheelchair for mobility. The interior doors were not 32 inches wide, and the bathroom did not have enough space to provide a turning radius for the resident's wheelchair to provide accessibility appropriate to the resident's needs.

Findings include:

On 02/26/2026, at approximately 10:30 AM, Surveyor observed a wheelchair in Resident 1's room while Resident 1 was in bed sleeping. Surveyor interviewed Licensee A and asked about Resident 1's ambulation status. Licensee A stated Resident 1 had declined significantly over the past six months and had been using the wheelchair for transportation and mobility due to Huntington's disease diagnosis. Licensee A stated Resident 1 was independent when s/he was admitted but had declined with mobility over the past 2 months.

On 02/26/2026, Surveyor requested to review Resident 1's individual service plan (ISP). Licensee A provided Resident 1's Member Centered Plan (MCP) and informed Surveyor s/he uses the MCP as the ISP. The MCP read, in part: "[Resident 1] needs a wheelchair at all times since Jan 2026. [S/he] needs 24/7 care and

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M 262	Continued From page 5 supervision and 1 assist with all ADLs (activities of daily living)." Surveyor observed Resident 1's bedroom door. The door measured 28 inches. The bathroom was located next to Resident 1's bedroom and did not contain enough space to provide a turning radius for a wheelchair. The bathroom door frame measured 28 inches. Surveyor interviewed Caregiver B and asked how s/he toileted Resident 1. Caregiver B stated s/he wheels him/her to the bathroom doorway and then walked Resident 1 to the toilet. Caregiver B further stated Resident 1 had a commode, if needed. Licensee A informed Surveyor s/he would move Resident 1 to Resident 2's room to accommodate a larger bathroom for his/her wheelchair. Licensee A stated Resident 2 was scheduled to move out on 03/30/2026. The doorframe to Resident 2's bedroom measured 28 inches and the doorway into the bathroom in Resident 2's room measured 30 inches. On 02/26/2026, at approximately 11:10 AM, Surveyor toured the home and observed the following: -The home had two designated exits; the front door contained a concrete step which was not ramped to grade and steep. The second exit was through the kitchen and the laundry room. The exit path through the laundry room measured under 30 inches. The door frame to the laundry area did not meet the 32-inch requirement. Licensee A stated s/he would widen all of the bedroom and exterior doors and cut the dryer vent down to push the washer and dryer in to meet the requirements. There were no handrails	M 262		

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M 262	Continued From page 6 on the designated exit pathways. -The facility license hanging on the wall in the dining room documented the facility was licensed as "Ambulatory." Licensee A stated s/he did not notice that on his/her license as s/he intended to be non-ambulatory. -The kitchen was being remodeled, and the kitchen island to the wall measured 30 inches. The designated second exit was through the kitchen. Licensee A stated s/he would get a shorter island to accommodate the exit path. On 02/26/2026 at approximately 11:30 AM, Surveyor informed Licensee A s/he was not licensed to care for non-ambulatory residents and the home did not meet requirements to care for non-ambulatory residents. Licensee A stated s/he told Resident 1's guardian s/he would care for him/her as finding alternative placement would be difficult with Resident 1's history of criminal activity and current status. On 03/02/2026, Surveyor reviewed the provider's program statement. The program statement read in part, "The house is a three bedroom, two bath home. No bedrooms or bathrooms are wheelchair accessible [sic]."	M 262		
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.	M 282		

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M 282	Continued From page 7 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure well water tests were completed annually. Findings include: On 02/26/2026, Surveyor requested to review well water test documentation for 2024 and 2025. On 03/02/2026, Surveyor received a well water test, collected on 02/27/2026 (the date after survey) with the following results: "Bacteria Results: Coliform Present and E-Coli Absent- Coliform Bacteria are common in the open environment [sic] their presence in drinking water is unnatural and indicates a potential issue with your well or system. See back of report for more information - Total coliform = 178 MPN/100 mL; E. coli = <1 MPN/100 mL." Additional information on the back of the report for the above results read, "IF YOUR BACTERIA RESULT IS "COLIFORM PRESENT AND E-COLI ABSENT": Coliform bacteria were found in this sample. No E. coli bacteria were found. We suggest finding an alternate source of potable water until the problem can be rectified. Any coliform bacteria in drinking water is unnatural and can indicate a well problem or contaminated water supply. After the well has been treated for the bacteria problem, follow-up samples must be taken to determine if the water is potable." On 03/02/2026, Surveyor asked Licensee A if s/he had a plan to address the results of the water test conducted on 02/27/2026.	M 282		

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M 282	Continued From page 8 At 5:15 PM, Licensee A emailed Surveyor documentation of water test results collected on 02/19/2024. The report did not indicate any findings. A well water test was not conducted in 2025. At 5:16 PM, Licensee A replied via email, "my [sic] plan is to retest [sic] the water again as this would be the first time there was anissuewith [sic] my well water."	M 282		
M 290	88.05(3)(e)2.b INSPECTIONS-GAS FURNACE A gas furnace shall be inspected and serviced every 3 years by a heating contractor or local utility company. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the gas furnace was inspected and serviced every 3 years by a heating contractor or local utility company. Findings include: On 02/26/2026, Surveyor requested to review the most current furnace inspection from Licensee A. On 03/16/2026, at approximately 10:00 AM, Surveyor interviewed Licensee A and asked if a furnace inspection had been located. Licensee A stated s/he could not find a copy, but had one completed when the home was licensed. On 03/16/2026, Surveyor reviewed the facility e-file. A furnace inspection report had been submitted for licensure, and was dated 10/11/2022.	M 290		

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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 2 of 2 residents sampled (Resident 1 and Resident 2), were screened for communicable illness, including tuberculosis (TB), within 90 days prior to admission or within 7 days after admission. Findings include: On 02/26/2026, Surveyor reviewed resident records. Resident 1 was admitted on 07/01/2025 and Resident 2 was admitted on 12/20/2023. Neither resident record included evidence of a health examination to screen for communicable illness. On 02/26/2026 at approximately 10:30 AM, Licensee A stated s/he cared for Resident 1 and Resident 2 in his/her personal residence that closed and moved to the facility upon licensure. Licensee A stated resident records were maintained on a USB flash drive and s/he would	M 380		

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M 380	Continued From page 10 email documentation. On 03/16/2026 at approximately 10:00 AM, Surveyor asked Licensee A if new admissions were screened for communicable illness. Licensee A stated, "[Resident 1] did, but I can't find it, can try to locate it. [Resident 2] was an emergency placement and refuses to go to the doctor so I don't have one for [him/her]."	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 ensure 2 of 2 residents sampled had a signed service agreement prior to admission. Findings include: On 02/26/2026, Surveyor reviewed Resident 1 and Resident 2's record. Resident 1 was admitted on 07/01/2025.	M 384		

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M 384	Continued From page 11 Resident 2 was admitted on 12/20/2023. Resident 1's and Resident 2's record did not contain a signed service agreement. On 02/26/2026 at approximately 10:30 AM, Licensee A stated s/he cared for Resident 1 and Resident 2 in his/her personal residence that closed and moved to the facility upon licensure. Licensee A stated resident records were maintained on a USB flash drive and s/he would email documentation. On 03/16/2026 at 10:00 AM, Surveyor interviewed Licensee A. Licensee A stated both residents were living in his/her personal home that closed and were transferred to this facility on 07/01/2025 when it was licensed. Licensee A stated Resident 2 was an emergency placement, and s/he did not have a signed service agreement on file for Resident 1 or Resident 2. Licensee A informed Surveyor that both members had a managed care organization (MCO) and the MCO refused to sign anything so s/he only had the MCO agreement on file. Licensee A informed Surveyor both residents had guardians.	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 a statement indicating	M 402		

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M 402	Continued From page 12 resident rights and grievance procedures were explained and copies provided to the resident and the resident's guardian or designated representative. Findings include: On 02/26/2026, Surveyor requested to review a sample of 2 resident records. Resident 1 had an admission date of 07/01/2025. Resident 2 had an admission date of 12/20/2023. On 02/26/2026 at approximately 10:30 AM, Licensee A stated Resident 1 and Resident 2 were previously in his/her care prior and moved to the facility upon licensure. Licensee A stated s/he reviewed resident rights and grievances but did not have documentation that it was explained and copies were provided to the resident and resident guardians.	M 402		
M 410	88.06(3)(d) INDIVIDUAL SERVICE PLAN The individual service plan shall contain at least the following: This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 4 of 4 residents had an individual service plan (ISP) with the following: 1. A description of the services the licensee will provide to meet assessed need 2.	M 410		

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Identification of the level of supervision required in the home and community 3. Descriptions of services provided by outside agencies 4. Identification of who will monitor the plan 5. A statement of agreement with the plan, dated and signed by all persons involved in developing the plan.

Findings include:

This facility is licensed as an ambulatory adult family home (AFH) caring for up to 4 residents in the client groups of traumatic brain injury, developmentally disabled, alcohol/drug dependent, irreversible dementia/Alzheimer's, physically disabled, advanced age, terminally ill, and emotionally disturbed/mental illness.

On 02/26/2026, at approximately 10:30 AM, Surveyor observed a wheelchair in Resident 1's room while Resident 1 was in bed sleeping. Surveyor interviewed Licensee A and asked about Resident 1's ambulation status. Licensee A stated Resident 1 had declined significantly over the past six months and had been using the wheelchair for transportation and mobility due to Huntington's diagnosis. Licensee A stated Resident 1 was independent when s/he was admitted but had declined with mobility over the past 2 months.

Surveyor interviewed Caregiver B at the time of observation and asked if Resident 1 required assistance with toileting. Caregiver B stated Resident 1 required assistance with transfers and mobility and assists with toileting. Caregiver B stated Resident 1 had a commode available, if needed.

On 02/26/2026, Surveyor requested Resident 1's

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M 410	Continued From page 14 ISP for review. Licensee A stated s/he uses the managed care organization (MCO) member centered plan. Licensee A informed Surveyor that 4 of 4 residents had a facility ISP, and acknowledged the ISPs did not meet the requirements listed above.	M 410		
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 1 of 1 resident record reviewed who received medication administered by staff. Findings include: On 02/26/2026, Surveyor requested to review Resident 1's and Resident 2's records. At approximately 10:00 AM, Licensee A informed Surveyor that Resident 2 did not take any medications. Surveyor requested Resident 1's written order for staff to administer medications.	M 464		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019198	A. BUILDING: _____ B. WING _____	03/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HINZE HOUSE	S3447 STATE HIGHWAY 80, APT 2 HILLSBORO, WI 54634

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M 464	Continued From page 15 Resident 1 had an admission date of 07/01/2025 and was admitted to the facility upon licensure. On 02/26/2026 at approximately 11:30 AM, Surveyor interviewed Caregiver B who was working at the time of survey. Caregiver B confirmed s/he passed medications for Resident 1. On 03/16/2026, at approximately 10:15 AM, Licensee A stated s/he was unable to locate the written order for staff to administer Resident 1's medication.	M 464		