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	0020099	A. BUILDING: _____ B. WING _____	C 02/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VENTURE HEALTH	494 PRAIRIE LN APT A HUDSON, WI 54016

(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 02/16/2026, Surveyor conducted a standard licensure survey and a complaint investigation at Venture Health. The complaint was substantiated. Six violations were identified. Census: 2	M 000		
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 licensee did not obtain documentation of communicable disease screening, including tuberculosis (TB), within 90 days before the start of providing service for 1 of 2 caregivers sampled. Findings include: On 02/16/2026, Surveyor reviewed records for	M 232		

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

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M 232	Continued From page 1 Caregiver B, hired in August of 2025. Caregiver B's record did not include documentation of a communicable disease screen or TB test. At approximately 1:40 PM, Surveyor interviewed Licensee A. Licensee A stated s/he thought s/he had a health screen, including TB, for Caregiver B. Licensee A stated it may be at his/her office, and if not, s/he would have to contact the hospital to obtain the documentation. Licensee A stated it was "my fault" that s/he did not have the necessary documentation. Surveyor requested any documentation be provided by 5:00 PM. No further documentation was provided by the given time. The provider did not ensure all service providers had documentation of communicable disease screens, including TB, within 90 days prior to the start of providing service.	M 232		
M 235	88.04(2)(h) COMPLY WITH OSHA The licensee and all service providers involved in the operation of the adult family home shall comply with the universal precautions contained in the U.S. Occupational Safety and Health Administration Standard 29 CFR 1910.1030 for the control of blood-borne pathogens. This Rule is not met as evidenced by: Based on record review and interview, the	M 235		

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M 235	Continued From page 2 licensee did not ensure that 1 of 2 service providers involved in the operation of the adult family home complied with the universal precautions contained in the U.S. Occupational Safety and Health Administration Standard (OSHA) regulations. Findings include: On 02/16/2026, Surveyor reviewed training records for Licensee A and Caregiver B. According to Licensee A's initial training record, s/he did not receive standard precautions training prior to working with residents as a service provider. At approximately 12:00 PM, Surveyor interviewed Licensee A, who stated s/he began working as a caregiver at the facility around 08/01/2024 (prior to licensure). When surveyor asked if s/he had received standard precaution training as part of his/her initial training, Licensee A asked what standard precautions were. Licensee A then stated s/he took an initial training course package for work in adult family homes, and that standard precaution training was not included. The licensee did not ensure all service providers completed training in standard precautions at the time of their initial assignment as required by OSHA.	M 235		
M 332	88.05(4)(a) FIRE SAFETY-FIRE EXTINGUISHERS Fire extinguishers. Every adult family home shall be equipped with one or more fire extinguishers on each floor. Each required fire	M 332		

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M 332	Continued From page 3	M 332		

extinguisher shall have a minimum 2A, 10-B-C rating. All required fire extinguishers shall be mounted. A fire extinguisher is required at the head of each stairway and in or near the kitchen except that a single fire extinguisher located in close proximity to the kitchen and the head of a stairway may be used to meet the requirement for an extinguisher at each location. Each required fire extinguisher shall be maintained in readily usable condition and shall be inspected annually by the authorized dealer or the local fire department and have an attached tag showing the date of the last dealer or fire department inspection.

This Rule is not met as evidenced by:
Based on observation and interview, the licensee did not ensure all required fire extinguishers were mounted, inspected annually, and had tags attached.

Findings include:

On 02/16/2026, at approximately 11:00 AM, Surveyor observed a fire extinguisher mounted on the wall on the second floor of the adult family home that had an inspection tag which read, "VOID 1 YEAR FROM DATE." The date on the tag read March 2024.

At approximately 11:45 AM, Surveyor observed that there was no fire extinguisher on the first floor of the adult family home. Surveyor asked Caregiver B where the fire extinguisher on the first floor was. Caregiver B showed Surveyor the

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M 332	Continued From page 4 fire extinguisher, which was on the floor in the coat closet near the front door. Surveyor observed that there was no tag on the fire extinguisher. Caregiver B stated the fire extinguisher had fallen from its mount and that Licensee A had taken the tag and had planned on remounting it. Caregiver B showed surveyor where the fire extinguisher had been mounted. At approximately 12:00 PM, Surveyor interviewed Licensee A. Licensee A stated s/he had bought the fire extinguishers in 2025 but had re-used old tags for them. Licensee A stated s/he thought the last time the fire extinguishers had been inspected was January of 2025. The provider did not ensure required fire extinguishers were maintained annually, mounted, and had accurate inspection tags attached.	M 332		
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.	M 380		

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M 380	Continued From page 5 This Rule is not met as evidenced by: Based on record review and interview, the licensee did not ensure 2 of 2 residents sampled received communicable disease screens, including tuberculosis (TB), within 90 days prior to or 7 days after admission. Findings include: On 02/16/2026, Surveyor reviewed records for Resident 1, admitted 10/24/2024, and Resident 2, admitted 08/25/2024. Resident 1's record included an incomplete form titled, "Resident Admission Health Screen Form." The form had a portion that attested that the resident was free of communicable diseases with a signature line for the resident or the legal representative that was blank. The form had a space for documentation of a 2-step TB skin test result. The form indicated Resident 1 had been administered the 1st TB skin test but that it had not been read. There was no documentation of the 2nd TB skin test. The portion of the form indicating that the resident was free of clinically apparent symptoms of communicable diseases was not signed by an authorized individual. Resident 2's record did not include documentation of a communicable disease screen, including TB. The licensee did not ensure new residents were screened for communicable diseases, including TB, within the required timeframe.	M 380		
M 466	88.07(3)(e)1 MEDICATION- RECORD KEEPING The licensee shall keep a record of all prescription medications	M 466		

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M 466	Continued From page 6 controlled, dispensed or administered by the licensee which show the name of the resident, the name of the particular medication, the date and time the resident took the medication and errors and omissions. The medication controlled by the licensee shall be kept in a locked place. This Rule is not met as evidenced by: Based on record review and interview, the licensee did not maintain medication administration records when Resident 2's medication administration record (MAR) falsely indicated s/he was being administered a particular medication. Findings include: On 02/16/2026, at approximately 12:30 PM, Surveyor observed Caregiver B perform a mock medication pass for Resident 2. While observing the mock medication pass, Surveyor reviewed Resident 2's MAR for February 2026. The MAR indicated the following prescription information: - Divalproex 500 milligrams (mg) was prescribed to be taken twice daily at noon and at bedtime for 14 days, then only at bedtime for 14 days. This was to be taken alongside the divalproex 250 mg prescription. This entry was dated 12/09/2025. - Divalproex 250 mg was prescribed to be taken once in the morning, with a 500 mg dose at noon and bedtime for 14 days, then once in the morning and once at noon with a 500 mg dose at bedtime for 14 days, then 1 tablet 3 times a day until follow-up. This entry was dated 12/09/2025. - Every administration box in February up to the	M 466		

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M 466	Continued From page 7 current date was signed off on as administered for both divalproex entries. Caregiver B stated the 500 mg doses of divalproex were no longer being administered to Resident 2, just the 250 mg doses 3 times a day. Caregiver B stated s/he marked the 500 mg doses as administered because s/he did not want to leave that portion of the MAR blank. At approximately 12:30 PM, Surveyor interviewed Licensee A, who acknowledged s/he would have to contact the pharmacy and physician to get the prescription updated so s/he could update the MAR. The licensee did not ensure to keep accurate prescription medication administration records.	M 466		
M 482	88.09(1)(a) RESIDENT RECORDS The licensee shall maintain a record for each resident. Resident records shall be maintained in a secure location within the home to prevent unauthorized access. This Rule is not met as evidenced by: Based on observation and interview, the licensee did not maintain resident records and did not keep them in a secure location within the home. Resident medication administration records (MARs) were left out in an unsecured area and resident records were not kept on-site. Findings include:	M 482		

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M 482	Continued From page 8 On 10/27/2025, the Department received a complaint regarding resident records not being accessible. On 02/16/2026, at approximately 11:00 AM, Surveyor interviewed Licensee A and requested to review records for Resident 1 and Resident 2. Licensee A stated the records were at his/her office off-site, and s/he would have to bring them on-site for surveyor to review. At 11:10 AM, Surveyor observed a staff office area situated in an open loft on the second floor of the adult family home. Surveyor observed MARs for Resident 1 and Resident 2 in plain view on a staff desk. Surveyor observed a stack of receipts on the desk as well. The second floor and staff desk were accessible to the rest of the home and were not secured. At approximately 11:10 AM, Surveyor interviewed Caregiver B. Caregiver B stated resident care plans were not kept at the home, and s/he had not seen any. At approximately 11:55 AM, Surveyor interviewed Licensee A. Licensee A stated the records which were on the staff desk were old and needed to be shredded. Licensee A stated the receipts were primarily the residents', but there were also general house receipts on the desk as well. Licensee A stated it was a concern that the resident records had been left out unsecured. Licensee A stated staff reviewed resident individual service plans (ISPs) when they were hired, but there were no ISPs left on-site at the home. At approximately 12:30 PM, Surveyor observed	M 482		

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M 482	Continued From page 9 Caregiver B perform a mock medication pass for Resident 2. Caregiver B stated s/he had to retrieve Resident 2's MAR from the upstairs office. Caregiver B stated s/he had accidentally left the MARs out on the desk the prior evening. The licensee did not ensure resident records were maintained and kept in a secure location.	M 482		
Z 024	50.065(4m)(c) COMPLETE BACKGROUND INFORMATION DISCLOSURE If the background information form completed by a person under sub. (6) (am) indicates that the person is not ineligible to be employed or contracted with for a reason specified under par. (b) 1. to 5., an entity may employ or contract with the person for not more than 60 days pending the receipt of the information sought under sub. (2) (b). If the background information form completed by a person under sub. (6) (am) indicates that the person is not ineligible to be permitted to reside at an entity for a reason specified in par. (b) 1. to 5. and if an entity otherwise has no reason to believe that the person is ineligible to be permitted to reside at an entity for any of these reasons, the entity may permit the person to reside at the entity for not more than 60 days pending receipt of information sought under sub. (2) (am). An entity shall provide supervision for a person who is employed or contracted with or permitted to reside as permitted under this paragraph.	Z 024		

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Z 024	Continued From page 10 This Rule is not met as evidenced by: Based on observation, record review, and interview, the licensee did not ensure complete background checks were completed for new employees prior to working unsupervised with residents. Two of 2 employees sampled did not have record of background information disclosures (BIDs), and both had worked at the adult family home for over 60 days and worked unsupervised with residents. Findings include: The Wisconsin Caregiver Program manual states: "Entities must provide supervision during the 60-day period pending receipt of a complete caregiver background check. At a minimum, this supervision must include periodic direct observation of the person." (DQA Publication-00038, Wisconsin Caregiver Program Manual for Entities Regulated by the Division of Quality Assurance, December 2020). On 02/16/2026, at approximately 10:50 AM, Surveyor interviewed Caregiver B. Caregiver B stated s/he was working alone and typically was the only one working at the adult family home. Caregiver B stated s/he lived at the adult family home. Caregiver B stated s/he was usually responsible for transporting both residents to their respective workplaces. Surveyor observed that Caregiver B was the only staff at the adult family home, and that both residents were on-site. Surveyor reviewed records for Caregiver B, hired in August of 2025, and Licensee A. Both Caregiver B's and Licensee A's records were missing a BID form.	Z 024		

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Z 024	Continued From page 11 At approximately 11:55 AM, Surveyor interviewed Licensee A. Licensee A stated s/he had begun working as a caregiver at the adult family home in August of 2024, would bring the residents out, and would work shifts at the adult family home. The provider did not ensure BIDs were completed for staff who worked unsupervised with residents.	Z 024		