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	0018306	A. BUILDING: _____ B. WING _____	04/14/2026

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LACEYS AFH	W1461 DEES ROAD WISCONSIN DELLS, WI 53965

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M 000	INITIAL COMMENTS On 04/07/2026, Surveyor conducted a licensure survey at Lacey's AFH. Data collection continued through 04/14/2026. Ten deficiencies were identified. Census: 3	M 000		
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 provide did not ensure a water sample was taken from the well and tested at the state lab of hygiene or other approved laboratory at least annually. Findings include: On 04/07/2026, Surveyor reviewed annual well water tests and found the last one had been completed on 06/18/2024. At 1:46 PM, Surveyor interviewed Owner A. Owner A stated s/he knew a well water test had been completed in 2025, because they had been free through the county. Surveyor requested documentation of the most recent well test to be emailed or faxed. As of 04/14/2026, Surveyor did not receive documentation to indicate the well water was tested after 2024. At 2:00 PM, Surveyor	M 282		

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

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M 282	Continued From page 1 interviewed Owner A and Owner B. Owner A stated the well water test for 2025 had not been done.	M 282		
M 336	88.05(4)(b)2 SMOKE DETECTORS-TESTING AND MAINTENANCE The licensee shall maintain each required smoke detector in working condition and test each smoke detector monthly to make sure that it is operating. If a unit is found to be not operating, the licensee shall immediately replace the battery or have the unit repaired or replaced. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each required smoke detector was tested monthly to ensure the smoke detector was operating in 2024 and 2025. Findings include: This provider was licensed to care for 4 residents in the following client groups: physically disabled, emotionally disturbed/mental illness, traumatic brain injury, and developmentally disabled. On 04/07/2026 at approximately 2:30 PM, Surveyor asked Owner A and Owner B for the monthly smoke detector checks for 2024 and 2025. Owner A stated s/he checked smoke detectors quarterly and did not have documentation. On 04/14/2026 at 2:00 PM, Surveyor interviewed	M 336		

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M 336	Continued From page 2 Owner A and Owner B. Owner A confirmed s/he did not have monthly smoke detector checks documented but had created a new form to use moving forward. The provider did not check each smoke detector monthly in 2024 and 2025 to ensure each smoke detector was operating properly.	M 336		
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 interview and record review, the provider did not ensure resident evacuation capabilities were assessed for 1 of 1 resident sampled. Findings include: This provider was licensed to care for 4 residents in the following client groups: physically disabled, emotionally disturbed/mental illness, traumatic brain injury, and developmentally disabled. On 04/07/2026 at approximately 2:30 PM, Surveyor requested an evacuation assessment from Owner A and Owner B for Resident 1.	M 344		

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M 344	Continued From page 3 Owner A stated s/he would have to look for Resident 1's evacuation assessment. Surveyor requested documentation of Resident 1's evacuation assessment to be emailed or faxed. According to Resident 1's record s/he was admitted on 01/23/2026. On 04/09/2026, Surveyor received an evacuation assessment dated 04/07/2026 for Resident 1. On 04/14/2026 at 2:00 PM, Surveyor interviewed Owner A and Owner B. Owner A stated Resident 1 did not have an evacuation assessment completed upon admission. Resident 1 did not have an evacuation assessment completed upon admission.	M 344		
M 348	88.05(4)(d)2.c SEMI-ANNUAL FIRE DRILLS The licensee shall conduct semi-annual fire drills with all household members with written documentation of the date and the evacuation time for each drill maintained by the home. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure semi-annual fire drills were conducted in 2024 and 2025. Findings include: This provider was licensed to care for 4 residents in the following client groups: physically disabled, emotionally disturbed/mental illness, traumatic brain injury, and developmentally disabled.	M 348		

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M 348	Continued From page 4 On 04/07/2026 at approximately 2:30 PM, Surveyor requested fire drills for 2024 and 2025 from Owner A and Owner B. The documentation indicated one fire drill was conducted in 2025 on 07/22/2025. Owner A stated it was his/her understanding the requirement was for one fire drill to be conducted annually and would have to look for 2024 documentation. Surveyor requested documentation for 2024 and 2025 fire drills to be emailed or faxed. On 04/09/2026, Surveyor received documentation of fire drills from Owner A and Owner B. The documentation indicated a fire drill was conducted on 03/13/2025 and 04/07/2026. The documentation compiled together indicated the provider conducted two fire drills in 2025. On 04/14/2026 at 2:00 PM, Surveyor interviewed Owner A and Owner B. Owner A confirmed s/he could not find fire drills for 2024 and had completed a new form to document fire drills moving forward. The provider did not ensure semi-annual fire drills were conducted in 2024 and 2025.	M 348		
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	M 384		

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M 384	Continued From page 5 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 1 of 1 resident sampled had a signed service agreement prior to admission. Findings include: On 04/07/2026, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 01/23/2026. Resident 1's record did not contain a signed service agreement. Surveyor requested documentation for Resident 1's signed service agreement to be emailed or faxed. On 04/09/2026, Surveyor received a service agreement for Resident 1 dated 04/08/2026 from Owner A and Owner B. On 04/14/2026 at 2:00 PM, Surveyor interviewed Owner A and Owner B. Owner A confirmed Resident 1 did not have a signed service agreement upon admission.	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	M 402		

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M 402	Continued From page 6 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 resident rights and grievance procedures were explained and copies provided to the resident and the resident's guardian or designated representative. Findings include: On 04/07/2026, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 01/23/2026 and had a guardian. Resident 1's record did not contain documentation indicating resident rights and grievance procedures were explained upon admission and signed by Resident 1 and his/her guardian. Surveyor asked Owner B about documentation and Owner A stated both resident rights and the grievance procedure were in the service agreement. Surveyor requested documentation for Resident 1's signed service agreement to be emailed or faxed. On 04/14/2026, Surveyor received a service agreement for Resident 1 dated 04/08/2026 from Owner A and Owner B. The service agreement contained resident rights and the grievance procedure. On 04/14/2026 at 2:00 PM, Surveyor interviewed Owner A and Owner B. Owner A confirmed Resident 1 did not have a signed service agreement upon admission, which indicated there was no documentation supporting resident rights and the grievance procedure was explained to Resident 1 and his/her guardian upon admission.	M 402		

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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 provider did not ensure an individual service plan (ISP) was developed within 30 days after admission for 1 (Resident 1) of 1 resident reviewed. Findings include: On 04/07/2026, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 01/23/2026 and had a guardian. Resident 1's record did not contain a comprehensive ISP. Surveyor requested documentation for Resident 1's signed ISP to be emailed or faxed. On 04/14/2026, Surveyor received an ISP for Resident 1 dated 04/08/2026 and signed by Owner A and Owner B. The ISP was not signed by Resident 1 or his/her guardian. On 04/14/2026 at 2:00 PM, Surveyor interviewed Owner A and Owner B. Owner A confirmed Resident 1's ISP was completed after the Surveyor's onsite visit and after 30 days of admission.	M 404		

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M 404	Continued From page 8 The provider did not ensure Resident 1's ISP was completed within 30 days after his/her admission.	M 404		
M 458	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be securely stored, shall remain in its original container as received from the pharmacy and be stored as specified by the pharmacist. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 1 resident's (Resident 1) prescription medication was securely stored. Resident 1's Mounjaro pen was not securely stored in the kitchen refrigerator. Findings include: On 04/07/2026 at approximately 3:15 PM, Surveyor toured the kitchen and observed the following: - Resident 1's Mounjaro pen was not securely stored in the refrigerator. Resident 1's Mounjaro pen was sitting on a shelf in the refrigerator, in the original packaging.	M 458		

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M 458	Continued From page 9 On 04/07/2026 at approximately 3:15 PM, Surveyor asked Owner A about the unsecured medication in the refrigerator. Owner A stated Resident 1 would get the medication and administer it to him/herself. On 04/14/2026 at 2:00 PM, Surveyor interviewed Owner A and Owner B. Owner A stated they had found a small countertop refrigerator to store refrigerated medications for Resident 1 and Resident 2. Owner A stated s/he had placed a strap lock on the refrigerator and placed it in the facility laundry room.	M 458		
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 2 of 2 resident records reviewed who received medication administered by staff. Findings include:	M 464		

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M 464	Continued From page 10 On 04/07/2026, Surveyor requested Resident 1's and Resident 2's written orders for staff to administer medications. Resident 1 had an admission date of 01/23/2026. Resident 1's record indicated s/he had medications administered by staff. Resident 2 had an admission date of 03/09/2021. Resident 2's record indicated s/he had medications administered by staff. On 04/07/2026 at approximately 3:15 PM, Surveyor interviewed Owner B, and s/he confirmed all residents residing at the facility had their medications administered by staff. Surveyor requested documentation for Resident 1's and Resident 2's medication administration orders to be emailed or faxed. As of 04/14/2026, Surveyor did not receive documentation to indicate Resident 1 or Resident 2 had a medication administration order. At 2:00 PM, Surveyor interviewed Owner A and Owner B. Owner A stated they did not have a medication administration order from a physician for Resident 1 or Resident 2.	M 464		
M 570	88.10(3)(l) Safe Physical Environment Individuals, except for correctional residents, have basic rights which they do not lose when they enter an adult family home. A resident shall have a safe environment in which to live. The adult family home shall safeguard residents who cannot fully guard themselves from environmental hazards to which they are likely to	M 570		

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M 570	Continued From page 11 be exposed, including conditions which would be hazardous to anyone and conditions which would be or are hazardous to a particular resident because of the resident's condition or disability. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure hot water was kept at a safe temperature for 2 of 2 facility sinks. The provider did not ensure 3 smoke detectors were functioning in the facility. Findings include: On 04/07/2026, Surveyor did an environmental tour of the facility with Owner A and Owner B. Example 1 "Exposure to hot water is a potential environmental danger for residents. Elderly residents and residents with mental and physical disabilities may have neurological conditions that prevent instant recoil from hot water. Because these individuals do not instantly react to dangerous temperature levels, they are at particular risk for injury. Hot water can cause scalding, e.g., second and third degree burns in which the skin blisters and swells. In such instances, skin does not return to normal and forms scar tissue upon healing. These burns may lead to permanent disability." (DQA Publication-01942, Hot Water Temperatures in Adult Family Homes, August 2017.) At approximately 1:20 PM, Surveyor took the downstairs bathroom sink water temperature, which was 138.2 degrees Fahrenheit. Owner A stated they had recently installed an on-demand	M 570		

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M 570	Continued From page 12	M 570		

water heater, and it was set at 150 degrees Fahrenheit. Owner A stated the water heater holding tank was set at 122 degrees Fahrenheit.

At approximately 1:40 PM, Surveyor took the kitchen sink water temperature located upstairs, which was 134.7 degrees Fahrenheit. Owner B stated all the residents were able to recognize water temperatures and adjust water temperature as needed. Owner A went downstairs to readjust the water heater.

At 3:00 PM, Surveyor rechecked the kitchen sink water temperature, which was 134.2 degrees Fahrenheit. Owner A stated the water may need to run for a while to empty out the holding tank as s/he had turned the water heater down to 118 degrees Fahrenheit.

At 3:30 PM, Surveyor rechecked the kitchen sink water temperature, which was 132.2 degrees Fahrenheit.

On 04/14/2026 at 2:00 PM, Surveyor interviewed Owner A and Owner B. Owner A stated s/he ended up having to call in a company to look at the water heater. Owner A stated the sink water temperatures were now around 115 degrees Fahrenheit.

Example 2

On 04/07/2026 at 1:16 PM, Surveyor observed in Resident 3's bedroom the smoke detector was missing with a wire hanging. Owner B stated Resident 3 was deaf and blind, so s/he had a special smoke detector with flashing lights and an even louder alarm. Owner B stated s/he did not know where the smoke detector was.

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M 570	Continued From page 13 On 04/07/2026 at approximately 1:20 PM, Surveyor observed the smoke detector missing from Resident 2's bedroom. Owner B stated Owner A did facility maintenance. On 04/07/2026 at 1:25 PM, Surveyor interviewed Owner A. Owner A stated the smoke detectors were all interconnected. Owner A stated 3 smoke detectors were not working for a few days, and new ones were ordered to arrive by the end of the week. Owner A confirmed Resident 3, Resident 2, and a smoke detector outside their room upstairs were not working. Owner A confirmed all the other smoke detectors were working. On 04/07/2026 at 2:00 PM, Surveyor interviewed Owner A and Owner B. Owner A stated the 3 smoke detectors were replaced and currently working.	M 570		