

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0018014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 04/23/2026
NAME OF PROVIDER OR SUPPLIER BETTES PLACE 1 - FARMHOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 1515 A HIGHWAY 175 HUBERTUS, WI 53033		
(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 04/23/2026, Surveyor conducted a complaint investigation at Bettes Place 1-Farmhouse, an Adult Family Home (AFH) in Hubertus, WI. One deficiency identified. Complaint substantiated. Census: 4	M 000		
M 582	88.10(3)(q) Medications Medications. To receive all prescribed medications in the dosage and at the intervals prescribed by the resident's physician, and to refuse medications unless there has been a court order under s. 51.61(1)(g), Stats., with a court finding of incompetency. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 4 of 4 residents (Resident 1, Resident 2, Resident 3 and Resident 4) received all prescribed medications in the dosage and at the intervals prescribed by the resident's physician. Resident 1, Resident 2, Resident 3 and Resident 4 missed their 4:00 PM medications on 03/15/2026. Findings include: On 04/23/2026 at approximately 10:45 AM,	M 582		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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M 582	Continued From page 1 Surveyor revived Resident 1, Resident 2, Resident 3 and Resident 4's records and identified the following: Resident 1 -Resident 1 was admitted on 11/06/2020 and needed assistance with medications. -Resident 1's Medication Administration Record (MAR) dated March 2026 stated the following: "Gabapentin 100 mg, take 1 capsule by mouth in the evening, Baclofen 10 mg, take 1/4 tablet (2.5mg) by mouth every 8 hours, Diclofenac Sodium 1%, apply 2g topically to affected area on skin 4 times a day, Pramipexole Dihydrochloride 0.5 mg, take 1 tablet by mouth in the evening on 03/15/2026 at 4:00 PM: Refused: too late." -Resident 1 missed four doses of medications. Resident 2 -Resident 2 was admitted on 08/18/2025 and needed assistance with medications. -Resident 2's Medication Administration Record (MAR) dated March 2026 stated the following: "Lumigan 0.01%, instill in right eye in evening on 03/15/2026 at 4:00 PM: Refused: too late." -Resident 2 missed one dose of medication. Resident 3 -Resident 3 was admitted on 05/01/2024 and needed assistance with medications. -Resident 3's Medication Administration Record (MAR) dated March 2026 stated the following: "Montelukast Sodium 10 mg, take one tablet in the evening, Florajen Digestion 15 billion cell, take 1 capsule by mouth in the evening on 03/15/2026 at 4:00 PM: Refused: too late." -Resident 3 missed 2 doses of medications. Resident 4 -Resident 4 was admitted on 09/10/2020 and needed assistance with medications.	M 582		

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M 582	Continued From page 2 -Resident 4's Medication Administration Record (MAR) dated March 2026 stated the following: "Wes-Phos 250 neutral 250 mg, take 2 tablets by mouth 3 times daily on 03/15/2026 at 4:00 PM: Refused: too late." -Resident 4 missed a dose of medication. On 04/23/2026 at approximately 11:30 AM, Surveyor interviewed Licensee A. Licensee A stated the residents had an outing that day and they must have gotten back too late and the medication passer could not give the medication because it was out of the two hour time frame for medications. Licensee A acknowledged all four resident's missed medications on 03/15/2026 at 4:00 PM due to this outing. Licensee A stated s/he would educate staff on making sure they are taking medications with them if they will be gone during the medication pass.	M 582		