STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019403	A. BUILDING: _____ B. WING _____	07/07/2025

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SMILING FACES HOME HEALTH LLC	400 HOEL AVE. STOUGHTON, WI 53589

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M 000	INITIAL COMMENTS From 07/01/2025 through 07/07/2025, Surveyor conducted a standard survey at Smiling Faces Home Health LLC, an AFH in Stoughton. Six deficiencies of DHS Chapter 88 were identified. Census: 3	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,	M 114		

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

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M 114	Continued From page 1 initiate other enforcement action 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 a criminal records check was completed for 2 of 3 caregivers reviewed. There was no record of a background check completed for Caregiver D and Caregiver E. Findings include: According to The Wisconsin Caregiver Program Manual (P-00038), a complete Caregiver Background Check, at a minimum, consists of: 1) A completed DHS form F-82064, Background Information Disclosure (BID). 2) A response from the Department of Justice (DOJ). 3) A Governmental Findings Report from DHS that reports the person's status, including administrative finding or licensing restrictions (IBIS). On 07/01/2025 at approximately 1:00 p.m., Surveyor requested employee records from Licensee A. Licensee A stated that s/he did not keep the employee files at the facility. Licensee A stated that s/he could email those records. Surveyor requested that all employee background	M 114		

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M 114	Continued From page 2 checks be emailed over by 07/02/2025 at 2:00 p.m. On 07/02/2025 at 3:03 p.m., Surveyor received employee records. Records indicated the following: -Caregiver D was hired on 09/23/2024. Caregiver D's record did not include documentation of background checks completed at the time of hire. -Caregiver E was hired on 03/20/2023. Caregiver E's record did not include documentation of background checks completed at the time of hire. On 07/07/2025 at 11:49 a.m., Surveyor received follow up documentation from Manager B. Manager B stated that s/he had to check with the former HR for Caregiver E's record. Surveyor requested that all employee records be emailed by 4:00 p.m. on 07/07/2025. On 07/07/2025 at 3:35 p.m., Surveyor received documentation from Manager B. Manager B sent over training records for Caregiver E. Manager B did not send over a completed background check for Caregiver E. On 07/07/2025 at approximately 4:30 p.m., Surveyor interviewed Licensee A and Manager B. Manager B stated that s/he sent all the records that the facility had. Surveyor shared that the facility records did not include a BID, DOJ or IBIS from the time of hire for Caregiver D or Caregiver E.	M 114		
M 232	88.04(2)(g)1 HEALTH SCREENING FOR STAFF The licensee shall obtain documentation from a physician, a	M 232		

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M 232	Continued From page 3	M 232		

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 3 caregivers reviewed was screened for illness detrimental to residents, including for tuberculosis, within 90 days before the start of providing service. Caregiver D's tuberculosis test was not completed until 7 months past hire date. Caregiver E had no record of a tuberculosis test being completed.

Findings include:

On 07/01/2025 at approximately 1:00 p.m., Surveyor requested Caregiver D and Caregiver E's communicable disease screen, including tuberculosis test, from his/her hire. Licensee A stated that s/he did not keep the employee files at the facility. Licensee A stated that s/he could email those records. Surveyor requested that all tuberculosis tests and results be emailed over by 07/02/2025 at 2:00 p.m.

On 07/02/2025 at 3:03 p.m., Surveyor received employee records. Records indicated the following:

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M 232	Continued From page 4 -Caregiver D was hired on 09/23/2024. Caregiver D's record included a tuberculosis test that was dated 04/15/2025, which is 7 months past the date of hire. -Caregiver E was hired on 03/20/2023. Caregiver E's record did not include documentation of a tuberculosis test being completed. On 07/07/2025 at 11:49 a.m., Manager B stated that s/he had to check with the former HR for Caregiver E's record. Surveyor requested that all employee records be emailed by 4:00 p.m. on 07/07/2025. On 07/07/2025 at 3:35 p.m., Surveyor received documentation from Manager B. Manager B sent over training records for Caregiver E. Manager B did not send over a tuberculosis test for Caregiver E. On 07/07/2025 at approximately 4:30 p.m., Surveyor interviewed Licensee A and Manager B. Manager B stated that s/he sent all the records that the facility had. Surveyor shared that the facility records did not include a timely tuberculosis test for Caregiver D. Licensee A acknowledged the tuberculosis test was late for Caregiver D and that there was no record of a tuberculosis test for Caregiver E.	M 232		
M 244	88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS The licensee and each service provider shall complete 15 hours of training approved by the licensing agency related to health, safety and welfare of residents, resident rights and	M 244		

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M 244	Continued From page 5 treatment appropriate to residents served prior to or within 6 months after starting to provide care. This training shall include training in fire safety and first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 caregivers reviewed had received 15 hours of training prior to or within 6 months of hire. Caregiver D received only medication training for continuing education within 6 months of hire. Findings include: On 07/01/2025 at approximately 1:00 p.m., Surveyor requested employee records from Licensee A. Licensee A stated that s/he did not keep the employee files at the facility. Licensee A stated that s/he could email training records for Caregiver D. Surveyor requested that all employee training be emailed over by 07/02/2025 at 2:00 p.m. On 07/02/2025 at 3:03 p.m., Surveyor received employee records from Manager B. Records indicated that Caregiver D was hired on 09/23/2024. Caregiver D's record only included a medication training that was dated 11/25/2024. Surveyor requested additional training documentation for Caregiver D. On 07/07/2025 at 1:18 p.m., Surveyor received an email from Manager B. Manager B stated that "the attached training records is what the employees have."	M 244		

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M 244	Continued From page 6 On 07/07/2025 at approximately 4:30 p.m., Surveyor reviewed concern with Licensee A and Manager B that Caregiver D did not receive 15 hours of training, including training for standard precautions, resident rights, first aid and fire safety within the first 6 months of hire. Licensee A stated that Caregiver D did have the trainings, but they were not emailed over. Manager B stated that s/he sent over the records that were in Caregiver D's file.	M 244		
M 246	88.04(5)(b) TRAINING-8 HOURS ANNUALLY Except as provided in pars. (c) and (d), the licensee and each service provider shall complete 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training is received. This Rule is not met as evidenced by: Based on record review and staff interview, the provider did not ensure 1 of 2 of staff reviewed obtained 8 hours of continuing education for calendar year 2024. Caregiver C did not have 8 hours of continuing education in 2024. Findings include: On 07/01/2025 at approximately 1:00 p.m., Surveyor requested employee records from Licensee A. Licensee A stated that s/he did not keep the employee files at the facility. Licensee A	M 246		

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M 246	Continued From page 7 stated that s/he could email training records for Caregiver C. Surveyor requested that all employee training be emailed over by 07/02/2025 at 2:00 p.m. On 07/02/2025 at 3:03 p.m., Surveyor received employee records from Manager B. Records indicated that Caregiver C was hired on 09/15/2022. Caregiver C's training record included a medication training that was dated 10/13/2024. The medication training stated it was 6.5 hours of continuing education for 2024. Surveyor requested additional continuing education for Caregiver C. On 07/07/2025 at 1:18 p.m., Surveyor received an email from Manager B. Manager B stated that "the attached training records is what the employees have." On 07/07/2025 at approximately 4:30 p.m., Surveyor reviewed concern with Licensee A and Manager B that Caregiver C did not receive 8 hours of continuing education training. Licensee A stated that Caregiver C did have the trainings, but they were not emailed over.	M 246		
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.	M 290		

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M 290	Continued From page 8 Findings include: On 07/01/2025 at approximately 1:30 p.m., Surveyor requested documentation from Licensee A of the most recent furnace inspection. Licensee A stated s/he knew that the furnace was inspected but s/he could not find record of it or the binder that it was kept in. Licensee A stated that s/he would contact the maintenance person and have them email it over. Surveyor gave Licensee A until 07/02/2025 at 2:00 p.m. to email furnace inspection. Licensee A was given until 07/02/2025 to provide follow up documentation. No documentation of a furnace inspection was received.	M 290		
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 monthly smoke detector testing for 2 of 2 years reviewed. There was no evidence smoke detectors were checked in 2023 and 2024.	M 336		

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M 336	Continued From page 9 Findings include: On 07/01/2025 at approximately 12:30 p.m., Surveyor requested environmental records for the home from Licensee A. Licensee A stated that the maintenance person was just over at the house on 06/30/2025 but s/he could not locate the binder that the monthly smoke detector tests were in. Licensee A called the maintenance person and could still not locate the records. Surveyor requested that the 2023 and 2024 smoke detector tests be emailed over by 07/02/2025 at 2:00 p.m. Licensee A stated that s/he would email the smoke detector monthly tests. As of 2:00 p.m., on 07/02/2025, evidence of monthly smoke detector checks for 2023 and 2024 were never submitted.	M 336		