

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0019961	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/25/2026
NAME OF PROVIDER OR SUPPLIER KEY HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 1146 FOND DU LAC AVENUE KEWASKUM, WI 53040		
(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 02/24/2026 with information gathered through 02/25/2026, Surveyor conducted a standard survey and complaint investigation at Key House, an Adult Family Home (AFH) in Kewaskum, WI. Three deficiencies identified. Complaint unsubstantiated. Census: 4	M 000		
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 1 of 1 resident (Resident 1) reviewed received a health exam, including a screening for communicable disease, including tuberculosis (TB), within 90 days prior to admission or within 7 days after admission. Findings include:	M 380		

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

TITLE

(X6) DATE

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M 380	Continued From page 1 On 02/24/2026 at approximately 11:00 AM, Surveyor reviewed Resident 1's record, including his/her communicable disease screen. Resident 1 was admitted to the facility on 05/07/2024. Resident 1's record did not include evidence of a communicable disease screening. Resident 1's records included a TB skin test dated for 08/30/2015. On 02/24/2026 at approximately 11:05 AM, Surveyor interviewed House Manager A. House Manager A stated s/he could not find any other TB skin test that was within 90 days prior or 7 days after admission. House Manager A stated Resident 1 did not have a communicable disease screening either. House Manager A stated s/he would have Resident 1 get a screening and TB skin test completed as soon as possible.	M 380			
M 406	88.06(3)(b) PERSONS INVOLVED WITH ISP & ASSESSMENT The individual service plan and written assessment shall be developed by the placing agency, if any, the service coordinator, if any, the licensee, the resident and the resident's guardian, if any and designated representative, if any, with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This Rule is not met as evidenced by: Based on record review and interview, the	M 406			

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M 406	Continued From page 2 provider did not ensure 1 of 1 resident (Resident 1) was involved with the development of his/her individual service plan (ISP). Findings include: On 02/24/2026 at approximately 10:00 AM, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's home on 05/07/2024 and was his/her own person. Resident 1's current ISP was dated for 10/07/2025 and not signed by Resident 1. On 02/24/2026 at approximately 10:30 AM, Surveyor interviewed House Manager A. House Manager A stated s/he had updated the ISP when they had their care meeting with Resident 1's Managed Care Organization (MCO) and Resident 1, so s/he was included in the meeting but s/he did not sign off on the ISP.	M 406		
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.	M 464		

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M 464	Continued From page 3 This Rule is not met as evidenced by: Based on record review and interview, the provider did not obtain a written order from the physician for 1 of 1 resident reviewed who required staff to administer their medications. Resident 1 did not have a written order permitting the provider staff to administer medications. Findings include: On 02/24/2026 at 10:30 AM, Surveyor reviewed Resident 1's record and identified the following: -Resident 1 was admitted to the facility on 08/29/2022. Resident 1 did not have evidence of written orders from his/her physician permitting the provider staff to administer his/her medications. On 02/24/2026 at 10:45 AM, Surveyor interviewed House Manager A. House Manager A reported Resident 1 required provider staff to administer their medication. House Manager A stated they have been currently re-doing their resident files and that is something they are working on. House Manager A stated moving forward, s/he would ensure each resident in the home had a written order from his/her physician permitting the provider staff to administer the medications.	M 464		