STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014049	A. BUILDING: _____ B. WING _____	07/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SECOND SPRINGS AFH	5472 178TH STREET CHIPPEWA FALLS, WI 54729

(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 07/06/2026, Surveyor completed a licensure survey at Second Springs AFH. Data collected through 07/09/2026. Eighteen deficiencies were identified. Census: 3	M 000		
M 216	88.04(2)(a) RESPONSIBILITIES The licensee shall ensure that the home and its operation comply with this chapter and with all other laws governing the home and its operation. This Rule is not met as evidenced by: Based on record review and interview the licensee did not ensure that the home and its operation complied with Department of Health Services (DHS) 88 and with all other laws governing the home and its operation. Findings include: On 07/06/2026 at approximately 8:40 AM, Surveyor arrived at Second Springs AFH to complete a licensure survey. Upon arrival, Surveyor was greeted by Caregiver B, who was surprised regarding the unannounced nature of the visit and stated that s/he believed surveys were scheduled in advance. Surveyor explained that all surveys were conducted unannounced and continued to provide education regarding the purpose of the visit. Licensee A and Caregiver B reported that they assumed responsibility for operating the home following the hospitalization and subsequent	M 216		

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

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M 216	Continued From page 1	M 216		

death of the previous licensee. Caregiver B stated that both him/her and Licensee A, had over 10 years of experience in managing and operating a 1-2 bed adult family home out of their personal residence.

Licensee A and Caregiver B reported that the previous licensee passed away at the end of July 2025 and they had been operating the home since that time. They stated that they had attempted to obtain guidance from the State regarding required documentation and responsibilities associated with operating the home but reported difficulty recieving a response.

Licensee A and Caregiver B reported concerns that the previous licensee had experienced memory-related difficulties during the final months of his/her life, which had contributed to the missing or unavailable records. They reported discovering documentation from a company that shreds confidential paperwork that indicated that over 400 pounds of confidential documents had been destroyed. Licensee A and Caregiver B reported that they searched the home but were unable to locate required records related to current residents residing in the home at the time they assumed responsibility.

During the survey the following concerns were noted:
-No health screens completed for staff
-No staff training completed
-No annual well water inspections
-No furnace inspection
-No recent inspection of fire extinguishers
-No annual fire evacuations completed on residents
-No semi-annual fire drills
-No service agreement in resident files

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M 216	Continued From page 2 -No resident rights and grievance in resident files -No monthly smoke detector tests -No individual service plans for residents -No records of medical appointments and reports -No written orders or authorization for medications -No medication administration records -No record of resident funds At approximately 10:40 AM, Surveyor discussed survey findings with Licensee A and Caregiver B. Caregiver B stated that s/he had already begun reviewing available resources and regulations during the survey to better understand requirements and organize necessary documentation. Licensee A stated that s/he was aware consultants may be available to assist licensed providers with establishing systems and ensuring regulatory compliance and might look into working with one. Licensee A and Caregiver B stated they were committed to providing quality care to the residents and would work diligently to establish and maintain the required documentation and systems necessary to meet requirements. Cross Reference: N0232 DHS 88.04(2)(g)1 Health Screening for Staff N0244 DHS 88.04(5)(a) Training-15 Hours Within 6 Months N0282 DHS 88.05(3)(d) Annual Well Water Inspections N0290 DHS 88.05(3)(e)2.b Inspections-Gas Furnace N0332 DHS 88.05(4)(a) Fire Safety-Fire Extinguishers N0336 DHS 88.05(4)(b)2 Smoke Detectors-Testing And Maintenance N0346 DHS 88.05(4)(d)2.b Fire Evacuation	M 216		

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M 216	Continued From page 3 Annual Evaluation N0348 DHS 88.05(4)(d)2.c Semi-Annual Fire Drills N0380 DHS 88.06(2)(a) Admission-Health Exam N0384 DHS 88.06(2)(b) Service Agreement Except Respite N0402 DHS 88.06(2)(c)8 Resident Rights And Grievance N0404 DHS 88.06(3)(a) Individual Service Plan Assessment N0446 DHS 88.07(2)(b)4 Record Of Medical Visits And Reports N0464 DHS 88.07(3)(d) Medication- Written Order N0466 DHS 88.07(3)(e)1 Medication- Record Keeping N0482 DHS 88.09(1)(a) Resident Records N0510 DHS 88.09(1)(d)11 Resident Funds	M 216		
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	M 232		

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M 232	Continued From page 4 provider did not ensure the licensee and any service providers were screened for illness detrimental to residents, including tuberculosis within 90 days before the start of providing service. Findings include: On 07/06/2026 at approximately 9:00 AM, Surveyor requested staff files for Licensee A and Caregiver B. At approximately 9:10 AM, Caregiver B stated they did not have staff files. Surveyor asked if either Licensee A or Caregiver B had a health screen or tuberculosis test completed prior to providing service for residents. Caregiver B stated that they took over the facility when the previous licensee ended up hospitalized and eventually passed away. Caregiver B stated the approximate date was 07/16/2025. Caregiver B stated they did not know this was a requirement and did not have either of them completed. Licensee A and Caregiver B stated they would get this completed right away.	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 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.	M 244		

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M 244	Continued From page 5 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each service provider completed 15 hours of training prior to or within 6 months after starting to provide care. Findings include: On 07/06/2026 at approximately 9:00 AM, Surveyor asked Licensee A for a staff list. Licensee A stated that it was just him/her and Caregiver B that were staff. Surveyor requested Licensee A's and Caregiver B's training record. Licensee A and Caregiver B did not have training records. At approximately 9:10 AM, Caregiver B stated that they had not completed any training because they were unsure of the requirement. Caregiver B stated they had previously owned a 1-2 bed prior and were aware of annual training requirements for that but had not completed training since working here.	M 244		
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:	M 282		

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M 282	Continued From page 6 Based on record review and interview, the provider did not ensure that water samples were taken from the well and tested at the state laboratory of hygiene at least annually. Findings include: On 07/06/2026 at approximately 9:55 AM, Surveyor asked if the facility had a well. Licensee A stated yes. Surveyor requested documentation of annual well water testing for 2024 and 2025. Licensee A stated they did not have any documentation of the last well water test. Licensee A stated s/he would reach out to the county to obtain record of the last well inspection. Licensee A stated that s/he knew it had probably been over a year since it was last completed. Licensee A stated s/he would contact the county and let Surveyor know when it was last completed. On 07/09/2026 at 9:37 AM, Surveyor received an e-mail from Caregiver B. Caregiver B stated they got a water kit but were unable to complete it until next Monday.	M 282		
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 7 Findings include: On 07/06/2026 at approximately 9:55 AM, Surveyor asked Licensee A what kind of furnace they had. Licensee A stated it was a gas furnace. Surveyor requested the 2024 and 2025 furnace inspection. Licensee A stated they did not have any documentation from the last furnace inspections. S/he stated that it had been replaced not too long ago and wondered if that would count as the last furnace inspection. Licensee A stated s/he would contact the heating and cooling company and see when it was last inspected. On 07/09/2026 at 9:37 AM, Surveyor got an e-mail from Caregiver B. The e-mail stated that they had scheduled a furnace inspection for next week.	M 290		
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 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	M 332		

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M 332	Continued From page 8 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 provider did not ensure that all fire extinguishers were inspected annually by an authorized dealer or local fire department. Findings include: On 07/06/2026 at approximately 10:15 AM, Surveyor toured the home with Licensee A and Caregiver B. Surveyor observed multiple mounted fire extinguishers. The fire extinguishers did not have an attached tag showing the date of the last inspection. The fire extinguisher near the kitchen had a small plastic zip-tie with the year 2022 on it. At approximately 10:20 AM, Licensee A stated that s/he just had fire extinguishers serviced at one of his/her other homes and would have them come out and get them inspected right away.	M 332		
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	M 336		

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M 336	Continued From page 9 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 that all smoke detectors were tested monthly to ensure they were in working order. Findings include: On 07/06/2026 at approximately 9:40 AM, Surveyor requested monthly smoke detector tests for 2025 and 2026. Licensee A stated they did not have any documentation for smoke detector tests. Licensee A stated they would start checking the smoke detectors monthly and keep record as well.	M 336		
M 346	88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION Each resident shall be evaluated annually for evacuation time, using the departments form. All service providers who work on the premises shall be made aware of each resident having an evacuation time of more than 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not evaluate each resident annually for evacuation time using the Department's form.	M 346		

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M 346	Continued From page 10 Findings include: On 07/06/2026 at approximately 9:20 AM, Surveyor requested Resident 1's, Resident 2's, and Resident 3's record. Resident 1 was admitted to the facility in 2016. Resident 2 was admitted to the facility in 2017. Resident 3 was admitted to the facility in 2000. There was no evidence of an annual evacuation completed on any of the residents. At approximately 9:25 AM, Licensee A and Caregiver B stated that they were unable to find any records from the previous licensee. Caregiver B stated that they were unsure what needed to be completed for each resident, so they had not completed anything. Licensee A and Caregiver B stated they would get these completed right away.	M 346		
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 record review and interview, the provider did not conduct semi-annual fire drills with all household members. Findings include: On 07/06/2026, Surveyor requested documentation of semi-annual fire drills for 2025	M 348		

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M 348	Continued From page 11 and 2026. There was no record of completed fire drills for 2025 or 2026. At approximately 9:50 AM, Licensee A and Caregiver B stated there were no previous records for 2025, and they were unaware fire drills were a requirement. Caregiver B stated they would ensure complete semi-annual fire drills moving forward.	M 348		
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 that each resident received a health examination by a physician and was screened for communicable disease including tuberculosis within 90 days prior to admission or within 7 days after admission. Findings include:	M 380		

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M 380	Continued From page 12 On 07/06/2026 at approximately 9:40 AM, Surveyor requested resident records for Resident 1, Resident 2, and Resident 3. Resident 1 was admitted to the facility in 2016. Resident 2 was admitted to the facility in 2017. Resident 3 was admitted to the facility in 2000. All 3 resident records did not include a health examination or communicable disease screen. At approximately 9:45 AM, Licensee A and Caregiver B stated that when they took over for the previous licensee they were left with no records. They believed the previous licensee may have accidentally had all the paperwork shredded before his/her passing. Caregiver B stated they had sought guidance regarding required documentation for each resident's record but indicated they were unable to obtain the requested clarification. Caregiver B stated they would start working on getting the required documentation right away.	M 380		
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 and the person being admitted or the persons guardian or designated	M 384		

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M 384	Continued From page 13 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 that each resident received a health examination by a physician and was screened for communicable disease including tuberculosis within 90 days prior to admission or within 7 days after admission. Findings include: On 07/06/2026 at approximately 9:40 AM, Surveyor requested resident records for Resident 1, Resident 2, and Resident 3. Resident 1 was admitted to the facility in 2016. Resident 2 was admitted to the facility in 2017. Resident 3 was admitted to the facility in 2000. All 3 resident records did not include a health examination or communicable disease screen. At approximately 9:45 AM, Licensee A and Caregiver B stated that when they took over for the previous licensee they were left with no records. They believed the previous licensee may have accidentally had all the paperwork shredded before his/her passing. Caregiver B stated they had sought guidance regarding required documentation for each resident's record but indicated they were unable to obtain the requested clarification. Caregiver B stated they would start working on getting the required documentation right away.	M 384		
M 402	88.06(2)(c)8 RESIDENT RIGHTS AND GRIEVANCE	M 402		

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M 402	Continued From page 14 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 representative, if any. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure there was a statement indicating that resident rights and grievance procedures had been explained and copies were provided to the resident and the resident's guardian. Findings include: On 07/06/2026 at approximately 9:40 AM, Surveyor requested resident records for Resident 1, Resident 2, and Resident 3. All 3 resident records did not include a copy of resident rights and grievance procedures. At approximately 9:45 AM, Licensee A and Caregiver B stated that when they took over for the previous licensee they were left with no records. They believed the previous licensee may have accidentally had all the paperwork shredded before his/her passing. Caregiver B stated they had sought guidance regarding required documenation for each resident's record but indicated they were unable to obtain the requested clarification. Caregiver B stated they would start working on getting the required documentation right away.	M 402		

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	0014049	A. BUILDING: _____ B. WING _____	07/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SECOND SPRINGS AFH	5472 178TH STREET CHIPPEWA FALLS, WI 54729

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M 404	Continued From page 15	M 404		
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 licensee did not ensure that a written assessment and individual sevice plan was completed and developed for each resident. Findings include: On 07/06/2026 at approximately 9:40 AM, Surveyor requested resident records for Resident 1, Resident 2, and Resident 3. Resident 1 was admitted to the facility in 2016. Resident 2 was admitted to the facility in 2017. Resident 3 was admitted to the facility in 2000. All 3 resident records did not include an assessment or service plan. At approximately 9:45 AM, Licensee A and Caregiver B stated that when they took over for the previous licensee they were left with no records. They believed the previous licensee may have accidentally had all the paperwork shredded before his/her passing. Caregiver B stated they had sought guidance regarding required documentation for each resident's record but indicated they were unable to obtain the	M 404		

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M 404	Continued From page 16 requested clarification. Caregiver B stated they just had a care plan meeting with the managed care organization (MCO) last Thursday (07/02/2026). This meeting was for the MCO to create their member centered plan (MCP). Caregiver B stated after the meeting s/he was telling the MCO team that s/he did not have any care plans for the residents. S/he stated the MCO team said they would try to locate the last care plan that previous licensee completed. Caregiver B stated s/he still had not received any previous care plans from the MCO. Caregiver B stated they would start working on creating care plans for each of the residents right away.	M 404		
M 446	88.07(2)(b)4 RECORD OF MEDICAL VISITS AND REPORTS Keeping a current record of all medical visits, reports and recommendations for a resident. This Rule is not met as evidenced by: Based on record review and interview, the provider did not keep a current record of all medical visits, reports, and recommendations for the residents. Findings include: On 07/06/2026 at approximately 9:40 AM, Surveyor requested resident records for Resident 1, Resident 2, and Resident 3. Resident 1 was admitted to the facility in 2016. Resident 2 was admitted to the facility in 2017. Resident 3 was admitted to the facility in 2000. All 3 resident records did not include record of all	M 446		

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M 446	Continued From page 17 medical visits, reports, and recommendations. At approximately 9:45 AM, Licensee A and Caregiver B stated that when they took over for the previous licensee they were left with no records. They believed the previous licensee may have accidentally had all the paperwork shredded before his/her passing. Caregiver B stated they were able to access some resident information through the residents' online portals. However, at this time, they did not have any documentation or record kept for each of the residents regarding this information. Caregiver B stated they would be sure to start keeping all of this information in a binder for each resident.	M 446		
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 the written medication orders were kept in the resident's file. Findings include:	M 464		

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M 464	Continued From page 18 On 07/06/2026 at approximately 9:40 AM, Surveyor requested resident records for Resident 1, Resident 2, and Resident 3. All 3 resident records did not include written medication orders. At approximately 9:45 AM, Surveyor interviewed Licensee A and Caregiver B. Surveyor asked if any of the residents received medication. Caregiver B stated that all 3 of the residents received medication. Licensee A and Caregiver B stated that when they took over for the previous licensee they were left with no records. They believed the previous licensee may have accidentally had all the paperwork shredded before his/her passing. Caregiver B stated they would get the medication orders from the doctor's office after visits as that was the most accurate. Surveyor asked Caregiver B if they kept the written medication orders in the resident files. Caregiver B stated s/he did not. S/he stated s/he was unsure of this requirement but would be sure to do so in the future.	M 464		
M 466	88.07(3)(e)1 MEDICATION- RECORD KEEPING The licensee shall keep a record of all prescription medications 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.	M 466		

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M 466	Continued From page 19 This Rule is not met as evidenced by: Based on record review and interview, the licensee did not keep record of all prescription medications controlled, dispensed, or administered by the licensee. Findings include: On 07/06/2026 at approximately 9:40 AM, Surveyor requested resident records for Resident 1, Resident 2, and Resident 3. All 3 resident records did not include a medication administration record (MAR). At approximately 9:45 AM, Surveyor asked if any of the residents received medication. Caregiver B stated that all 3 of the residents received medication. Surveyor interviewed Licensee A and Caregiver B about documentation of medication administration in a MAR for all residents. Caregiver B stated that s/he had asked someone and was told that s/he did not need to document medication administration since the residents' medications came in strip packs. S/he stated that she got the MAR sheets from pharmacy when medication got delivered, but s/he did not use them. Caregiver B stated s/he would be sure to start using them right away.	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.	M 482		

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M 482	Continued From page 20	M 482		

This Rule is not met as evidenced by:
Based on record review and interview, the licensee did not maintain a record for each resident.

Findings include:

On 07/06/2026 at approximately 9:40 AM, Surveyor requested resident records for Resident 1, Resident 2, and Resident 3.

The only thing located in each resident record was a face sheet.

At approximately 9:45 AM, Licensee A and Caregiver B stated that when they took over for previous licensee they were left with no records. They believed the previous licensee may have accidentally had all the paperwork shredded before his/her passing. Caregiver B stated they had sought guidance regarding required documentation for each resident's record but indicated they were unable to obtain the requested clarification.

Cross Reference:
N0380 DHS 88.06(2)(a) Admission-Health Exam
N0384 DHS 88.06(2)(b) Service Agreement Except Respite
N0402 DHS 88.06(2)(c)8 Resident Rights And Grievance
N0404 DHS 88.06(3)(a) Individual Service Plan Assessment
N0446 DHS 88.07(2)(b)4 Record Of Medical Visits And Reports
N0464 DHS 88.07(3)(d) Medication- Written

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M 482	Continued From page 21 Order N0466 DHS 88.07(3)(e)1 Medication- Record Keeping N0510 DHS 88.09(1)(d)11 Resident Funds	M 482		
M 510	88.09(1)(d)11 RESIDENT FUNDS Records maintained by the licensee of the resident's finances, including written authorization from the resident of resident's guardian to control the resident's funds. This Rule is not met as evidenced by: Based on record review and interview, the provider did not maintain a record of the resident's finances, including the written authorization from the resident or resident's guardian to control the fund. Findings include: On 07/06/2026 at approximately 9:40 AM, Surveyor requested resident records for Resident 1, Resident 2, and Resident 3. All 3 resident records did not contain any record of resident funds. At approximately 9:45 AM, Licensee A and Caregiver B stated they do manage resident funds for all 3 residents. Licensee A stated they each get $25 of spending money a week. S/he stated they did not keep receipts or a log of where the money was spent. S/he stated they usually went out to eat once a week and that was where the residents spent most of their money. Caregiver B stated they were previously told they did not need to keep a log of spending, but s/he	M 510		

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M 510	Continued From page 22 would feel better if they did. S/he stated they would start keeping receipts and track of spending moving forward.	M 510		