STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019426	A. BUILDING: _____ B. WING _____	07/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLIAMSBURG HOME	5813 WILLIAMSBURG WAY FITCHBURG, WI 53719

(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 07/15/2025, Surveyor conducted a standard survey at Willamsburg Home, an AFH in Fitchburg. Fifteen deficiencies were identified. Census: 4	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 observation, record review and interview, the provider did not ensure the home and its operations complied with all laws governing the home and its operation. Findings include: On 07/15/2025, Surveyor conducted a standard survey at the home and identified the following concerns: License Limitations: - The home was licensed to serve ambulatory clients; however, the provider admitted 2 residents that required assistive devices for mobility. Environment: - The home was not fully accessible from the outside and within the home for 2 of 4 residents. - The home was not well-maintained. Resident 1 had a hole and broken blinds in his/her room.	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		

Resident 2 had transparent curtains. Two electrical outlets were missing faceplates.
- Smoke detectors were not tested monthly.
- The dryer vent was disconnected from the dryer, resulting in significant build up of lint behind the dryer.
- Medications were unsecured and accessible to residents.
- Food was not stored in a sanitary manner.

Employees:
- Two employees did not complete continuing education in 2024.

Resident Care:
- A resident was not evaluated annually for his/her ability to evacuate the home.
- A resident was not screened for communicable disease, including a tuberculosis test, within 90 days prior to admission or 7 days after.
- Residents were admitted without complete service agreements.
- An individual service plan (ISP) did not include a resident's need for 1:1 supervision.
- The provider's staff was administering medications to residents without a written order.
- Resident records, including ISPs, were not available in the home.

On 07/15/2025 at approximately 3:00 p.m., Surveyor reviewed environmental, employee and resident care concerns with Manager A. Manager A made note of each of Surveyor's concerns and stated s/he would address the concerns.

Cross Reference: M0246 DHS 88.04(5)(b) Training - 8 Hours Annually
M0260 DHS 88.05(2) Access To Home And Within The Home
M0262 DHS 88.05(2)(a) Difficulty Walking

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M 216	Continued From page 2 M0276 DHS 88.05(3)(a) Homelike Environment M0336 DHS 88.05(4)(b)2. Smoke Detectors - Testing And Maintenance M0346 DHS 88.05(4)(d)2.b. Fire Evacuation Annual Evaluation M0380 DHS 88.06(2)(a) Admission - Health Exam M0384 DHS 88.06(2)(b) Service Agreement Except Respite M0414 DHS 88.06(3)(d)2. Level Of Supervision M0458 DHS 88.07(3)(a) Prescription Medications M0464 DHS 88.07(3)(d) Medication - Written Order M0474 DHS 88.07(4)(c) Food Prepared And Stored Sanitary Way M0482 88.09(1)(a) Resident Records M0570 88.10(3)(l) Safe Physical Environment	M 216		
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 interview, the provider did not ensure 2 of 2 caregivers reviewed had received 8 hours of training approved by the licensing agency in 2024. Manager A and Caregiver B did not complete	M 246		

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M 246	Continued From page 3 continuing education in 2024. Findings include: On 07/15/2025 at 12:15 p.m., Surveyor reviewed the employee records of Manager A and Caregiver B. Records indicated Manager A's employment began on 03/01/2023 and Caregiver B's employment began on 04/05/2023. Neither Manager A, nor Caregiver B's records included continuing education completed in 2024. On 07/15/2025 at 1:00 p.m., Surveyor reviewed concern with Manager A that records indicated that neither s/he, nor Caregiver B completed continuing education in 2024. Manager A stated s/he believed they did and would check records. On 07/15/2025 at 7:00 p.m., Surveyor received follow up employee records from Manager A. Records did not include continuing education completed in 2024.	M 246		
M 260	88.05(2) ACCESS TO HOME AND WITHIN THE HOME RESIDENT ACCESS TO THE HOME AND WITHIN THE HOME. An adult family home shall be physically accessible to all residents of the home. Residents shall be able to easily enter and exit the home, to easily get to their sleeping rooms, a bathroom, the kitchen and all common living areas in the home, and to easily move about in the home. Additional accessibility features shall be provided as follows, if needed to accommodate the physical	M 260		

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M 260	Continued From page 4 limitations of the resident or if specified in the resident's individual service plan: This Rule is not met as evidenced by: Based on observation, interview and record review, the provider did not ensure the home was physically accessible to all residents of the home. Findings include: On 07/15/2025 at approximately 1:00 p.m., Surveyor reviewed resident records and noted that Resident 3's record indicated s/he used a walker or wheelchair for mobility. On 07/15/2025 at approximately 1:15 p.m., Surveyor interviewed Manager A and asked which residents used an assistive device for mobility. Manager A stated Resident 2 and Resident 3 required assistive devices. Surveyor reviewed the department's record for the facility, which indicated it was licensed to serve ambulatory residents only and did not include any waivers regarding non-ambulatory residents residing in the home. On 07/15/2025 at 2:35 p.m., Surveyor toured the provider's home. The home was a split-level home that required navigating 2 flights of stairs to go from one floor to the other. The upper level included Resident 1's room, Resident 4's room, the kitchen, the dining room, a bathroom and a living room. The lower level included Resident 2's room, Resident 3's room, the laundry, a common area and a bathroom.	M 260		

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M 260	Continued From page 5 On 07/15/2025 at 2:40 p.m., Surveyor observed a wheelchair in Resident 3's room. Resident 3 was not present. On 07/15/2025 at 2:45 p.m., Surveyor interviewed Resident 2, who had a wheeled walker sitting next to him/her. Resident 2 stated s/he was able to navigate 1 flight of stairs to leave the home but was never able to go to the upper floor, where the kitchen was located, because s/he couldn't navigate 2 flights of stairs. Resident 2 stated, "I would fall." On 07/15/2025 at 3:00 p.m., Surveyor reviewed concern with Manager A that the provider currently had 2 residents requiring assistive devices for mobility, which limited the residents' ability to access the entire home. Surveyor asked if the provider had applied for a waiver regarding non-ambulatory residents. Manager A was unable to provide documentation of a requested or approved waiver.	M 260		
M 262	88.05(2)(a) DIFFICULTY WALKING If a resident is not able to walk at all or able to walk only with difficulty, or only with the assistance of crutches, a cane, or walker or is unable to easily negotiate stairs without assistance: 1. The exits from the home shall be ramped to grade with a hard surfaced pathway with handrails. 2. All entrance and exit doors and interior doors serving all common living areas and all bathrooms and bedrooms used by a resident not able to walk at all shall have a clear	M 262		

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M 262	Continued From page 6 opening of at least 32 inches. 3. Toilet and bathing facilities used by a resident not able to walk at all shall have enough space to provide a turning radius for the resident's wheelchair and provide accessibility appropriate to the resident's needs. This Rule is not met as evidenced by: Based on observation, interview and record review, the provider did not ensure the home had exits ramped to grade with a hard surfaced pathway and handrails and bathrooms with enough space to provide a turning radius for residents utilizing assistive devices for mobility. Findings include: On 07/15/2025 at approximately 1:00 p.m., Surveyor reviewed resident records and noted that Resident 3's record indicated s/he used a walker or wheelchair for mobility. On 07/15/2025 at approximately 1:15 p.m., Surveyor interviewed Manager A and asked which residents used an assistive device for mobility. Manager A stated Resident 2 and Resident 3 required assistive devices. Surveyor reviewed the department's record for the facility, which indicated it was licensed to serve ambulatory residents only and did not include any waivers regarding non-ambulatory residents residing in the home. On 07/15/2025 at 2:35 p.m., Surveyor toured the provider's home and observed the front entrance required 1 step to enter the home (no ramp) and upon entrance to the home, required an individual	M 262		

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M 262	Continued From page 7 to go up 1 flight of stairs to reach the upper level or down 1 flight of stairs to reach the lower level. Surveyor observed the back door required individuals to go down 1 flight of stairs (no ramp) which led to an area of weeds and trees (no hard surfaced path). Inside the home Surveyor observed the bathrooms did not have adequate space to navigate an assistive device, such as a walker or wheelchair. On 07/15/2025 at 3:00 p.m., Surveyor reviewed concern with Manager A that the provider currently had 2 residents requiring assistive devices for mobility; however, the exits and bathrooms did not accommodate assistive devices. Surveyor asked if the provider had applied for a waiver regarding non-ambulatory residents. Manager A was unable to provide documentation of a requested or approved waiver.	M 262		
M 276	88.05(3)(a) Homelike Environment An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the home was well-maintained. Findings include:	M 276		

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M 276	Continued From page 8 On 07/15/2025 at 12:35 p.m., Surveyor toured the provider's home and identified the following concerns: - Resident 1 had a circular hole approximately 10-12 inches in diameter in his/her bedroom (Photo 1). Resident 1's blinds were pulled in various directions (Photo 2). - Two electrical outlets (1 in the kitchen and 1 in the lower level) were missing faceplates. - Resident 2 had blinds covering only 1/3 of his/her window. The remaining 2/3s of his/her window were covered with a transparent curtain. Resident 2 stated s/he had been waiting on different window coverings since moving in. On 07/15/2025 at 3:00 p.m., Surveyor reviewed environmental concerns with Manager A. Manager A made note of Surveyor's observations on his/her phone and stated s/he would address the concerns.	M 276		
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	M 336		

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M 336	Continued From page 9 provider did not ensure the smoke detectors were tested monthly to make sure they were operating. The provider did not check smoke detectors monthly. Findings include: On 07/15/2025 at approximately 2:00 p.m., Surveyor requested documentation of the provider's monthly smoke detector checks from Manager A. Manager A reviewed the provider's log of fire drills completed in 2025 and replied, "I thought it was on here." Surveyor reviewed the fire drill documentation, which did not include monthly smoke detector checks. Manager A did not have additional documentation to provide.	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 ensure each resident was evaluated annually for evacuation time, using the department's form. Resident 1's evacuation assessment had not been reviewed in greater than 1 year. Findings include:	M 346		

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M 346	Continued From page 10 On 07/15/2025 at approximately 2:00 p.m., Surveyor reviewed resident records. Records indicated Resident 1 was admitted to the provider's home on 04/15/2024 and had his/her evacuation assessment completed on 04/15/2024. Resident 1's record did not include an updated evacuation assessment. On 07/15/2025 at approximately 2:20 p.m., Surveyor reviewed concern with Manager A that Resident 1's evacuation assessment was not completed annually. Manager A requested clarification regarding when evacuation assessments need to be completed.	M 346		
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 1 of 4 residents were screened for communicable disease, including tuberculosis, within 90 days prior to admission or within 7 days after admission. Resident 3 did not	M 380		

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M 380	Continued From page 11 have a tuberculosis test completed within 90 days prior to admission or 7 days after admission. Findings include: On 07/15/2025 at approximately 2:00 p.m., Surveyor reviewed resident records. Resident 3 was admitted to the provider's home on 08/25/2024. Resident 3's record did not include documentation of a communicable disease screen including tuberculosis test. On 07/15/2025 at approximately 2:20 p.m., Surveyor reviewed concern with Manager A that Resident 3's record did not include a communicable disease screen, including tuberculosis test. Manager A reviewed Resident 3's record and confirmed s/he was unable to locate documentation of a communicable disease screen, including tuberculosis test. Manager A made note of Surveyor's concern on his/her phone and stated s/he would follow up.	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 representative. Copies shall be provided to all parties and to the	M 384		

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M 384	Continued From page 12 placing agency, if any. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 4 residents had a service agreement completed, dated and signed by the licensee and the resident and/or the resident's legal representative. Resident 3 and Resident 2 did not have a completed service agreement. Findings include: On 07/15/2025 at 2:00 p.m., Surveyor reviewed resident records, which indicated the following: - Resident 3 admitted to the provider's home on 08/25/2024. Manager A reported Resident 3 had a legal guardian. Resident 3's record did not include documentation of a signed service agreement. - Resident 2 admitted to the provider's home on 10/14/2024. Resident 2's record included documentation of a statement of incapacity; however, Manager A reported Resident 2 was his/her own decision maker. Resident 2's record did not include documentation of a service agreement signed by Resident 2 and/or his/her Health Care Power of Attorney. On 07/15/2025 at 2:20 p.m., Surveyor reviewed concern with Manager A that 2 of 4 residents did not have service agreements that were completed with signatures. Manager A stated s/he would address the concern.	M 384		
M 414	88.06(3)(d)2 LEVEL OF SUPERVISION Identification of the level of supervision required in the home and	M 414		

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M 414	Continued From page 13 community. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure 1 of 4 individual service plans (ISP) reviewed identified the level of supervision the resident required. Resident 1's record did not include his/her need for 1:1 supervision for 16 hours/day. Findings include: On 07/15/2025 at approximately 2:00 p.m., Surveyor reviewed resident records. Resident 1 was admitted to the provider's home on 04/15/2025. Resident 1's record did not include an ISP. The record included a managed care organization approval for 1:1 staffing, dated 09/23/2024. On 07/15/2025 at 2:10 p.m., Surveyor interviewed Manager A regarding Resident 1's supervision needs. Manager A stated Resident 1 required 1:1 staff 16 hours/day from 6:00 a.m. to 10:00 p.m. Surveyor requested Resident 1's ISP. Manager A stated s/he did not have an ISP accessible at the home. On 07/15/2025 at 4:15 p.m., Surveyor received an ISP, dated 02/30/2025 (invalid date). The ISP did not include Resident 1's need for 1:1 supervision from 6:00 a.m. to 10:00 p.m. daily.	M 414		
M 458	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be securely stored, shall remain in its	M 458		

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M 458	Continued From page 14 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 all medications were kept securely stored. Findings include: On 07/15/2025 at 2:35 p.m., Surveyor toured the provider's kitchen with Manager A and observed 3 Tresiba insulin pens in the refrigerator, unsecured. Surveyor shared concern that the refrigerator contained unsecured medication. Manager A replied, "Yeah.[Triseba] has to be refrigerated." Surveyor then shared concern that the medication was accessible to residents. Manager A stated s/he would need to address the concern.	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	M 464		

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	0019426	A. BUILDING: _____ B. WING _____	07/15/2025

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M 464	Continued From page 15 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 written physician order was obtained prior to administering medications for 1 of 4 residents reviewed. The provider did not have a physician order to administer medications to Resident 4. Findings include: On 07/15/2025 at approximately 2:00 p.m., Surveyor reviewed resident records. Records indicated Resident 4 was admitted to the provider's home on 06/29/2025. Resident 4's record did not include a physician order to administer medications. On 07/15/2025 at approximately 2:20 p.m., Surveyor reviewed concern with Manager A that Resident 4's record did not include a physician order to administer medications. Manager A confirmed the provider's staff administered Resident 4's medications, but that they had been unable to obtain a physician order to do so because Resident 4 needed to establish care with a new physician.	M 464		
M 474	88.07(4)(c) FOOD PREPARED AND STORED SANITARY WAY	M 474		

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M 474	Continued From page 16 Food shall be prepared and stored in a sanitary manner. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure food was stored in a sanitary manner. The provider did not label and date food in the refrigerator. Findings include: On 07/15/2025 at 2:35 p.m., Surveyor toured the provider's kitchen. Surveyor observed the following in the refrigerator: - Two plastic containers of noodles, not labeled or dated. - One plastic container of cooked vegetables, not labeled or dated. - One plastic container of cooked chicken, not labeled or dated. - A plastic bag of polish sausage open to air and not labeled with a date of opening. - A green puree substance in a plastic container, not labeled or dated. "Date marking is a way to control the growth of a bacteria called Listeria, which grows under refrigeration and is the third leading cause of death from foodborne illness in the United States." (Source: Wisconsin Food Code Fact Sheet, Date Marking of Ready-to-Eat Time-Temperature Control for Safety Foods, April 2022) On 07/15/2025, while observing food items in the refrigerator, Surveyor shared concern with	M 474		

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M 474	Continued From page 17 Manager A that many items in the refrigerator were not labeled or dated. Manager A made note of Surveyor's concern on his/her phone.	M 474		
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. This Rule is not met as evidenced by: Based on observation, interview and record review, the provider did not ensure records were maintained in a secure location within the home. Findings include: On 07/15/2025 at 12:00 p.m., Surveyor met with Manager A and requested all employee and resident records. Manager A stated some files were at the office across town. Manager A then left the home to retrieve records. On 07/15/2025 at 2:00 p.m., Surveyor reviewed resident records, available in the home and brought by Manager A, which indicate the following: - Resident 3's record did not include his/her pre-admission assessment or individual service plan (ISP). - Resident 2's record did not include his/her admission assessment or ISP. - Resident 1's record did not include an ISP.	M 482		

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M 482	Continued From page 18 On 07/15/2025 at 2:20 p.m., Surveyor reviewed concern with Manager A that resident records were not accessible at the home. Manager A stated the records were complete but must have been at the provider's office and s/he did not obtain them earlier. Manager A then sent Surveyor follow up records from 3:30 p.m. to 7:15 p.m. after returning to the office.	M 482		
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 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 residents were safeguarded from environmental hazards. The provider's dryer vent was not attached. Findings include: On 07/15/2025 at 2:35 p.m., Surveyor toured the provider's home with Manager A. Surveyor observed the provider's dryer vent was detached (Photo 3). Surveyor observed a significant	M 570		

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M 570	Continued From page 19 amount of dryer lint had built up on the floor behind the dryer. Surveyor shared the concern that the dyer vent was in need of repairs with Manager A, who stated s/he would fix the vent.	M 570		