STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012900	A. BUILDING: _____ B. WING _____	04/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREENCO HOUSE V	2636 14TH ST MONROE, WI 53566

(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 04/09/2025, with information gathered through 04/11/2025, Surveyor conducted an abbreviated licensure survey. Two deficiencies were identified. Census: 4	M 000		
M 278	88.05(3)(b) FREE OF HAZARDS The home shall be free from hazards and kept uncluttered and free of dangerous substances, insects and rodents. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not safeguard 4 of 4 residents from environmental hazards. Toxic chemicals were not securely stored. Findings include: The licensee can provide cares for up to 4 residents in the client groups: emotionally disturbed/mental illness, traumatic brain injury, irreversible dementia/Alzheimer's, and developmentally disabled. On 04/09/2025, at approximately 3:45 PM, Surveyor toured the environment and observed the following unsecured cleaning compounds in the kitchen closet:	M 278		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012900	A. BUILDING: _____ B. WING _____	04/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREENCO HOUSE V	2636 14TH ST MONROE, WI 53566

(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 278	Continued From page 1 -(2) 32 fluid ounce bottle of all purpose cleaner, lemon breeze scent -32 fluid ounce bottle of total bathroom cleaner plus foaming oxi clean -(3) 24 fluid ounce bottle of toilet bowl cleaner -32 fluid ounce bottle of bathroom spray, lavender scent -23 fluid ounce bottle of window cleaner -9.7 ounce spray can of furniture polish -24 ounce spray can of oven cleaner -14.5 ounce spray can of oven cleaner -32 fluid ounce bottle of all purpose cleaner, orange scent -12.5 ounce spray can of ant and roach spray, lemon scent -19 ounce spray can of disinfectant spray, morning meadow scent -19 ounce spray can of disinfectant spray, fresh linen scent -8 ounce spray can of cleaner and degreaser Surveyor observed Resident 1 and Resident 2 ambulating freely throughout the home. Caregiver B had to continuously redirect Resident 2 as s/he was going into cupboards and taking the lid off the hot crockpot. On 04/09/2025, Surveyor reviewed Resident 2's record. Resident 2's "Individual Service Plan," dated 08/13/2024, documented: "[Resident 2] shall stay positive and not engage in behaviors which are negative or aggressive in nature. [Resident 2] is known to have occasional tantrums or act physically aggressive towards others. [S/he] also tends to be hard to redirect." On 04/09/2025, at approximately 4:50 PM, Surveyor showed Adult Family Home Coordinator	M 278		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012900	A. BUILDING: _____ B. WING _____	04/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREENCO HOUSE V	2636 14TH ST MONROE, WI 53566

(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 278	Continued From page 2 (AFHC) A the unsecured cleaning compounds, in the closet, next to the kitchen table. AFHC A stated the closet should always be locked and would discuss the concern with staff.	M 278		
M 458	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be securely stored, shall remain in its 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, record review, and interview, the provider did not ensure prescriptions remained in the original container for 1 of 2 residents. Findings include: On 04/09/2025, at approximately 4:15 PM, Surveyor and Adult Family Home Coordinator (AFHC) A observed Resident 2's medications stored in the med cabinet. Surveyor observed a weekly pill organizer that contained four tablets in each morning and evening compartments. Every other day there were 5 tablets in the morning compartment. The pill organizer did not have a name on it and the medications were not	M 458		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012900	A. BUILDING: _____ B. WING _____	04/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREENCO HOUSE V	2636 14TH ST MONROE, WI 53566

(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 458	Continued From page 3 identified. Surveyor and Licensee A determined the medications were Lacosamide (seizure medication), Vitamin B-12, and Topiramate (seizure medication) based on medications originally packaged in bottles. AFHC A stated Resident 2's pharmacy did not utilize a blister card or blister bubble packaging system. AFHC A stated the pill organizer was being utilized to ensure staff administered the correct dosage of medication. AFHC A stated s/he would speak with Resident 2's guardian to determine if a different pharmacy could be utilized. Surveyor requested to review Resident 2's medication administration record (MAR). Resident 2's MAR, dated 04/06/2025 to 04/12/2025, documented: -Lacosamide 150 MG (milligram), 1 tablet at 7 AM and 7 PM -Topiramate 25 MG, 3 tablets at 7 AM and 7 PM -Vitamin B12, 1 tablet at 7 AM on Sunday, Tuesday, Thursday, Saturday	M 458		