STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017740	A. BUILDING: _____ B. WING _____	C 01/30/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOME WITH A HEART	435 W WALNUT ST MUSCODA, WI 53573

(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
N 000	Initial Comments On 01/27/2026, with information gathered through 01/30/2026, Surveyor conducted a standard licensure survey and a complaint investigation at Home With a Heart. Four deficiencies were identified. One of 4 deficiencies was a repeat violation (see Statement of Deficiency (SOD) 8M4M11). Complaint was substantiated. Census: 12	N 000		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 3 of 3 resident records reviewed were updated when there was a change in services. This is as repeat deficiency. See Statement of	N 389		

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

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Deficiency (SOD) 8M4M11, dated 09/15/2020.

Resident 3's Individual Service Plan (ISP) did not document that s/he was seated away from the other residents during meals.
Resident 6's and Resident 7's ISP did not document that s/he utilized oxygen.

Findings include:

Example 1: Resident 3

On 01/27/2026, at approximately 12:15 PM, Surveyor observed residents eat their noon meal. Resident 3 was seated at a small table in the living room area while the remaining residents were sitting in the dining room which was a room away. Residents in the dining room were unable to see Resident 3.

On 01/27/2026, at approximately 1:00 PM, Surveyor interviewed Manager B. Surveyor asked for clarification as to why Resident 3 was seated away from the other residents during meals. Manager B stated that Resident 3 had many difficulties with eating his/her pureed food. Resident 3 continuously spilled his/her food and it would fall out of his/her mouth and the residents would make negative comments towards him/her.

On 01/27/2026, at approximately 1:30 PM, Surveyor interviewed Resident 3 in his/her bedroom. Surveyor noted that all questions s/he asked Resident 3, Resident 3 would respond with some version of 'yes.'

On 01/27/2026, Surveyor reviewed Resident 3's record.

Resident 3 moved into the facility 09/03/2020.

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N 389	Continued From page 2 Resident 3's "Care Plan," dated 09/12/2025, documented: "Eating: Resident requires staff to monitor food consumption. Resident has been identified as a choking risk. Requires supervision while eating. S/he is able to use regular utensils. All foods must be pureed. Has chewing and swallowing concerns. Has a history of chewing with his/her mouth open and allows foods to fall back out of his/her mouth." The Care Plan did not identify guidelines regarding Resident 3 being seated away from other residents during meals. Resident 3's managed care organization (MCO) Managed Care Plan (MCP), dated 09/12/2025, documented: "Risk Mitigation: Dysphagia: Has a history of dysphagia. Staff reports [s/he] does cough after eating at times. [S/he] is on a pureed diet and thin liquids. Staff report [s/he] is monitored during all meals and since [his/her] recent hospitalization, staff are assisting to feed [him/her]." "Action Steps: Eating: Is on a pureed food diet with regular thin liquids. Staff are present during eating to provide prompts to eat slowly and take small bites. They provide reminders to take drinks between bites. Currently [Resident 3] needs assistant with feedings." The MCP did not identify a risk assessment for dining away from other residents. On 01/27/2026, at approximately 2:00 PM, Surveyor interviewed Administrator A and Manager B. Surveyor asked for clarification on how Resident 3's care team determined that Resident 3 preferred to eat in a different area, away from the other residents. Administrator A	N 389		

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stated s/he had mentioned concerns regarding Resident 3 being "secluded during meals." Manager B stated that a meeting with Resident 3's care team would be scheduled to discuss the concern.

Example 2: Resident 6

On 01/27/2026, Surveyor reviewed Resident 6's record.

Resident 6 admitted to the facility, 09/08/2023, with diagnosis including failure to thrive.

Resident 6's "Patient Care Order," dated 10/03/2025, documented:
"Oxygen 2 liters dose; Inhale 2 liters per minute inhaled as needed for comfort/shortness of breath [Comments: Nurse to titrate for comfort. May humidify oxygen for comfort]."

Resident 6's "Hospice Standing Orders," dated 10/03/2025, documented:
"Oxygen 2 liters dose; Inhale 2 liters per minute inhaled as needed for comfort/shortness of breath. Nurse to titrate for comfort. May humidify oxygen for comfort."

Resident 6's "Care Plan," dated 10/2025, did not document guidelines regarding his/her oxygen orders

Resident 6's Task Administration Records (TARs), dated 12/01/2025 to 01/27/2026, did not document guidelines regarding his/her oxygen orders.

On 01/27/2026, at approximately 2:30 PM, Surveyor interviewed Administrator A and Manager B. Surveyor reviewed Resident 6's

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record with them and asked for clarification on how staff knew how to monitor or administer Resident 6's oxygen when his/her record did not identify guidelines. Administrator A stated Resident 6's ISP would be reviewed and updated accordingly.

Example 3: Resident 7

On 01/27/2026, at approximately 11:30 AM, Surveyor observed Resident 7 in the common area. Administrator A reminded Resident 7 that s/he was to be utilizing his/her oxygen.

On 01/27/2026, Surveyor reviewed Resident 7's record.

Resident 7 moved into the facility 05/09/2019.

Resident 7's MCO MCP, dated 06/17/2025, documented:
"Critical Needs/Preferences: BiPAP, supplemental oxygen and supplies ..."
"I will refrain from unnecessarily increasing my oxygen flow rate in the next six months as a way of acting out; I have been educated that it puts my health and safety at risk."

Resident 7's "Care Plan," dated 12/17/2025, did not document that Resident 7 utilized oxygen or that s/he could display behaviors with monitoring his/her oxygen levels.

On 01/27/2026, at approximately 2:30 PM, Surveyor interviewed Administrator A and Manager B. Surveyor reviewed Resident 7's record with them and asked for clarification on how staff knew how to monitor Resident 7's oxygen or oxygen related behaviors when his/her record did not identify guidelines. Administrator A

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N 389	Continued From page 5 stated Resident 7's ISP would be reviewed and updated accordingly.	N 389		
N 425	83.38(1)(a) Personal care. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident's highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Personal care. Personal care services shall be designed and provided to allow a resident to increase or maintain independence. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure residents received timely assistance with personal cares. Resident 2 did not receive routine assistance with incontinence care and bathing. Findings include: On 01/06/2026, the Department received a concern alleging residents did not receive prompt care during episodes of incontinence. On 01/27/2026, from approximately 10:30 AM to	N 425		

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2:30 PM, Surveyor observed Resident 6 sitting at a kitchen table in his/her wheelchair. Surveyor noted that Resident 6's hair had a greasy like appearance.

On 01/27/2026, Surveyor reviewed Resident 6's record.

Resident 6 admitted to the facility, 09/08/2023, with diagnosis including urge incontinence, developmental delay, and failure to thrive.

Resident 6's "Care Plan," dated 10/2025, documented:
"Aggressive/Combative: Resident requires staff assistance to manage/redirect aggressive/combative behaviors. Resident is verbally and physically abusive towards staff as well as other residents. Resident becomes upset when staff attempt to assist with ADL's (activities of daily living), emptying trash in [his/her] room, etc. Resident refuses hygiene and housekeeping and will become upset at the approach. [Resident 6] has hit, pinched, slapped, scratched, and bit staff."
"Bathing: Requires reminders to shower, along with getting in/out of the shower, staff wash, and rinse entire body, as well as shampoo hair, and rinse the soap out. Uses grab bars and a shower chair. Resident refuses to bathe for long periods of time. When [s/he] does agree to bathe [s/he] will request which staff [s/he] will allow to assist."
"Toileting: Resident requires staff monitoring and/or reminders and cues to complete toileting tasks. Without staff assistance, resident would sit for long periods of time in urine saturated depends, clothes and even soaker pads. Monitor and Cue - 8x Every Day and as Needed."

Resident 6's managed care organization (MCO)

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N 425	Continued From page 7 Member Centered Plan (MCP), dated 10/21/2025, documented: Bathing: Will frequently refuse to bathe. Staff report it is very difficult to get him/her to agree to bathe and they need to encourage him/her to bathe regularly. They have to reapproach regularly. S/he will sometimes go days without agreeing to bathe. S/he is now sponge bathing only. A shampoo cap is used to wash his/her hair. Staff has been washing/styling his/her hair weekly. Toileting: Needs support with toileting and is on a toileting schedule. Has been having daily nighttime urinary incontinent but is typically continent during the day. S/he now has supervision throughout toileting. Resident 6's Treatment Administration Records (TARs), dated 12/01/2025 to 01/27/2026, documented: Bathing - Partial Assistance: Staff are to encourage [Resident 6] to do what [s/he] can for [him/herself]. Staff are to wash, rinse, and dry [him/her] off, wash and rinse [his/her] hair. [S/he] is not a fan of water and will often yell out. [His/Her] shower days are Monday - Wednesday - Friday and prefers to shower in the afternoons/evenings. [Resident 6] will sometimes refuse to shower. If this occurs, staff may re-approach and if [s/he] still refuses, staff will document. Hospice CNA (certified nursing assistant) comes in 1-2 times a week to assist with bathing. At this time [Resident 6] will allow sponge baths, and the use of a shower cap to wash [his/her] hair. Staff are to attempt to get [Resident 6] in the shower on at least 1 of [his/her] shower days. The TARs documented 21 out of 25 opportunities as refusals. Toileting - Monitor and Cue - Wears pull-ups	N 425		

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every day and briefs at night. S/he is on a 2-hour toileting schedule. Any refusals must be documented well and inform the manager. Resident 6 needs to be checked and changed throughout the night at least every 2-3 hours. The TARs documented 4 refusals out of 460 opportunities. One refusal was documented on 12/22/2025 at 10:00 AM.

On 01/27/2026, at approximately 2:30 PM, Surveyor interviewed Administrator A and Manager B. Administrator A and Manager B were not aware of the concern but stated that Resident 6 was often incontinent.

On 01/29/2026, at approximately 2:15 PM, Surveyor interviewed Resident 6's Hospice CNA F. Surveyor asked if s/he had observed concerns when performing cares for Resident 6. CNA F stated s/he arrived at the facility on 12/22/2025 to assist Resident 6 with bathing. CNA F stated, "When I got there, [Resident 6] was sitting at the kitchen table, and it was obvious [s/he] was incontinent and there was a large puddle of urine underneath his/her wheelchair. I approached Caregiver C and Caregiver D and asked when the last time Resident 6 had been toileted. CNA F explained that Caregiver C appeared dismissive and said Resident 6 was always incontinent and always refused care then "you show up and [s/he] will accept help." CNA F stated s/he assisted Resident 6 to his/her room, and s/he was soaked from his/her neck down to his/her legs. CNA F stated, "I have never seen anyone so soiled."

On 01/29/2026 at 3:59 PM, Administrator A emailed Surveyor and stated, "I wanted to inform you that [Manager B] reported that [s/he] spoke with [Caregiver D], who does recall this situation. I

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just followed up with [Caregiver C] today at 2:00 PM, before [his/her] shift ended; [s/he] stated that [s/he] remembers the incident but could not recall the exact date. According to staff, the CNA walked into a puddle and approached [Caregiver D] to ask whether the resident had toileted. [Caregiver D] stated that the resident had refused. While the area was observed to go from dry to wet, this is not unusual; however, the lack of documentation prevents verification of staff's statement regarding the incident.

On 01/29/2026, Surveyor reviewed Resident 6's progress notes which documented:
12/22/2025 - Sat at the table, watched tv, visited with staff, hospice CNA and nurse came today. The Dr (doctor) discontinued his/her metoprolol. Was incontinent of urine all shift. No new concerns.

On 01/29/2026 at 4:06 PM, Surveyor emailed Administrator A and asked for clarification on what staff expectation is when a resident is observed incontinent.

On 01/30/2026 at 11:35 PM, Administrator A emailed Surveyor and stated, "The resident does refuse care and may later accept care from another individual, which is a valid observation; however, this alone does not make it acceptable to discontinue care efforts. The facility also recognizes that when situations occur frequently, there can be a tendency to become accustomed to them. This does not lessen the expectation for appropriate care, redirection, and accurate documentation. The facility will reinforce that refusal alone does not automatically mean care stops. Staff will be instructed and re-educated that refusals must align with resident safety and dignity, and that documentation must clearly and

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N 425	Continued From page 10 thoroughly reflect the interventions attempted, the resident's response, and the circumstances of the refusal."	N 425		
N 481	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a living environment that is clean, comfortable, and homelike. Findings include: The provider is licensed to care for up to 8 residents in the client group developmentally disabled. The current census was 5 residents. On 01/06/2026, the department received a concern regarding the cleanliness of the facility. On 01/27/2026, at approximately 10:30 AM, Surveyor toured the facility and observed the following: Kitchen: Kitchen interior cupboards displayed a build up of a dirt like substance along with spilled food particles. Stove hood was covered in a thick grease and dust like substance.	N 481		

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N 481	Continued From page 11 Resident 1 Bedroom: Bathroom light was missing a lightbulb Empty toilet paper roll was on toilet paper holder with a new roll sitting on top Dresser was missing knobs on the drawers Black markings on the light brown carpeting Resident 2 Bedroom: Dresser was missing knobs on the drawers Bathroom light, One of 3 lightbulbs was burned out Plastic vanity in bathroom was missing wheels causing it to lean Resident 3 Bedroom: Bathroom light fixture held 3 lightbulbs. Each was a different style lightbulb giving off a different light level Resident 4 and Resident 5's Bedroom: Ceiling fan had a heavy layer of a dust like substance on the top of the blades Cold are return vent was covered in a heavy layer of a dust like substance Common Area: Ceiling contained can style lights that flickered On 01/27/2026, at approximately 2:00 PM, Surveyor interviewed Administrator A and Manager B. Surveyor discussed his/her observations throughout the facility. Administrator A stated s/he would contact maintenance to address the concerns along with staff who completed cleaning tasks.	N 481		
N 499	83.45(3) Toxic substances.	N 499		

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N 499	Continued From page 12 Toxic substances. The CBRF shall ensure that cleaning compounds, polishes, insecticides and toxic substances are labeled and stored in a secure area. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure cleaning compounds and toxic substances were stored in a secure area. Findings include: The provider is licensed to serve up to 12 residents within the client groups irreversible dementia/Alzheimer's, advanced aged, emotionally disturbed/mental illness, developmentally disabled, and physically disabled. On 01/27/2026, at approximately 10:30 AM, Surveyor toured the facility and observed the following unsecure cleaning compounds in the laundry room: -32 fluid ounce bottle of all purpose cleaner with bleach - lemon fresh scent -32 fluid ounce bottle of streak-free glass cleaner -(6) 24 fluid ounce bottles of toilet bowl cleaner -Gallon jug of indoor insect barrier -(2) Gallon jugs of multi purpose cleaner, sanitizer, and deodorizer -32 fluid ounce bottle of concentrated wood cleaner -(2) 14 ounce spray cans of disinfectant - lavender scent Surveyor observed a sign hanging on the laundry door that stated, "This door needs to remain locked at all times per regulations."	N 499		

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N 499	Continued From page 13 On 01/27/2026, at approximately 1:30 PM, Surveyor interviewed Administrator A and discussed the Surveyor's observations. Administrator A stated that the laundry room was to remain locked and the concern would be discussed with staff.	N 499		