STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018547	A. BUILDING: _____ B. WING _____	C 01/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELENS HOUSE KIMBERLY YELLOW	210 RIVERS EDGE DRIVE KIMBERLY, WI 54136

(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 01/10/2025, with information gathered through 01/29/2025, Surveyor conducted a standard licensure survey and a complaint investigation at Helens House Kimberly Yellow. Three deficiencies were identified. Complaint was unsubstantiated. Census: 4	M 000		
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 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 licensee	M 332		

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

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M 332	Continued From page 1 did not ensure 2 of 2 fire extinguishers observed in the home were in readily usable condition and inspected annually by an authorized dealer or the local fire department. Findings include: On 01/10/2025, at approximately 12:30 PM, Surveyor toured the facility's physical environment with Program Manager B. Surveyor observed 2 fire extinguishers, which were tagged to show they had been inspected by an authorized dealer or the local fire department in 11/2023. Program Manager B acknowledged they should have been re-inspected in 11/2024.	M 332		
M 462	88.07(3)(c) MEDICATION ASSISTANCE If the licensee or service provider assists a resident with prescription medication, the licensee or service provider shall help the resident securely store the medication, take the correct dosage at the correct time and communicate effectively with his or her physician. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure 1 of 1 resident received medications that had not expired. Resident 1 was prescribed Latanoprost 0.005% eye drops that were not dated when opened to	M 462		

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M 462	Continued From page 2	M 462		

determine expiration date.

Findings include:

On 01/10/2025, at approximately 1:30 PM, Surveyor and Program Manager B observed Resident 1's medications in the med closet.

Resident 1's medication bin included an opened bottle of Latanoprost, with a dispensed date of 09/10/2024, and was not dated when opened.

On 01/10/2025, Surveyor reviewed Resident 1's record.

Resident 1 moved into the home 12/27/2022.

Resident 1's January 2025 Medication Administration Record (MAR), dated 01/01/2025 to 01/09/2025, documented:
"Latanoprost [Xalatan] 0.005% Eye Drp (drop) - Place 1 drop in both eyes nightly at bedtime.
The MAR documented that the medication had been administered as prescribed.

"Unopened bottles should be stored in the refrigerator. Once opened, the bottle can be kept at room temperature for either 6 weeks (Xalatan) or 30 days (Iyuzeh). For Xelpros, the bottle should continue to be kept in the refrigerator, even after opening, until the expiration date on the bottle." (Source: MedlinePlus website, Latanoprost Ophthalmic, August 15, 2023, https://medlineplus.gov/druginfo/meds/a697003.html (retrieval date - January 22, 2025).)

On 01/10/2025, at approximately 1:35 PM, Surveyor interviewed Program Manager B. Program Manager B stated the eye drops would be reordered and staff would be reminded to write

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M 462	Continued From page 3 the open date on the bottles.	M 462		
Z 010	50.065(2)(bb) DETERMINE FINAL DISPOSITION OF CHARGE If information obtained under par. (am) or (b) indicates a charge of a serious crime, but does not completely and clearly indicate the disposition of the charge or the conviction, the department or entity shall make every reasonable effort to contact the clerk of courts to determine the final disposition of the charge. If a background information form under sub. (6) (a) or (am) indicates a charge or a conviction of a serious crime, but information obtained under 011 par. (am) or (b) does not indicate such a charge, the department or entity shall make every reasonable effort to contact the clerk of courts to obtain a copy of the criminal complaint and the final disposition of the complaint. If information obtained under par. (am) or (b), a background information form under sub, (6) (a) or (am) or any other information indicates a conviction of a violation of s. 940.19 (1), 940.195, 940.20, 941.30, 942.08, 947.01, or 947.013 obtained not more than 5 years before the date on which that information was obtained, the department or the entity shall make every reasonable effort to contact the clerk of courts to obtain a copy of the criminal complaint and judgement of conviction relating to that violation.	Z 010		

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Z 010	Continued From page 4 This Rule is not met as evidenced by: Based on record review and interview, the provider did not make every reasonable effort to obtain a copy of the criminal complaint and judgment of conviction related to Caregiver C's violation of 947.01(1) - Disorderly Conduct. Findings include: On 01/28/2025, Surveyor reviewed the record of Caregiver C who was hired on 09/2023. Caregiver C's record included a Department of Justice Criminal History Report, dated 12/04/2024, which listed a conviction of 947.01(1) - Disorderly Conduct on 08/04/2021. On 01/28/2025 at 8:40 AM, Surveyor informed Licensee A of the concern. As of 01/29/2025 at 2:00 PM, Surveyor interviewed Licensee A. Licensee A stated s/he did not understand that was a requirement but would obtain the report.	Z 010		