Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018158	A. BUILDING: _____ B. WING _____	C 04/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RASCALS RESORT LLC	29429 CTY HWY V KENDALL, WI 54638

(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 04/09/2026, Surveyor conducted a complaint investigation and licensure survey at Rascals Resort LLC. Data collection continued through 04/17/2026. The complaint was unsubstantiated. Four deficiencies were identified. Census: 4	M 000		
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 provider did not ensure 1 of 2 caregivers were screened for communicable disease, including tuberculosis (TB), within 90 days before the start of providing service. Findings include: On 04/09/2026, Surveyor requested Caregiver	M 232		

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

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M 232	Continued From page 1 B's and Caregiver C's records from Licensee A. Licensee A informed Surveyor s/he maintained records outside the facility and would email them. On 04/14/2026, Surveyor reviewed Caregiver C's records. Caregiver C had a hire date of 10/28/2025. Caregiver C's record did not contain a communicable disease screening. On 04/17/2026 at 12:00 PM, Surveyor interviewed Licensee A. Licensee A stated s/he had a communicable disease screening from Caregiver C's other employer from May or June 2025 that s/he had not kept in the record. Surveyor requested Licensee A send documentation by the end of the day. As of 5:00 PM, Surveyor did not receive any further documentation from Licensee A.	M 232		
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.	M 380		

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M 380	Continued From page 2 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents sampled (Resident 1 and Resident 2), were screened for communicable illness, including tuberculosis (TB), within 90 days prior to admission or within 7 days after admission. Findings include: On 04/09/2026, Surveyor reviewed resident records. Resident 1 was admitted on 06/17/2025 and Resident 2 was admitted on 03/12/2026. Neither resident record included evidence of a health examination to screen for communicable illness. Resident 1's record contained a discharge note from the secure treatment center s/he discharged from signed by a physician. The discharge note did not have a communicable disease screening and did not state Resident 1 was communicable disease free. On 04/17/2026 at 12:00 PM, Surveyor interviewed Licensee A. Licensee A stated s/he had thought the discharge notes from the secure treatment center for both residents signed by a physician was sufficient for a communicable disease screening upon admission.	M 380		
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	M 464		

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M 464	Continued From page 3 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 physician order to administer medication was obtained for 1 of 3 resident records reviewed who received medication administered by staff. Findings include: On 04/09/2026, Surveyor requested Resident 2's written orders for staff to administer medications. Resident 2 had an admission date of 03/12/2026. Resident 2's record indicated s/he had medications administered by staff. On 04/17/2026 at 12:00 PM, Surveyor interviewed Licensee A. Licensee A stated s/he did not have written orders for staff to administer medications to Resident 2 yet.	M 464		
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	M 570		

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M 570	Continued From page 4 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 hot water was kept at a safe temperature for 2 of 2 facility sinks. The provider did not ensure the dryer vent consisted of a rigid material. This is a repeat deficiency. See Statement of Deficiency (SOD) 13K411, dated 02/06/2024. Findings include: "Exposure to hot water is a potential environmental danger for residents. Elderly residents and residents with mental and physical disabilities may have neurological conditions that prevent instant recoil from hot water. Because these individuals do not instantly react to dangerous temperature levels, they are at particular risk for injury. Hot water can cause scalding, e.g., second and third degree burns in which the skin blisters and swells. In such instances, skin does not return to normal and forms scar tissue upon healing. These burns may lead to permanent disability." (DQA Publication-01942, Hot Water Temperatures in Adult Family Homes, August 2017.) On 04/09/2026, Surveyor did an environmental tour of the facility with Caregiver C. On 04/09/2026 at 10:46 AM, Surveyor checked the downstairs bathroom sink water temperature, which was 136.8 degrees Fahrenheit. Surveyor	M 570		

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M 570	Continued From page 5 checked the kitchen sink water temperature, which was 137.7 degrees Fahrenheit. On 04/09/2026 at approximately 11:00 AM, Surveyor observed the laundry room. The dyer vent was observed to be an accordion flexible type of material coming out of the dryer and curving down to the floor. On 04/09/2026 at approximately 1:20 PM, Surveyor took the downstairs bathroom sink water temperature, which was 138.2 degrees Fahrenheit. Owner A stated they had recently installed an on-demand water heater, and it was set at 150 degrees Fahrenheit. Owner A stated the water heater holding tank was set at 122 degrees Fahrenheit. On 04/17/2026 at 12:00 PM, Surveyor interviewed Licensee A. Licensee A stated a resident had complained the water was too cold upstairs, but the water felt hotter downstairs. Licensee A stated s/he had replaced the dryer vent after s/he was cited in 2024 for not having a dryer vent of rigid material. Licensee A stated a Surveyor had approved the current dryer vent at a verification visit and the packaging had stated it was made of a rigid metal material. Surveyor requested Licensee A send documentation to support the dryer vent was in compliance by the end of the day. As of 5:00 PM, Surveyor did not receive any further documentation from Licensee A. The provider did not ensure the downstairs bathroom and kitchen sink water temperatures were kept at a safe temperature. The provider did not ensure the dryer vent was made of rigid material.	M 570		