STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019239	A. BUILDING: _____ B. WING _____	08/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COUNTRY TREASURES LLC	N6032 STATE ROAD 89 DELAVAN, WI 53115

(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 08/11/2025, with information gathered through 08/12/2025, Surveyor conducted a standard licensure survey at Country Treasures LLC. Four deficiencies were identified. Census: 4	M 000		
M 244	88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS The licensee and each service provider shall complete 15 hours of training approved by the licensing agency related to health, safety and welfare of residents, resident rights and treatment appropriate to residents served prior to or within 6 months after starting to provide care. This training shall include training in fire safety and first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 caregiver (Caregiver C) completed required hours of training approved by the licensing agency related to resident rights and treatment appropriate to residents served prior to or within 6 months after starting to provide care independently. Findings include: The provider can serve up to 4 residents within the client groups of Developmentally Disabled, Physically Disabled, Traumatic Brain Injury and Emotionally Disturbed/Mental Illness.	M 244		

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

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M 244	Continued From page 1 On 08/11/2025, Surveyor reviewed Caregiver C's record. Caregiver C was hired 01/06/2025. Surveyor was unable to locate any training documentation regarding resident rights and client groups and /or treatment appropriate to residents served. On 08/11/2025, at approximately 1:00 PM, Surveyor interviewed Manager B. Surveyor requested Caregiver C's training records. Surveyor determined there was no documentation stating that Caregiver C had completed training regarding resident rights and the client groups being served in the home. Manager B asked Caregiver C if s/he had completed this training. Caregiver C stated s/he had completed the CBRF (community-based care and treatment training) training. This training covers medication administration, standard precautions, fire safety, and first aid. Manager B asked that Surveyor reach out to Licensee A to determine if Caregiver C had completed the required training. On 08/12/2025 at 9:33 AM, Surveyor emailed Licensee A and requested Caregiver C's training records. On 08/12/2025 at 1:34 PM, Licensee A emailed Surveyor documentation showing that Caregiver C had completed Resident Rights training on 08/11/2025 at 5:58 PM, during the survey window, but did not include documentation regarding treatment appropriate to licensed client groups.	M 244		

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M 384	Continued From page 2	M 384		
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 placing agency, if any. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident (Resident 1) had a signed and dated service agreement by the licensee, resident, or resident's guardian or designated representative. Findings include: On 08/11/2025, Surveyor reviewed Resident 1's record. Resident 1 moved into the home, 06/01/2025, and was represented by Guardian D. Resident 1's record did not contain a service agreement. On 08/11/2025, at approximately 1:00 PM, Surveyor interviewed Manager B. Surveyor stated s/he was unable to locate Resident 1's service agreement. Manager B stated that if the record was not in his/her file, Surveyor would need to contact Licensee A.	M 384		

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M 384	Continued From page 3 On 08/12/2025 at 9:33 AM, Surveyor emailed Licensee A and requested Resident 1's service agreement. Licensee A emailed Surveyor on 08/12/2025 at 1:35 PM, 1:36 PM, and 1:49 PM but the emails did not contain Resident 1's service agreement.	M 384		
M 474	88.07(4)(c) FOOD PREPARED AND STORED SANITARY WAY 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 store food under sanitary conditions. Surveyor found food items in the freezer that were not properly sealed to avoid freezer burn and contamination. Findings include: The provider can serve up to 4 residents within the client groups of Developmentally Disabled, Physically Disabled, Traumatic Brain Injury and Emotionally Disturbed/Mental Illness. On 08/11/2025, at approximately 10:50 AM, Surveyor toured the kitchen with Manager B and observed the following food items no properly sealed in the freezer: -2 pound bag of homestyle meatballs -5 pound bag of tater tots -20-ounce bag of sweet potato fries -2 pound bag of fully cooked chicken nuggets	M 474		

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M 474	Continued From page 4 -25 ounce bag of fully cooked crispy chicken strips Manager B stated s/he would explain to staff that all opened food placed in the freezer should be placed in a Ziploc bag and sealed.	M 474		
M 582	88.10(3)(q) Medications Medications. To receive all prescribed medications in the dosage and at the intervals prescribed by the resident's physician, and to refuse medications unless there has been a court order under s. 51.61(1)(g), Stats., with a court finding of incompetency. 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 all prescribed medications. Resident 1 did not receive his/her Fluticasone Propionate and Salmeterol (inhaler) as prescribed. Findings include: On 08/11/2025, at approximately 11:10 AM, Surveyor and Manager B observed Resident 1's medications in the med closet. Surveyor observed Resident 1's Fluticasone Propionate and Salmeterol which stated it had been opened 08/05/2025 and 53 of 60 blisters remained.	M 582		

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M 582	Continued From page 5 On 08/11/2025, Surveyor reviewed Resident 1's record. Resident 1 moved into the home 06/01/2025. Resident 1's Medication Administration Record (MAR), dated 08/01/2025 to 08/11/2025, documented: "Fluticasone-Salmeterol 500 - Inhale 1 puff by mouth two times daily. Scheduled at 8:00 AM and 8:00 PM. Start Date: 06/02/2025." The MAR documented that the medication had been administered as prescribed. On 08/11/2025, at approximately 11:20 AM, Surveyor interviewed Manager B. Surveyor explained that approximately 6 days' worth of administration had occurred since the inhaler was opened on 08/05/2025, which would have been 12 blisters being dispensed, leaving 48 doses remaining but the inhaler displayed 53 blisters remaining (2 ½ days' worth). Manager B stated that s/he would inform staff they should write the time of the dose that the inhaler was opened, to assist with proper med audits. Manager B stated s/he would discuss the concern with Licensee A.	M 582		