STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019088	A. BUILDING: _____ B. WING _____	05/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KANDU QUARTERS	1741 ADEL ST JANESVILLE, WI 53546

(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 05/12/2025, Surveyor conducted a standard survey at Kandu Quarters. Three (3) 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 that 2 of 3 service providers reviewed completed 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. House Manager B was not trained in first aid prior to or within 6 months of hire. Caregiver C was not trained in first aid or fire safety prior to or within 6 months of hire.	M 244		

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

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M 244	Continued From page 1 Findings include: On 05/12/2025, at approximately 11:00 a.m., Surveyor interviewed Compliance Director A. Compliance Director A confirmed that staff worked alone per shift. At approximately 12:00 p.m., Surveyor conducted a review of 3 service providers to verify compliance with initial training requirements. Surveyor requested training records from Compliance Director A for House Manager B and Caregivers C. The record for House Manager B, hired 01/23/2024, did not contain evidence of training in first aid and fire safety completed by him/her prior to or within 6 months of hire. The record for Caregiver C, hired 11/07/2024, did not contain any evidence of first aid training completed by him/her prior to or within 6 months of hire. On 05/13/2025, at 12:04 p.m., Compliance Director A stated, "We identified missing first aid/ fire safety courses for 2 of our staff, who due to their work schedules, are not typically able to make our monthly safety trainings. While it was not intentional, I fully recognize the seriousness of the lapse and take full responsibility for correcting it."	M 244		
M 344	88.05(4)(d)2.a FIRE SAFETY EVACUATION PLAN REVIEW The licensee shall review the fire safety evacuation plan with each new resident immediately following	M 344		

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M 344	Continued From page 2 placement and shall evaluate the resident using a form provided by the department to determine whether the resident is able to evacuate the home without any help within 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident admitted after a change of ownership, was evaluated using a form provided by the department to determine whether the resident is able to evacuate the home without any help within 2 minutes. Resident 1 did not have an evacuation assessment, using the department's form, completed immediately following placement. Findings include: On 05/12/2025 at approximately 11:00 a.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider on 05/25/2024 with diagnoses including cognitive delay, intermittent explosive disorder, depression and anxiety. Resident 1's record did not include an evacuation assessment. At approximately 12:56 p.m., Surveyor interviewed Compliance Director A and House Manager B. Compliance Director A stated that an evacuation assessment has not been completed for Resident 1 yet and that House Manager B is working on getting paperwork completed and in Resident 1's record.	M 344		

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M 384	Continued From page 3	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 admitted after a change of ownership, had a service agreement completed prior to admission. Resident 1's service agreement was not dated by the licensee and was not dated or signed by Resident 1's guardian. Findings include: On 05/12/2025 at approximately 11:00 a.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider on 05/25/2024 with diagnoses including cognitive delay, intermittent explosive disorder, depression and anxiety. Resident 1's record included a service agreement that was signed by the licensee, but was not dated and was not signed by Resident 1's legal guardian. At approximately 12:56 p.m., Surveyor	M 384		

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M 384	Continued From page 4 interviewed Compliance Director A and House Manager B. Compliance Director A stated that they were aware Resident 1's service agreement was not completed and signed and stated that House Manager B is working on getting all paperwork completed and in Resident 1's record.	M 384		