STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019447	A. BUILDING: _____ B. WING _____	07/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLIAMSBURG HOME 2	5815 WILLIAMSBURG WAY FITCHBURG, WI 53719

(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 07/15/2025, Surveyor conducted a standard survey at Williamsburg Home 2, an AFH in Fitchburg. Twelve deficiencies were identified. Census: 2	M 000		
M 216	88.04(2)(a) RESPONSIBILITIES The licensee shall ensure that the home and its operation comply with this chapter and with all other laws governing the home and its operation. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure the home and its operations complied with all laws governing the home and its operation. Findings include: On 07/15/2025, Surveyor conducted a standard survey at the home and identified the following concerns: License Limitation: - The home was licensed to serve ambulatory clients; however, the provider admitted 1 resident that required an assistive device for mobility. Environment: - The home was not fully accessible from the outside and within the home for 1 of 2 residents. - An exit door was kept locked with a keycode, obstructing the exit. - Smoke detectors were not inspected monthly.	M 216		

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

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M 216	Continued From page 1 - The provider's refrigerator was kept locked, limiting access to food. - The provider's water temperature exceeded 120 degrees F. Employees: - One employee did not complete training in fire safety and first aid. Resident Care: - A resident was not screened for communicable disease, including a tuberculosis test, within 90 days prior to admission or 7 days after. - A resident was admitted to the facility without completion of a service agreement. - Supervision was not provided as indicated in a resident's individual service plan (ISP). - Resident records were not maintained within the home. On 07/15/2025 at approximately 3:00 p.m., Surveyor reviewed environmental, employee and resident care concerns with Manager A. Manager A made note of each of Surveyor's concerns and stated s/he would address the concerns. Cross Reference: M0244 DHS 88.04(5)(a) Training - 15 Hours Within 6 Months M0260 DHS 88.05(2) Access To Home And Within The Home M0262 DHS 88.05(2)(a) Difficulty Walking M0336 DHS 88.05(4)(b)2. Smoke Detectors - Testing And Maintenance M0336 DHS 88.05(4)(c)1. Exiting From The First Floor M0380 DHS 88.06(2)(a) Admission - Health Exam M0384 DHS 88.06(2)(b) Service Agreement Except Respite M0436 DHS 88.07(2)(a) Services	M 216		

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M 216	Continued From page 2 M0482 DHS 88.09(1)(a) Resident Records M0556 DHS 88.10(3)(e) Self Direction M0570 DHS 88.10(3)(l) Safe Physical Environment	M 216		
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 3 caregivers reviewed had received training in first aid and fire safety prior to or within 6 months after starting to provide care. Caregiver B had not received training in first aid and fire safety. Findings include: On 07/15/2025 at approximately 12:30 p.m., Surveyor reviewed employee records provided by Caregiver B. The record documented Caregiver B was hired on 12/10/2024. The record did not include evidence that Caregiver B had received training in first aid and fire safety. On 07/15/2025 at 1:00 p.m., Surveyor interviewed	M 244		

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M 244	Continued From page 3 Manager A and shared concern that Caregiver B, who was the only caregiver present upon Surveyor's arrival to the home, did not have training in first aid and fire safety. Manager A reviewed Caregiver B's record and confirmed s/he had not received training in first aid and fire safety. On 07/15/2025 from 3:30 p.m. to 7:15 p.m., Manager A provided Surveyor with follow up records. Documentation indicating Caregiver B had received training in first aid and fire safety was not received.	M 244		
M 260	88.05(2) ACCESS TO HOME AND WITHIN THE HOME RESIDENT ACCESS TO THE HOME AND WITHIN THE HOME. An adult family home shall be physically accessible to all residents of the home. Residents shall be able to easily enter and exit the home, to easily get to their sleeping rooms, a bathroom, the kitchen and all common living areas in the home, and to easily move about in the home. Additional accessibility features shall be provided as follows, if needed to accommodate the physical limitations of the resident or if specified in the resident's individual service plan: This Rule is not met as evidenced by: Based on observation, interview and record	M 260		

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M 260	Continued From page 4	M 260		

review, the provider did not ensure the home was physically accessible to all residents of the home.

Findings include:

On 07/15/2025 at approximately 1:00 p.m., Surveyor reviewed resident records. Records indicated Resident 1 was admitted to the provider's home on 06/10/2025. Resident 1's individual service plan, dated 06/19/2025, documented that s/he required use of a walker for mobility due to balance concerns and not being able to feel his/her feet secondary to neuropathy.

On 07/15/2025 at approximately 1:10 p.m., Surveyor interviewed Manager A and asked about Resident 1's walker use. Manager A stated, "[S/he] doesn't use [the walker] too much."

On 07/15/2025 at 1:30 p.m., Surveyor interviewed Resident 1. Resident 1 stated s/he used a walker for mobility. Resident 1 pointed to a walker in his/her room and then stated s/he had a second walker that s/he kept outside to use once s/he had navigated the stairs to get up from the lower level and exit the home. Resident 1 confirmed s/he had balance issues and neuropathy.

On 07/15/2025 at 1:35 p.m., Surveyor toured the provider's home. The home was a split-level home that required navigating 2 flights of stairs to go from one floor to the other. The upper level included Resident 2's room, an empty bedroom, the kitchen, the dining room, and a bathroom. The lower level included Resident 1's room, an empty room, the laundry, a common area and a bathroom.

On 07/15/2025 at 3:00 p.m., Surveyor reviewed concern with Manager A that the provider

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M 260	Continued From page 5 currently had a resident requiring an assistive device for mobility, which limited the resident's ability to access the entire home. Surveyor asked if the provider had applied for a waiver regarding non-ambulatory residents. Manager A was unable to provide documentation of a requested or approved waiver.	M 260		
M 262	88.05(2)(a) DIFFICULTY WALKING If a resident is not able to walk at all or able to walk only with difficulty, or only with the assistance of crutches, a cane, or walker or is unable to easily negotiate stairs without assistance: 1. The exits from the home shall be ramped to grade with a hard surfaced pathway with handrails. 2. All entrance and exit doors and interior doors serving all common living areas and all bathrooms and bedrooms used by a resident not able to walk at all shall have a clear opening of at least 32 inches. 3. Toilet and bathing facilities used by a resident not able to walk at all shall have enough space to provide a turning radius for the resident's wheelchair and provide accessibility appropriate to the resident's needs. This Rule is not met as evidenced by: Based on observation, interview and record review, the provider did not ensure the home had exits ramped to grade with a hard surfaced pathway and handrails and bathrooms with	M 262		

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M 262	Continued From page 6 enough space to provide a turning radius for residents utilizing assistive devices for mobility. Findings include: On 07/15/2025 at approximately 1:00 p.m., Surveyor reviewed resident records. Records indicated Resident 1 was admitted to the provider's home on 06/10/2025. Resident 1's individual service plan, dated 06/19/2025, documented that s/he required use of a walker for mobility due to balance concerns and not being able to feel his/her feet secondary to neuropathy. On 07/15/2025 at approximately 1:10 p.m., Surveyor interviewed Manager A and asked about Resident 1's walker use. Manager A stated, "[S/he] doesn't use [the walker] too much." On 07/15/2025 at 1:30 p.m., Surveyor interviewed Resident 1. Resident 1 stated s/he used a walker for mobility. Resident 1 pointed to a walker in his/her room and then stated s/he had a second walker that s/he kept outside to use once s/he had navigated the stairs to get up from the lower level and exit the home. Resident 1 confirmed s/he had balance issues and neuropathy. On 07/15/2025 at 1:35 p.m., Surveyor toured the provider's home and observed the front entrance required 1 step to enter the home (no ramp) and upon entrance to the home, required an individual to go up 1 flight of stairs to reach the upper level or down 1 flight of stairs to reach the lower level. Surveyor observed the back door required individuals to go down 1 flight of stairs (no ramp) which led to an area of weeds and trees (no hard surfaced path). Inside the home, surveyor observed the bathrooms did not have adequate space to navigate an assistive device, such as a	M 262		

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M 262	Continued From page 7 walker. On 07/15/2025 at 2:00 p.m., Surveyor reviewed concern with Manager A that the provider currently had a resident requiring an assistive device for mobility; however, the exits and bathrooms did not accommodate assistive devices. Surveyor asked if the provider had applied for a waiver regarding non-ambulatory residents. Manager A was unable to provide documentation of a requested or approved waiver.	M 262		
M 336	88.05(4)(b)2 SMOKE DETECTORS-TESTING AND MAINTENANCE The licensee shall maintain each required smoke detector in working condition and test each smoke detector monthly to make sure that it is operating. If a unit is found to be not operating, the licensee shall immediately replace the battery or have the unit repaired or replaced. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the smoke detectors were tested monthly to make sure they were operating. The provider did not check smoke detectors monthly. Findings include: On 07/15/2025 at approximately 1:00 p.m., Surveyor requested documentation of the provider's monthly smoke detector checks from	M 336		

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M 336	Continued From page 8 Manager A. Manager A reviewed the provider's log of fire drills completed in 2025 and replied, "I thought it was on here." Surveyor reviewed the fire drill documentation, which did not include monthly smoke detector checks. Manager A did not have additional documentation to provide.	M 336		
M 338	88.05(4)(c)1 EXITING FROM THE FIRST FLOOR Exiting from the first floor. The first floor of the home shall have at least 2 means of exiting which provides unobstructed access to the outside. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the home had 2 unobstructed exits to the outside. The provider's front door required a key code to exit. Findings include: On 07/15/2025 at 11:53 a.m., Surveyor observed Resident 1 stand at the home's front door and ask Caregiver B if s/he could be let out of the home. Surveyor observed Caregiver B type a keycode into the door to unlock the door and let Resident 1 outside. On 07/15/2025 at approximately 11:55 a.m., Surveyor interviewed Caregiver B and asked if the front door was kept locked, requiring caregivers to enter a keycode to unlock to the door. Caregiver B replied, "Yes. Because of [Resident 2]."	M 338		

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M 338	Continued From page 9 On 07/15/2025 at approximately 1:15 p.m., Surveyor interviewed Resident 1 and asked if s/he always had to ask caregivers to unlock the front door in order to exit the home. Resident 1 stated, "Yes," and explained that the door was kept locked because Resident 2 was a "runner." On 07/15/2025 at approximately 2:00 p.m., Surveyor reviewed concern with Manager A that the provider's front door, which was 1 of 2 emergency exits, was obstructed via a keypad lock. Manager A stated s/he would remove the lock.	M 338		
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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that 1 of 2 residents were screened for communicable disease, including tuberculosis, within 90 days prior to admission or within 7 days after admission to determine if they were free of communicable disease. Resident 2's	M 380		

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M 380	Continued From page 10 record did not contain a communicable disease screen, including tuberculosis test. Findings include: On 07/15/2025 at approximately 12:00 p.m., Surveyor reviewed Resident 2's record. Resident 2 was admitted to the provider's home on 12/01/2024. Resident 2's record did not contain a communicable disease screen, including tuberculosis test. On 07/15/2025 at approximately 2:00 p.m., Surveyor reviewed concern with Manager A that Resident 2's record did not contain a communicable disease screen, including tuberculosis test. Manager A checked Resident 2's record and stated s/he was unable to locate documentation of the communicable disease screen.	M 380		
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:	M 384		

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M 384	Continued From page 11 Based on record review and interview, the provider did not ensure 1 of 2 residents reviewed had a service agreement completed, dated and signed by the licensee and the resident and/or the resident's legal representative. Resident 1 did not complete a service agreement upon admission. Findings include: On 07/15/2025 at 1:00 p.m., Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider's home on 06/10/2025. Resident 1's record did not include a signed service agreement. On 07/15/2025 at approximately 2:00 p.m., Surveyor interviewed Manager A and shared concern that Resident 1 did not have a signed service agreement. Manager A confirmed the record did not include a service agreement. Manager A stated Resident 1 was his/her own decision maker and that s/he would follow up with making sure the service agreement was signed.	M 384		
M 436	88.07(2)(a) SERVICES The licensee shall provide or arrange for the provision of individualized services specified in a resident's individual service plan that are the licensee's responsibility. This Rule is not met as evidenced by: Based on observation, interview and record review, the provider did not ensure services	M 436		

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identified in a resident's individual service plan (ISP) were provided. Resident 1 did not receive 24/7 supervision as indicated on in his/her ISP.

Findings include:

On 07/15/2025 at approximately 11:45 a.m., Surveyor entered the provider's home. Surveyor observed Resident 1 and Resident 2 were present in the home. Surveyor observed Caregiver B was the only staff member present.

On 07/15/2025 at approximately 12:15 p.m., Surveyor interviewed Caregiver B regarding the staffing patterns at the home. Caregiver B stated caregivers worked 7:00 a.m. to 7:00 p.m. and 7:00 p.m. to 7:00 a.m. Caregiver B stated there was only 1 staff member present at a time.

On 07/15/2025 at approximately 1:00 p.m., Surveyor reviewed resident records, which identified the following:

- Resident 1 was admitted to the provider's facility on 06/10/2025. Resident 1's ISP, dated 06/19/2025, stated s/he required 24/7 supervision.
- Resident 2 was admitted to the provider's facility on 12/01/2024. Resident 2's record provided at 1:00 p.m. did not include an ISP; however, referral paperwork, dated 10/14/2024, indicated Resident 2 required 1:1 staff at all time. *ISP, dated 04/04/2025, received at 2:30 p.m. indicated Resident 2 required 1:1 staff at all times.

From approximately 11:45 p.m. to 2:00 p.m., Surveyor observed Caregiver B providing line of sight supervision to Resident 2.

On 07/15/2025 at approximately 2:00 p.m.,

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M 436	Continued From page 13 Surveyor shared concern with Manager A that supervision services were not provided as required for residents. Surveyor shared that only 1 staff member was present when 2 staff would be required to meet the needs of the residents (1:1 staff for Resident 2 and an additional staff member providing 24/7 supervision for Resident 1). Manager A stated that was incorrect and that s/he was nearby the home if needed at the home.	M 436		
M 482	88.09(1)(a) RESIDENT RECORDS The licensee shall maintain a record for each resident. Resident records shall be maintained in a secure location within the home to prevent unauthorized access. This Rule is not met as evidenced by: Based on observation, interview and record review, the provider did not ensure records were maintained in a secure location within the home. Resident 1's record was not located in the home. Resident 2's record in the home was incomplete. Findings include: On 07/15/2025 at approximately 11:45 a.m., Surveyor requested Resident 1 and Resident 2's records from Caregiver B. Caregiver B stated Resident 1's record was not available in the home. On 07/15/2025 at approximately 12:00 p.m., Manager A arrived to the home. Manager A stated Resident 1's record was at the provider's office	M 482		

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WILLIAMSBURG HOME 2	5815 WILLIAMSBURG WAY FITCHBURG, WI 53719

(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 482	Continued From page 14 and that s/he would need to leave to retrieve the record. Manager A did not state why the record was unavailable in the home. Surveyor requested that Manager A retrieve all resident and employee records applicable to the home from the office. On 07/15/2025 at 1:00 p.m., Manager A returned to the provider's home and Surveyor reviewed Resident 1 and Resident 2's record. Surveyor then observed Resident 2's pre-admission assessment and ISP remained unavailable.	M 482		
M 556	88.10(3)(e) Self-Direction Self-direction. To have opportunities to make decisions relating to care, activities and other aspects of life in the adult family home. No curfew, rule or other restrictions on a resident's freedom of choice shall be imposed unless specifically identified in the home's program statement or the resident's individual service plan. An adult family home shall help any resident who expresses a preference for more independent living to contact any agency needed to arrange it. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the residents right to self-direction. The provider locked food storage, limiting resident access to food. Findings include: On 07/15/2025 at 1:00 p.m., Surveyor reviewed resident records. Resident 2 was admitted to the	M 556		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019447	A. BUILDING: _____ B. WING _____	07/15/2025

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M 556	Continued From page 15 provider's facility on 12/01/2024 with diagnoses including PICA. Resident 2's record did not include an individual service plan (ISP). On 07/15/2025 at approximately 1:35 p.m., Surveyor toured the provider's home and observed the refrigerator was locked. Surveyor asked Caregiver B if the refrigerator was always kept locked. Caregiver B replied, "Yes, because of [Resident 2]." On 07/15/2025 at 1:45 p.m., Surveyor reviewed the department's records for the home. Records did not include a waiver indicating the home had a waiver approved to keep food locked. On 07/15/2025 at 2:00 p.m., Surveyor reviewed concern with Manager A that food was stored locked, restricting residents' right to food access. Manager A was unable to provide individual service plans that included food locks and was unable to provide an approved waiver regarding food locks. On 07/15/2025 at approximately 3:30 p.m., Surveyor received Resident 2's ISP, dated 04/04/2025, which did not address food locks.	M 556		
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		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019447	A. BUILDING: _____ B. WING _____	07/15/2025

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M 570	Continued From page 16 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 residents were safeguarded from environmental hazards. The home's water temperature exceeded 120 degrees F. Findings include: The provider's home is licensed to serve up to 4 individuals with diagnoses including advanced age, alcohol/drug dependent, emotionally disturbed/mental illness and developmentally disabled. On 07/15/2025 at approximately 1:35 p.m., Surveyor tested the water temperature of the provider's bathroom located on the upper floor. Surveyor's thermometer read a temperature peaking at 152.4 degrees F. Exposure to hot water is a potential environmental danger for clients. Elderly clients and clients 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 P-01942, Hot Water Temperatures in Adult Family Homes, 08/2017).	M 570		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019447	A. BUILDING: _____ B. WING _____	07/15/2025

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M 570	Continued From page 17 On 07/15/2025 at approximately 2:00 p.m., Surveyor reviewed concern with Manager A that the provider's water temperature reached 152.4 degrees F. Manager A asked what temperature range the water should be within.	M 570		