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 _____	R 04/15/2026

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 From 04/08/2026 to 04/15/2026, Surveyor conducted a verification visit at Williamsburg Home 2, an AFH in Fitchburg. Two deficiencies were identified. One deficiency was a repeat deficiency - See Statement of Deficiency (SOD) RUNE11, dated 07/15/2025 and SOD RUNE12, 11/05/2025. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 3	{M 000}		
M 276	88.05(3)(a) Homelike Environment An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the home was homelike and comfortable. The provider's water did not reach a comfortable temperature and walls needed repairs. Findings include: On 04/08/2026, Surveyor conducted a verification visit and observed the following concerns:	M 276		

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

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M 276	Continued From page 1 Water Temperature: On 04/08/2026 at 11:50 a.m., Surveyor tested the water temperature in the lower-level bathroom. Surveyor was unable to obtain a reading greater than 66.3 degrees F. Surveyor tested the water temperature in the upstairs bathroom and was unable to get a reading greater than 66.7 degrees F before the sink filled with water and Surveyor had to turn the water off to keep the sink from overflowing. At the time of taking water temperatures, Surveyor noted laundry was being completed. On 04/08/2026 at 1:26 p.m., Surveyor noted the provider's washing machine was no longer running. Surveyor asked House Manager D if the laundry may have affected the home's water temperature. House Manager D checked the water temperature in the upstairs bathroom and was unable to get warm water. House Manager D asked Licensee A to adjust the water temperature. Holes: On 04/08/2026 at 11:50 a.m., Surveyor observed 2 holes outside Resident 2's bedroom. One hole was greater than 5 inches in width and the other hole was greater than 3 inches in width. House Manager D stated the holes had recently been placed while Resident 2 was having behaviors and the provider was waiting for the landlord to complete repairs.	M 276		
{M 338}	88.05(4)(c)1 EXITING FROM THE FIRST FLOOR Exiting from the first floor. The	{M 338}		

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{M 338}	Continued From page 2 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 3 locks to be disengaged in order to exit the home. This is a repeat deficiency. See Statement of Deficiency (SOD) RUNE11, dated 07/15/2025 and SOD RUNE12, dated 11/05/2025. Findings include: The provider is licensed to serve up to 4 individuals with diagnoses including emotionally disabled/mental illness, alcohol/drug dependent, developmentally disabled and correctional clients. On 04/08/2026 at 11:00 a.m., Surveyor knocked on the provider's door. Prior to the door opening for Surveyor to enter, Surveyor could hear multiple locks disengage. Upon entrance, Surveyor observed the home had 3 separate locks to exit the home via the front door. The front door had a chain lock at the top of the door, a deadbolt lock and a lock on the doorknob. Surveyor toured the remainder of the home and observed the front door was 1 of 2 emergency exits from the home. On 04/08/2026 at 12:00 p.m., Surveyor reviewed resident records, which documented the following: - Resident 2 admitted to the provider's home on	{M 338}		

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{M 338}	Continued From page 3 12/01/2024 with diagnoses including autism and pica disorder. Resident 2 had a legal guardian. - Resident 1 was admitted to the provider's home on 06/19/2025 with diagnosis of diabetes. - Resident 3 was admitted to the provider's home on 12/16/2025 with diagnoses including conduct disorder, antisocial personality disorder, borderline intellectual disability, history of elopement, suicidal ideation and self-injurious behaviors. Resident 3 had a legal guardian. On 04/08/2026 at approximately 1:20 p.m., Surveyor reviewed concern with Licensee A that the provider's front door was obstructed with 3 locks. Licensee A stated s/he thought s/he was in compliance because s/he had removed the previous lock which required a key code to exit the home. Surveyor asked why the provider installed 3 locks to exit the home. Licensee A stated s/he wasn't sure. Licensee A explained that s/he had been away from the home for greater than 1 month and wasn't sure who installed the 3 locks.	{M 338}		