STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018366	A. BUILDING: _____ B. WING _____	11/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SWAN ACRES FAMILY HOME	W5012 HIGHLAND DRIVE SHAWANO, WI 54166

(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 10/29/2024, Surveyor conducted a standard survey at Swan Acres Family Home. Additional information was gathered through 11/04/2024. As a result of the survey, 1 deficient practice was identified. Census: 4	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 licensee did not provide the necessary oversight to ensure the home and its operations remained in compliance with DHS Chapter 88. The licensee was not knowledgeable about and did not maintain required documentation for the residents, staff and maintenance of the home. The licensee was unaware of applicable Chapter 88 codes. Findings include: On 10/29/20204, Surveyor toured the facility with Licensee A at approximately 12:00 PM. Surveyor observed a bell on the bottom of Resident 1's door, various disengaged locks on kitchen cabinets, a note on the pantry door to not enter without permission, various notes posted in the hallway and on doors containing resident confidential information, door knobs that were not 1 hand 1 motion and/ or did not have ability to be individually locked, and a list of house rules	M 216		

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

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M 216	Continued From page 1 where 16/22 rules listed were not in agreement with Chapter 88. As the various observations were made, Licensee A stated s/he had either not been aware they were not compliant with Chapter 88 or had identified them as not in current use/ enforcement with the residents. As each was identified and discussed Licensee A took immediate steps to discontinue and/ or correct the discrepancies. Additionally, Surveyor was sent pictures of corrections made to the door hardware and updated documentation beginning on 10/30/2024. On 10/29/2024, Surveyor interviewed Licensee A at approximately 11:00 AM. Licensee A was asked to provide records for Surveyor to verify compliance with Chapter 88. Licensee A stated s/he was aware of most of the requirements for staff, residents, and facility but had not completed the associated documentation. The following records had not been created and therefor were not available for review on 10/29/2024: Resident Records -Resident 1, admission dated 02/15/2021: Communicable disease screening prior to admission TB screening prior to admission Evacuation Evaluations for 2022 or 2023 Service agreement (incomplete without dates or administrator signature) -Resident 2, admission date 12/23/2023: Communicable disease screening prior to admission TB screening prior to admission Initial Evacuation Evaluation for 2023 Service agreement Admission assessment	M 216		

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M 216	Continued From page 2 Staff Records -Caregiver B, date of hire 03/01/2021: Communicable disease screening prior to hire TB screening prior to hire Continuing education training for 2022 and 2023 -Caregiver C, date of hire 07/09/2023: Communicable disease screening prior to hire TB screening prior to hire Initial training for 2023 Facility Records Monthly smoke detector checks Monthly water temperature checks Fire drills Furnace inspection report- Licensee A took notes during the survey and began to send Surveyor follow-up documentation on 10/30/2024 for residents, staff, and the facility as well as outlines for future use to ensure correct documentation: "Thank you again for your time yesterday. I am trying very hard to meet the expectations that are necessary to run the adult family home. Ultimately it is my fault and responsibility to be aware and knowledgeable on these things but unfortunately what I thought was not accurate. Here are a few of the things that I can send you right away. Had an immediate staff meeting today addressing all concerns and signing things that were necessary. Had a fire drill , updated all charts. There are a few things I am still obtaining. Updated staff binders and signatures on resident rights training, as well as continuing education, did additional training on fire safety today, choking, diabetes education, and strong education on residents rights as well as HIPAA I	M 216		

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M 216	Continued From page 3 can send you the data in an additional email. All ISPs were updated and guardians are arriving to sign and update all contracts. I was able to find a few original assessments that I had on the residents when they moved in, again I can send those to you. It is on an older form that I no longer use but I did find it. New forms were created for water temp logs, and smoke detector logs and those are now up to date. Everyone had their communicable screens done and signed. I also typed up a sheet on how I will implement these things for future now that I know what my expectations are. I am working on a policy for visitors, as well as trying to recreate house rules, it will take me a little bit as I am having a hard time finding templates to refer to. I am working on documenting something in regards to new residents moving in and how the other residents have input, we do this already but I don't have correct documentation. Found an old record of heater inspection but is still expired by one year, called and someone will be coming out. I will forward and email they sent me confirming ..."	M 216		