| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| **VISION HOME** | **2020 ELINOR LANE HOLMEN, WI 54636** |

| (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 |
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| {M 000} | INITIAL COMMENTS<br><br>On 06/17/2025, Surveyor conducted a standard survey and verification visit at Vision Home. Data collection continued through 06/26/2025.<br><br>Nine deficiencies were identified.<br><br>Two of the 9 were repeat deficiencies. See Statement of Deficiency (SOD) UVGG11, dated 08/06/2024.<br><br>Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed.<br><br>Census: 4 | {M 000} | | |
| M 232 | 88.04(2)(g)1 HEALTH SCREENING FOR STAFF<br><br>The licensee shall obtain documentation from a physician, a registered nurse or a physician's assistant indicating that the licensee and any service provider has been screened for illness detrimental to residents, including for tuberculosis. The documentation is to be completed within 90 days before the start of providing service. The documentation shall be kept confidential except that the licensing agency shall have access to the documentation for verification.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure Caregiver D was screened for communicable disease, including tuberculosis (TB), within 90 days before the start of providing service. | M 232 | | |

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

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| M 232 | Continued From page 1<br><br>Findings include:<br><br>On 06/17/2025 at approximately 12:35 PM, Surveyor interviewed Licensee B and Operations Manager (OM) C. OM C attended via conference call. When asked about staff records, OM C stated s/he could send them via email.<br><br>At 2:01 PM, Surveyor emailed OM C and requested staff records for Caregiver D, including a communicable disease health screening and TB test results.<br><br>On 06/18/2025 at 11:17 AM, Surveyor received an email from OM C. Caregiver D's hire date was 03/01/2025. OM C stated within the email, "[Caregiver D]-needs [his/her] TB/physical; [s/he] is off the schedule until this is completed; [s/he] is getting it done today. [S/he] chose to go to [his/her] own doctor for these and did not meet the requirements." | M 232 | | |
| M 276 | 88.05(3)(a) Homelike Environment<br><br>An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure the home was well maintained. | M 276 | | |

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| M 276 | Continued From page 2<br><br>Findings include:<br><br>The provider is licensed to care for up to 4 residents in the client groups of emotionally disturbed/mental illness and developmentally disabled.<br><br>On 06/17/2025 at approximately 12:15 PM, Surveyor conducted an onsite tour and observed the following on the main floor:<br><br>-The bathtub/shower enclosure had multiple deep cracks along the tub walls, some of which were covered with white tape. There were areas on the seams of the tape that had turned yellow. There were areas in which the tape had worn away and the damaged tub material was exposed, leaving the potential for sharp edges. Additionally, there were holes in the drywall above the shower area. When asked how long the tub had been in that condition, House Manager (HM) A stated it was in good condition about 6 months ago and had deteriorated since then. HM A stated they were working on a plan to remodel but was not aware a remodel had been scheduled. HM A stated they were considering other materials to use in the shower that may be more durable. HM A stated it was Resident 1's bathroom and Resident 1 had behaviors.<br><br>On 06/26/2025 at 2:00 PM, Surveyor interviewed Licensee B and Operations Manager (OM) C via phone. Surveyor shared concerns with the condition of the bathroom. Licensee B stated they were looking into a stainless steel option for the bathtub and the things they had tried in the past were not enough to solve the problem. Licensee B stated they were doing research on the best options to replace the current bathtub. | M 276 | | |

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| M 286 | 88.05(3)(e)2 HEATING SYSTEM INSPECTIONS<br><br>The heating system shall be inspected as follows, with written documentation of the inspections maintained in the home:<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure the gas furnace had been inspected and serviced every 3 years by a heating contractor or local utility company.<br><br>Findings include:<br><br>The provider is licensed to serve up to 4 residents in the client groups emotionally disturbed/mental illness and developmentally disabled.<br><br>On 06/17/2025, at approximately 12:45 PM, Surveyor reviewed the provider's environmental records. There was no documentation a furnace inspection had been completed.<br><br>At approximately 12:50 PM, Surveyor interviewed Licensee B. When asked about the last furnace inspection, Licensee B stated the furnace was only 4 years old. Licensee B stated s/he was not sure if a heating contractor or utility company had inspected the furnace since the home was licensed. Licensee B stated the provider's maintenance worker checked on the furnace often and replaced the filters yearly.<br><br>On 06/18/2025 at 4:57 PM, Surveyor received an email from Licensee B, with an attachment. The document was titled, "Home Heating & Cooling Visual Inspection Checklist," and was dated | M 286 | | |

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| M 286 | Continued From page 4<br><br>01/30/2024. It did not have a signature of who completed the checklist and did not appear to be completed by a heating contractor or utility company. Licensee B stated within the email, "We do have a furnace inspection set up by the individuals at [Contractor] that put the furnace in and they will be coming out."<br><br>On 06/26/2025, at 2:00 PM, Surveyor interviewed Licensee B and Operations Manager (OM) C via phone. OM C stated the furnace inspection was completed last week and s/he would obtain a copy from the maintenance person. | M 286 | | |
| M 332 | 88.05(4)(a) FIRE SAFETY-FIRE EXTINGUISHERS<br><br>Fire extinguishers. Every adult family home shall be equipped with one or more fire extinguishers on each floor. Each required fire extinguisher shall have a minimum 2A, 10-B-C rating. All required fire extinguishers shall be mounted. A fire extinguisher is required at the head of each stairway and in or near the kitchen except that a single fire extinguisher located in close proximity to the kitchen and the head of a stairway may be used to meet the requirement for an extinguisher at each location. Each required fire extinguisher shall be maintained in readily usable condition and shall be inspected annually by the authorized dealer or the local fire department and have an attached tag showing the date of the last dealer or fire department inspection. | M 332 | | |

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| M 332 | Continued From page 5 | M 332 | | |

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure the home was equipped with fire extinguishers that had a minimum 2A, 10-B-C rating. Two of 2 fire extinguishers were not mounted and did not have an inspection tag showing the date of last inspection by an authorized dealer or the local fire department.

Findings include:

On 06/17/2025 at approximately 12:00 PM, Surveyor conducted an onsite tour. Surveyor observed a fire extinguisher sitting under the kitchen sink. It was not mounted and did not have an inspection tag showing the date of last inspection. The extinguisher was white in color, which was atypical compared to the standard red extinguishers rated for 2A, 10-B-C.

At approximately 1:15 PM, Surveyor observed a second fire extinguisher sitting on the floor in the office located on the main floor of the home. The fire extinguisher was still in box and did not have an inspection tag. When asked about the fire extinguisher, House Manager (HM) A stated the extinguisher in the box was the same as the extinguisher observed in the kitchen. HM A stated s/he bought the extinguishers in October. HM A stated the fire department was in the home in November and looked at everything but did not leave inspection tags. The box of the second fire extinguisher indicated it was a 1A, 10-B-C rating.

At approximately 1:45 PM, Surveyor interviewed Licensee B. Licensee B indicated the fire extinguisher was placed under the sink because residents would rip it off the walls. Licensee B

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| M 332 | Continued From page 6<br>stated they worked with the fire department and would check to ensure they met the requirements.<br><br>On 06/26/2025, at 2:00 PM, Surveyor interviewed Licensee B and Operations Manager (OM) C via phone. OM C stated the "big" fire extinguishers were at the house but s/he was not sure where they were located. OM C stated s/he would ensure the fire extinguishers would get mounted and inspected. | M 332 | | |
| M 380 | 88.06(2)(a) ADMISSION-HEALTH EXAM<br><br>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.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure 2 of 2 resident's (Resident 1 and Resident 2) reviewed, received a health examination by a physician and were screened for communicable disease, including tuberculosis (TB), within 90 days prior to the admission to the home or within 7 days after admission. | M 380 | | |

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| M 380 | Continued From page 7<br><br>Findings include:<br><br>On 06/17/2025, at approximately 12:45 PM, Surveyor reviewed Resident 1 and Resident 2's records, including their communicable disease screens.<br><br>-Resident 1 was admitted on 02/05/2025. Resident 1's record did not include evidence of a communicable disease screening, including a TB skin test.<br><br>-Resident 2 was admitted to the facility on 05/23/2025. Resident 2's record did not include evidence of a communicable disease screening, including a TB skin test.<br><br>At approximately 1:30 PM, Surveyor interviewed Licensee B. When asked about the communicable disease screening and TB testing, Licensee B stated s/he did not see the TB test in the resident records. Licensee B stated that was a question for Operations Manager (OM) C. Licensee B stated they were working on updating their shared drive to make documentation more efficient.<br><br>At 2:01 PM, Surveyor emailed OM C and requested the health screen and TB test results for Resident 1 and Resident 2.<br><br>On 06/18/2025, Surveyor received an email from OM C indicating physicals were requested for Resident 1 and Resident 2 "during the process of enrollment and were never received. TB results were received. Physicals have been requested for both participants again." The email did not include evidence of a communicable disease screening, including a TB skin test. | M 380 | | |

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| {M 384} | 88.06(2)(b) SERVICE AGREEMENT EXCEPT RESPITE<br><br>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.<br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure Resident 1 had a signed service agreement prior to admission.<br><br>This is a repeat deficiency. See Statement of Deficiency (SOD) UVGG11, dated 08/06/2024.<br><br>Findings include:<br><br>On 06/17/2025 at approximately 12:30 PM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 02/05/2025 and had a guardian. Surveyor did not locate a signed service agreement.<br><br>At approximately 12:35 PM, Surveyor interviewed Licensee B and Operations Manager (OM) C. OM C attended via conference call. When asked about the service agreements, OM C stated they should be in the resident binders.<br><br>At 2:01 PM, Surveyor emailed Licensee B and | {M 384} | | |

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| {M 384} | Continued From page 9<br>OM C and requested documentation of a signed service agreement for Resident 1.<br><br>On 06/18/2025, at 11:17 AM, Surveyor received an email from OM C. The email read, in part, " ...both have been sent home (physically [sic] copies) for parents to sign upon enrollment ... [Resident 1] is not capable of signing, but the information was read to [him/her] ..."<br><br>The provider did not ensure Resident 1 had a signed service agreement prior to admission. | {M 384} | | |
| {M 404} | 88.06(3)(a) INDIVIDUAL SERVICE PLAN & ASSESSMENT<br><br>The licensee shall ensure that a written assessment and individual service plan is completed and developed for each resident within 30 days after placement.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not develop a comprehensive individual service plan (ISP) for Resident 1 within 30 days after the date of admission.<br><br>Resident 1's ISP was not signed by Resident 1, Resident 1's guardian, or Resident 1's managed care organization (MCO.)<br><br>Resident 1 required staff assistance with tube feeding. Resident 1's ISP did not contain a description of how staff would meet the assessed need for tube feeding. | {M 404} | | |

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| {M 404} | Continued From page 10<br><br>This is a repeat deficiency. See Statement of Deficiency (SOD) UVGG11, dated 08/06/2024.<br><br>Findings Include:<br><br>The provider is licensed to care for 4 residents in the client groups of developmentally disabled and emotionally disturbed/mental illness.<br><br>On 06/17/2025 at approximately 12:50 PM, Surveyor reviewed Resident 1's record that included the following:<br><br>Resident 1 was admitted on 02/05/2025 and had a guardian. Resident 1 had multiple diagnoses, including GERD (gastroesophageal reflux disease), gastrostomy tube dependent, underweight and Bainbridge-Ropers syndrome.<br><br>A document titled, "Individual Portfolio," included a section titled, "Health Concerns." Under the "Health Concerns" section it read, "Feeding tube." Under a "Medications" section it read, "All given via feeding tube." Under a "Special Diet" section, it read, in part, "[Resident 1] is tubefed [sic] 5 times per day. 1.5 cartons of formula each time. It can be done with a gravity feed. Flushed with water. We generally add water to each feed so that it goes down easier through the tube. We vent [his/her] tube before feeding in case there is any buildup." It indicated Resident 1 was "Dairy Free." It read, in part, "We think this is an issue. [S/he] gets pretty gassy with some formulas. The one that we have [him/her] on now does not have dairy and [s/he] seems less gassy."<br><br>A member care plan developed by Resident 1's MCO. Surveyor did not locate an ISP developed by the provider. | {M 404} | | |

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| {M 404} | Continued From page 11<br><br>At approximately 1:15 PM, Surveyor interviewed Licensee B. When asked about resident ISPs, Licensee B stated Operations Manager (OM) C would be the one to type it up and put it in the resident binders. Licensee B stated they brought ISPs to team meetings and would not write one without the input from the team. Licensee B stated the "Individual Portfolio" was considered the pre-admission assessment.<br><br>At 2:01 PM, Surveyor emailed OM C and requested Resident 1's signed ISP.<br><br>On 06/18/2025 at 11:17 AM, Surveyor received an email from OM C. The email read, in part, "ISP's and Service Agreements-both have been sent home (physically [sic] copies) for parents to sign upon enrollment ..." The email did not contain evidence of an ISP.<br><br>At 2:35 PM, Surveyor emailed OM C and requested any documentation to reflect an ISP was developed, signed or unsigned.<br><br>At 4:41 PM, Surveyor received an email from OM C, including the following:<br><br>-An attachment titled, "ISP (last two pages)." It had a signature under the "AFH (adult family home) provider Signature" section, dated 02/10/2025. The rest of the signature spaces were blank.<br><br>-At attachment titled, "ISP." Under a section titled, "Routine (include specific times or needs)," it read, in part, "AM: 730 am tube feeding & meds ...PM: 3 Tube feedings ..." Under a "Medication Management" section, it read, in part, "crushed and mixed with tube feeding." Under a "Nutritional | {M 404} | | |

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| {M 404} | Continued From page 12<br><br>Need" section, it read, in part, "Tube feeding Jevity [sic] 1.5 cal." The ISP did not include information related to Resident 1's physical reactions to dairy as noted in the Individual Portfolio. The ISP captured the need for 4 tube feedings while the Individual Portfolio captured the need for 5.<br><br>On 06/26/2025, at 2:00 PM, Surveyor interviewed Licensee B and OM C via phone. When asked if the ISP provided was considered Resident 1's 30 day ISP, OM C stated it was. Surveyor shared concerns related to the information contained within the ISP. Licensee B and OM C acknowledged the concerns.<br><br>The ISP lacked specific instructions necessary to ensure safe and appropriate care delivery. The plan did not include a specific feeding schedule, the rate of administration (gravity vs. pump, duration), flushing protocol, signs and symptoms to monitor (aspiration, intolerance, tube displacement), or emergency response guidance. The absence of clear guidance posed a risk to resident health and safety. | {M 404} | | |
| M 466 | 88.07(3)(e)1 MEDICATION- RECORD KEEPING<br><br>The licensee shall keep a record of all prescription medications controlled, dispensed or administered by the licensee which show the name of the resident, the name of the particular medication, the date and time the resident took the medication and errors and omissions. The medication controlled by the licensee shall be kept in a locked place. | M 466 | | |

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| M 466 | Continued From page 13 | M 466 | | |

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not keep an accurate record of all prescription medication controlled, dispensed, or administered, for 2 of 2 residents (Resident 1 and Resident 2.)

Resident 1 did not have an active order for Diphenhydramine at his/her current pharmacy. Diphenhydramine appeared on Resident 1's medication administration record (MAR) and was signed as administered on 06/04/2025.

Resident 1 's Senna prescription was written as needed but was documented as scheduled in his/her MAR.

Resident 2's acetaminophen prescription was written as needed every 8 hours but documented as every 6 hours in his/her MAR.

Resident 2 had orders for melatonin and poly glycol as needed. They did not appear on the MAR.

Findings include:

On 06/17/2025, at approximately 1:00 PM, Surveyor reviewed records for Resident 1 and Resident 2.

Resident 1

A document titled, "Individual Portfolio," included a section titled, "Medications (list current.)" The medications listed included the following to be given via feeding tube: Senna (8.6 MG) x2 per day; Quetiapine Fumerate (25 MG) x1 at night;

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| M 466 | Continued From page 14<br>Clonidine HCL (.6mg) x1 at night. No other medications were listed.<br><br>A document titled, "PRN (as needed) Med (Medication) Sheet Pink," included a MAR for June 2025 that had the following:<br>-Acetaminophen 160/5 mL give 15 mL per Gtube as needed every 8 hours. The medication was signed as administered on 06/03/2025 and 06/07/2025. The order was duplicated on the MAR 3 times.<br>-Diphenhydramine 12.5 MG/5 mL. Take 15 MG by Gtube every 8 hours as needed. The medication was signed as administered on 06/04/2025. The order was duplicated on the MAR 2 times.<br><br>A document titled, "Medication Yellow Sheet. AMs (Mornings). Updated April 13, 2025," included the following:<br>-Senna Laxative 8.8 MG solution Place 5 mL in Gtube at bedtime. The June MAR showed it was scheduled at 8:00 AM on 06/01/2025-06/17/2025. It was signed as administered daily at 8:00 AM.<br><br>A document titled, "Medication Blue Sheet. Updated January 13, 2025" included the following:<br>-Senna Laxative 8.8 MG solution Place 5 mL in Gtube at bedtime. The June MAR showed it was scheduled at 8:00 PM on 06/01/2025-06/07/2025. The MAR showed it was scheduled at 4:00 PM on 06/08/2025-06/14/2025. It was signed as administered daily during the scheduled times.<br>-Quetiapine Fumerate 25 MG tab Place 1 tab in Gtube at bedtime. The MAR showed it was scheduled at 4:00 PM on 06/08/2025-06/14/2025. It was signed as administered daily at 4:00 PM.<br><br>The MARs appeared atypical and did not appear to be provided by a pharmacy. | M 466 | | |

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| M 466 | Continued From page 15<br><br>On 06/19/2025, Surveyor emailed Operations Manager (OM) C and Licensee B to request MARs for May 2025 and current pharmacy orders for Resident 1 and Resident 2. Surveyor asked who provided the MARs and how often they were audited.<br><br>At 1:18 PM, Surveyor received an email from OM C. OM C stated, "We make our own document from the med (medication) lists initially and then cross check with the pharmacy MAR monthly when we receive medications." When asked how often they were audited, OM C stated, "Yes, the MARs are checked by myself and the House Support Specialists. They get checked at least four times a week." Portions of the MARs were blacked out and unable to be read.<br><br>On 06/24/2025, at 8:00 AM, Surveyor received an email from OM C, including records for Resident 1 that included the following:<br>-A medication list from Resident 1's healthcare provider indicated to be current as of 06/23/2025. The following medications were included:<br>-Acetaminophen 500 MG tablet. Place 1-2 Tablets (500-1,000 MG) in gastrostomy tube 3 times daily as needed for Pain or Fever MDD 3000 MG daily.<br>-Diphenhydramine 12.5 MG/5 mL solution. Place 10 mL (25 mg) in gastrostomy tube every 6 hours as needed.<br>-Senna 8.8 MG/5 mL syrup. Place 5 mL (8.8 MG) in gastrostomy tube 2 times daily as needed.<br>-Quetiapine 25 MG tablet. Place 1 tablet (25 MG) in gastrostomy tube at bedtime and one additional dose daily as needed for agitation.<br><br>Resident 1's May 2025 MAR included the following:<br>-Senna Laxative 8.8 MG solution Place 5 mL in | M 466 | | |

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| M 466 | Continued From page 16<br><br>Gtube at bedtime. The MAR showed it was scheduled at 8:00 AM and 8:00 PM. It was signed as administered twice daily between 05/01/2025-05/30/2025. On 05/15/2025, there was a handwritten note on the MAR that read, "Out of Senna. Both liquid and pill. NA)" There was a separate handwritten note signed by OM C indicating it was received from the pharmacy and was approved to be given after 9:00 AM. On 05/31/2025, the date at the top of the column appeared to be scribbled out with a pen. The medication was not signed as administered. There were 31 days in the month of May 2025. The current medication list indicated Senna was ordered as needed and was not scheduled as the provider's MAR indicated.<br>-Diphenhydramine 15 mL via Gtube every 4 hours as needed. Between 05/01/2025 and 05/07/2025, it had 8:00 PM printed next to it and presented like it would be a scheduled medication. Between 05/08/2025 and 05/31/2025, it had 4:00 PM printed next to it. The current medication list conflicted with the dose and frequency on the provider's MAR.<br><br>At 9:10 AM, Surveyor interviewed Pharmacist E via phone. Pharmacist E reviewed Resident 1's current orders. Pharmacist E stated the pharmacy did not have a current order for Resident 1's Diphenhydramine. Pharmacist E stated that might have been an order from a different pharmacy and could not confirm Resident 1's previous pharmacy. Pharmacist E stated Resident 1's Senna medication was ordered as needed since April 2025. Pharmacist E stated it was not a scheduled medication.<br><br>Resident 1's May 2025 and June 2025 MARs were not consistent with the written prescription orders. | M 466 | | |

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| M 466 | Continued From page 17<br><br>Resident 2<br><br>A document titled, "Individual Portfolio," included a section titled, "Medications (list current)." The medications listed included the following: Divalproex sodium 500 MG; Emgality 120 MG/ml; Fluoxetine 40 MG; Hydroxizine 50 MG. No other medications were listed.<br><br>A medication summary provided by Resident 2's medical provider, listed as current as of 05/02/2025, included the following:<br>-Acetaminophen 325 MG tablet. Take 2 tablets by mouth every 8 hours as needed for pain.<br>-Melatonin 3 MG tablet. Take 1 tablet by mouth bedtime as needed for sleep.<br>-Polyethylene glycol 3350 17 gram package. Take 1 packet by mouth daily as needed for constipation.<br><br>Surveyor could not locate a list of PRNs within Resident 2's MAR when onsite at the facility.<br><br>On 06/24/2025, at 8:00 AM, Surveyor received an email from OM C, including records for Resident 2 that included the following:<br>A document titled, "[Resident 2] PRN MAY," with the following medications:<br>-Acetaminophen 325 MG Tab. Take 2 tablets by mouth every 6 hours for pain as needed. It was duplicated on the MAR 3 times.<br>-Melatonin and Polyethylene Glycol did not appear on the MAR.<br><br>A document titled, "[Resident 2] June PRN," that included the following medications:<br>-Acetaminophen 325 MG Tab. Take 2 tablets by mouth every 6 hours for pain as needed. It was duplicated on the MAR 3 times. | M 466 | | |

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| M 466 | Continued From page 18<br>-Melatonin and Polyethylene Glycol did not appear on the MAR.<br><br>At 9:10 AM, Surveyor interviewed Pharmacist E via phone. Pharmacist E reviewed Resident 2's current orders. Pharmacist E stated Resident 2's acetaminophen order was written on 04/02/2025 and was ordered to be given every 8 hours as needed. When asked if Resident 2 had an order for melatonin, Pharmacist E stated Resident 2 had a prescription for melatonin 3 MG to be given as needed for sleep. Pharmacist E stated that order was written on 05/30/2025. When asked if Resident 2 had an order for Polyethylene Glycol, Pharmacist E stated Resident 2 had an active prescription for that but it had not been filled by their pharmacy. Pharmacist E stated that order was transferred when they took over in March 2024, but it had not been dispensed. Pharmacist E stated the order was written for 17 grams in 4-8 oz of water once daily as needed for constipation.<br><br>Resident 2's May 2025 and June 2025 MARs were not consistent with the written prescription orders.<br><br>On 06/26/2025, at 2:00 PM, Surveyor interviewed Licensee B and OM C via phone. Surveyor shared concerns related to the multiple inconsistencies between the provider's MARs and the written orders. When asked if the current MAR format was working for them, OM C stated it had been working. OM C stated part of the reason they created their own MARs was to incorporate color coding. OM C stated it made a big difference and gave staff a chance to double check their medication passes. OM C stated they were open to new ideas. | M 466 | | |

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| Z 022 | Continued From page 19 | Z 022 | | |
| Z 022 | 50.065(3)(b) COMPLETE BACKGROUND CHECK PROCESS<br><br>Every 4 years or at any other time within that period that an entity considers appropriate, the entity shall request the information specified in sub. (2) (b) 1. to 5. for all caregivers of the entity.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, the provider did not ensure a complete background check was completed for Caregiver F.<br><br>Caregiver F was hired on 05/24/2020 and was due to have a background check completed by 05/2024. A complete background check consists of the following:<br>- A completed Background Information Disclosure (BID) form.<br>- A report of findings from the Department of Justice (DOJ).<br>- Governmental Findings Report (GFR) letter from the Department of Health Services (DHS).<br><br>Findings include:<br><br>On 06/17/2025, at approximately 12:35 PM, Surveyor interviewed Licensee B and Operations Manager (OM) C. OM C attended via conference call. When asked about staff records, OM C | Z 022 | | |

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| Z 022 | Continued From page 20<br>stated s/he could send them via email.<br><br>At 2:01 PM, Surveyor emailed OM C and requested staff records for Caregiver F, including a complete background check.<br><br>On 06/18/2025, at 11:24 AM, Surveyor received an email from OM C containing records that included the following:<br><br>Caregiver F's record contained a BID form dated 09/18/2023. Caregiver F's record contained a DOJ report and GFR, dated 06/18/2025, the day after Surveyor made the request.<br><br>On 06/26/2025, at 2:00 PM, Surveyor interviewed Licensee B and OM C via phone. When asked if the provider completed a background check for Caregiver F in 2024, OM C stated the background check dated 06/18/2025 was the most recent one they could find. | Z 022 | | |