STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013191	A. BUILDING: _____ B. WING _____	C 04/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELPING HANDS OF DUNN COUNTY	1103 EVANS LANE MENOMONIE, WI 54751

(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 04/03/2025, Surveyor conducted a standard licensing survey at Helping Hands of Dunn County. Three violations were identified. Census: 1	M 000		
M 464	88.07(3)(d) MEDICATION- WRITTEN ORDER Before the licensee or service provider dispenses or administers a prescription medication to a resident, the licensee shall obtain a written order from the physician who prescribed the medication specifying who by name or position is permitted to administer the medication, under what circumstances and in what dosage the medication is to be administered. The licensee shall keep the written order in the resident's file. This Rule is not met as evidenced by: Based on record review and interview, the provider did not obtain written orders for prescribed medications administered to Resident 1. Findings include: On 04/03/2025 at approximately 11:45 AM, Surveyor and Licensee A reviewed Resident 1's record. Resident 1 was admitted on 08/03/2011. According to his/her medication administration	M 464		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013191	A. BUILDING: _____ B. WING _____	C 04/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELPING HANDS OF DUNN COUNTY	1103 EVANS LANE MENOMONIE, WI 54751

(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 464	Continued From page 1 record (MAR) and medication supply, the provider administered the following medications to Resident 1: Certavite-Antioxidant, Cetirizine HCL, docusate sodium, latanoprost eye drops, NovoLog FlexPen insulin, Prempro, and Tresiba FlexTouch insulin. Resident 1's record included 1 written order for a nasal spray. Licensee A stated s/he did not have written orders for Resident 1's medications. On 04/03/2025 at 4:06 PM, Surveyor received an email from Licensee A indicating s/he received written orders for all of Resident 1's medications.	M 464		
M 512	88.09(1)(e) RESIDENT'S RECORD RETENTION The licensee shall retain a resident's record for at least 7 years after the resident's discharge. The record shall be kept in a secure, dry place. This Rule is not met as evidenced by: Based on record review and interview, the provider did not maintain Resident 1's record. Findings include: On 04/03/2025 at 11:00 AM, Licensee A provided a verbal summary of Resident 1's condition and needs. Licensee A stated Resident 1 had intellectual disabilities, was deaf, and was a brittle diabetic. Licensee A stated Resident 1 required cues, redirection, and supervision. At approximately 11:45 AM, Surveyor and Licensee A reviewed Resident 1's record. Resident 1 was admitted on 08/03/2011.	M 512		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013191	A. BUILDING: _____ B. WING _____	C 04/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELPING HANDS OF DUNN COUNTY	1103 EVANS LANE MENOMONIE, WI 54751

(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 512	Continued From page 2 Resident 1's record contained a draft individual service plan (ISP). Licensee A stated Resident 1 had a care conference on 04/07/2025, and s/he was preparing Resident 1's ISP for the meeting. Surveyor asked to see Resident 1's previous ISP. Licensee A stated s/he discarded them. Licensee A stated s/he found a new ISP form that s/he liked better which was what s/he was working on for Resident 1's upcoming meeting. Licensee A searched through Resident 1's record and stated s/he could not find Resident 1's previous ISP. Licensee A stated s/he would rather receive the citation instead of tracking down old documentation. Resident 1's record contained a log of medical appointments through October 2019. Surveyor asked Licensee A if s/he had a more current log. Licensee A replied, "I don't have to do it anymore." Licensee A explained that Resident 1's managed care organization called every month and requested a summary of Resident 1's medical appointments. Licensee A stated the MCO started doing this sometime in the last year, so s/he stopped maintaining the log. Licensee A stated Resident 1 saw his/her endocrinologist every 6 months, had an annual physical and eye appointment, and went to the dentist every 6 to 9 months. On 04/03/2025 at 4:06 PM, Surveyor received an email from Licensee A indicating s/he updated Resident 1's medical appointment log for all appointments s/he had since 2023.	M 512		
M 570	88.10(3)(l) Safe Physical Environment Individuals, except for correctional residents,	M 570		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013191	A. BUILDING: _____ B. WING _____	C 04/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELPING HANDS OF DUNN COUNTY	1103 EVANS LANE MENOMONIE, WI 54751

(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 570	Continued From page 3 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 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 a safe environment for residents when the water temperature in the resident bathroom was dangerously hot. Findings include: 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). The provider is licensed to care for 3 residents in the client groups developmentally disabled, emotionally disturbed/mental illness, advanced aged, and traumatic brain injury.	M 570		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013191	A. BUILDING: _____ B. WING _____	C 04/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELPING HANDS OF DUNN COUNTY	1103 EVANS LANE MENOMONIE, WI 54751

(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 570	Continued From page 4 On 04/03/2025 at 11:48 AM, Surveyor measured the water temperature at the resident bathroom faucet to be 146 degrees Fahrenheit. At 11:50 AM, Surveyor interviewed Licensee A about the water temperature. Licensee A stated, "I know it's a little hot."	M 570		