

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0020343	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 03/06/2025
NAME OF PROVIDER OR SUPPLIER SMILING FACES HOME HEALTH LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 7 CONNECTICUT CT MADISON, 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 02/24/2025, with information gathered through 03/06/2025, Surveyors conducted a complaint investigation. One deficiency was identified. The complaint was substantiated. Census: 3	M 000		
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 and interview, the provider did not ensure 3 of 3 residents were able to easily enter or exit the home. A staff member moved a love seat in front of the front door and sat on the love seat to deter Resident 2 from leaving the facility.	M 260		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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M 260	Continued From page 1 Findings include: On 02/24/2025, Surveyors conducted a complaint investigation in regard to resident rights. At 9:41 a.m., Surveyors interviewed Resident 1. Resident 1 stated s/he did not always have independent access to enter or leave the home and that it depends on the staff and the time of day. Resident 1 stated that Resident 2 wanders, unlike Resident 1 and Resident 3 who are more independent so sometimes staff will block the exits because of Resident 2. On 02/25/2025 at 1:04 p.m., CCS Worker B sent Surveyor a picture of the facility's front door that was blocked by a couch and stated Resident 1 asked CCS Worker B to share this evidence with Surveyor. [Photo 1] On 02/27/2025 at 2:55 p.m., Surveyor asked Licensee A why a staff would place a couch in front of the exit door. On 02/28/2025 at 5:50 p.m., Licensee A responded, "Our staff's reasoning for placing a couch in front of the door was based on an attempt to hinder another resident with the diagnosis of dementia from consistently leaving and setting off the alarm in the middle of the night. [Resident 1] had the freedom to leave at any time just by requesting staff to assist [them] to move the couch and therefore having accessibility to the door."	M 260		