STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019291	A. BUILDING: _____ B. WING _____	C 12/18/2024

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HELENS HOME III	1209 17TH AVE E 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 12/10/2024, Surveyor conducted a complaint investigation a Helen's Home III. Data was collected through 12/18/2024. The complaint was substantiated. Eight violations were identified. Census: 4	M 000		
M 114	88.03(3)(b) CRIMINAL RECORDS CHECK Criminal records check. Prior to an initial license the licensing agency shall ask the Wisconsin department of justice to conduct a criminal records check on the license applicant and on any other adult household member. The licensee shall arrange for a criminal records check of all service providers. At least every second year following issuance of an initial license the licensing agency shall request a criminal records check on the licensee and all other adult household members and the licensee shall arrange for a criminal records check on any service provider. In addition, during the period of the licensure, the licensee shall arrange for a criminal records check on any new service provider. If any of these persons has a conviction record or a pending criminal charge which substantially relates to the care of a dependent population, the funds or property of adults or minors or activities of the adult family home, the licensing agency may deny, revoke,	M 114		

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

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M 114	Continued From page 1 refuse to renew or suspend a license, initiate other enforcement action provided in this chapter or in ch. 50, Stats., or place conditions on the license. This Rule is not met as evidenced by: Based on record review and interview, the provider did not complete a caregiver background check (CBC) for 2 of 2 caregivers sampled (Caregiver C and Caregiver D). Findings include: The provider is licensed to care for 4 residents in the following client groups: physically disabled, developmentally disabled, traumatic brain injury, terminally ill, emotionally disturbed/mental illness, irreversible dementia/Alzheimer's disease, and advanced aged. According to The Wisconsin Caregiver Program Manual (P-00038), Wis. Stat. ch. 50, and Wis. Admin. Code ch. 12, a complete CBC consists of: 1) A completed DHS form F-82064, Background Information Disclosure (BID). 2) A response from the Department of Justice (DOJ). 3) A Governmental Findings Report from DHS that reports the person's status, including administrative finding or licensing restrictions (DHS). On 12/10/2024, Surveyor requested 2 caregiver	M 114		

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M 114	Continued From page 2 records from Administrator A. At approximately 11:50 AM, Administrator A stated s/he kept staff records at another location but s/he would send them to Surveyor via email by the end of the day. On 12/11/2024 at 3:30 PM, Surveyor received an email from Administrator A that read, in part: "I couldn't find [Caregiver C's] background check last night, so I just reran it." Surveyor reviewed the documents provided by Administrator A on 12/11/2024. Caregiver C was employed from 10/05/2024 through 10/25/2024. Caregiver C's record included an outdated BID form (form date 07/2018). The top of the form indicated the form was 3 pages long but Caregiver C's record only included page 1 and page 3. Caregiver C disclosed on the BID that s/he did have a criminal conviction record. Caregiver C's record did not include a DOJ report. Caregiver C's DHS report was dated 12/10/2024. Caregiver D was hired on 11/01/2024. Caregiver D's BID (signed 10/31/2024) was outdated and missing page 2. Caregiver D's file included a DOJ report (dated 12/1/2024), but was missing pages 4, 5, and 6. Surveyor requested additional CBC information from Administrator A, 3 times between 12/12/2024 and 12/17/2024. As of 12/18/2024, Surveyor did not receive additional information to review.	M 114		
M 204	88.03(8)(a) MONITORING OF HOME The licensee shall comply with all	M 204		

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M 204	Continued From page 3 department and licensing agency request for information about residents, services or operation of the home. This Rule is not met as evidenced by: Based on record review and interview, the provider did not comply with Department requests for information during the survey process. Findings include: On 12/10/2024, the Department initiated a complaint investigation. At 11:52 AM, Surveyor requested staff records from Administrator A. Administrator A stated the records were located offsite, but s/he would send them via email to Surveyor by the end of the day. On 12/11/2024 at 12:47 PM, Surveyor sent an email to Administrator A, requesting the staff records within 2 hours. Surveyor received an email from Administrator A at 3:30 PM with partial records. On 12/16/2024 at 12:09 AM, Surveyor received a second email with documents for review. On 12/16/2024 at 7:34 AM, Surveyor sent Administrator A an email that read, "I'd like to exit with you today. Is there a time that works to connect via phone? I do have questions for you, so I anticipate the call to be roughly 45 minutes. As a heads up, I will likely be requesting information that I will need before the end of the day. Please be prepared to get me documentation after our call. Additionally, I have not received most of the	M 204		

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M 204	Continued From page 4 information I originally requested, so if you have any of this, please send it ASAP (as soon as possible). If I do not get this information before our call, I will have to assume it does not exist: - [Caregiver C's] and [Caregiver D's] complete background checks. I need the BID (all pages) and the Department of Justice criminal reports (all pages) for both employees. - [Caregiver C's] new employee health screen and TB test. I received 1 page of the communicable health screen questionnaire; I need the complete record. - I have not received any training documentation for either employee. On 12/17/2024 at 9:00 AM, Surveyor called Administrator A. Surveyor left a message indicating the need to schedule an exit conference. Surveyor referred Administrator A to the email from 12/16/2024 for more details. As of 12/18/2024, Surveyor had not received a return call or email from Administrator A. Surveyor sent Administrator A an email indicating the survey was closed. On 12/18/2024 at 8:51 AM, Surveyor received an email from Administrator A indicating s/he had been working extra shifts and was unable to respond to Surveyor's call or emails. Cross references: 88.03(3)(b) Criminal Records Check 88.04(2)(g)1 Health Screening For Staff	M 204		
M 232	88.04(2)(g)1 HEALTH SCREENING FOR STAFF The licensee shall obtain documentation from a physician, a	M 232		

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M 232	Continued From page 5 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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 employees sampled (Caregiver C and Caregiver D) were screened for communicable disease, including tuberculosis (TB), in accordance with industry standards. Findings include: The provider is licensed to care for 4 residents in the following client groups: physically disabled, developmentally disabled, traumatic brain injury, terminally ill, emotionally disturbed/mental illness, irreversible dementia/Alzheimer's disease, and advanced aged. On 10/22/2024, the Department received a complaint related to communicable disease screening. On 12/10/2024, Surveyor requested 2 caregiver records from Administrator A. At approximately 11:50 AM, Administrator A stated s/he kept staff records at another location, but s/he would send them to Surveyor via email by the end of the day.	M 232		

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M 232	Continued From page 6 On 12/11/2024 at 3:30 PM, Surveyor received an email from Administrator A that read, in part: "I don't have [Caregiver D's] TB test attached, [s/he] has to get it to me yet, and we couldn't meet up today." Surveyor reviewed Caregiver C's documents, provided by Administrator A on 12/11/2024. Caregiver C was employed from 10/05/2024 through 10/25/2024. Caregiver C's record included the Communicable Disease/TB Screening Questionnaire (F-01679). The 26-question form was cut off at question 24. The portion of the form that included dates and signatures from the employee and the screening medical professional was cut off. Caregiver C's record did not include evidence of a TB baseline test or evidence s/he was screened by a medical professional. On 12/16/2024 at 12:09 AM, Surveyor received an email from Administrator A with Caregiver D's documents. Caregiver D (hired on 11/01/2024) completed a communicable disease screen and 1-step tuberculin skin test (TST) with Dunn County Public Health on 12/12/2024. The Department of Health Services publication Tuberculosis Screening and Testing: Health Care Personnel (HCP) and Caregivers (including assisted living staff) states: "Perform baseline testing for all HCP and caregivers without documented evidence of prior LTBI [latent tuberculosis] or TB disease... IGRA [blood test] or TST may be performed; IGRA is preferred... If TST is used as the baseline testing, 2-step testing is recommended for HCP and caregivers who have not had TST testing previously or have only had one negative TST	M 232		

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M 232	Continued From page 7 test greater than 12 months ago. If 2 or more TST tests have been previously performed, all results are negative, and documentation of results is available, a one-step TST may be performed before hire." (Retrieved 12/18/2024 from https://dhs.wisconsin.gov/publications/p02382.pdf)	M 232		
M 406	88.06(3)(b) PERSONS INVOLVED WITH ISP & ASSESSMENT The individual service plan and written assessment shall be developed by the placing agency, if any, the service coordinator, if any, the licensee, the resident and the resident's guardian, if any and designated representative, if any, with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure residents, legal representatives, and placing agencies, were involved in the development of individual service plans (ISP), for 3 of 3 residents reviewed (Resident 1, Resident 2, and Resident 3). Findings include: The provider is licensed to care for 4 residents in the following client groups: physically disabled, developmentally disabled, traumatic brain injury, terminally ill, emotionally disturbed/mental illness, irreversible dementia/Alzheimer's disease, and	M 406		

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M 406	Continued From page 8 advanced aged. On 12/10/2024, Surveyor reviewed the resident roster provided by Administrator A. The roster indicated all residents (4) had managed care organizations (MCO) and legal guardians. Resident 1 was admitted to the facility on 05/01/2024, Resident 2 was admitted on 06/01/2024, and Resident 3 was admitted on 04/29/2024. At approximately 11:30 AM, Surveyor requested the most current, signed, ISPs for Resident 1, Resident 2, and Resident 3, from Administrator A. At 11:44 AM, Administrator A provided Surveyor with documents titled [Resident 1's] Daily Schedule, [Resident 2's] Daily Schedule, and [Resident 3's] Daily Schedule. The documents did not include a creation/revision date or signatures. Surveyor asked Administrator A when the documents were created. Administrator A stated s/he was unsure when they were created or reviewed last. Administrator A stated each resident's MCO conducted a care conference every 6 months. Surveyor asked if Administrator A reviewed the documents with each resident's team during the care conferences, and Administrator A stated s/he did not. Administrator A stated the team reviewed each resident's member centered care plan (MCCP) during the care conferences. Administrator A stated staff used the Daily Schedules and not the MCCP to direct resident care. Administrator A stated s/he did not review the documents with the team, provide them copies, or obtain signatures. Administrator A stated s/he was unaware of this requirement.	M 406		

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M 466	Continued From page 9	M 466		
M 466	88.07(3)(e)1 MEDICATION- RECORD KEEPING 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. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not keep a record of all prescription medication controlled, dispensed, or administered to Resident 2 or Resident 3. Findings include: RESIDENT 2 On 12/10/2024 at approximately 9:10 AM, Caregiver B provided a verbal summary of Resident 2's condition and needs. Caregiver B stated Resident 2 was diagnosed with autism and was nonverbal, but able to communicate through use of pictures and noises. Resident 2 frequently displayed challenging behaviors that included hitting and shoving; these behaviors were typically triggered when staff attempted to direct Resident 2 away from food. Caregiver B stated Resident 2 was borderline diabetic and also fixated on food and drinks. Caregiver B stated Resident 2 required constant supervision, cues, and redirection. S/he expressed that Resident 2's psychiatrist had been adjusting PRN (as-needed) medications to try and address behaviors and	M 466		

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M 466	Continued From page 10 agitation. At 10:10 AM, Surveyor requested Resident 2's record. Caregiver B opened Resident 2's record and began filling in the Resident 2's medication administration record (MAR). Caregiver B stated s/he administered Resident 2's medication at 7:00 AM on this date but s/he had not completed the MAR. The provider did not document Resident 2's medication administration at the time of administration. Surveyor reviewed Resident 2's record. Resident 2 was admitted to the facility on 06/01/2024. Resident 2's October MAR indicated Resident 2 was prescribed lorazepam 0.5 mg, take 1 tablet 3 times a day PRN for anxiety, and quetiapine 25 mg, take ½ tablet (12.5 mg) 3 times a day as needed for agitation. The MAR indicated staff administered lorazepam 9 times and quetiapine 21 times in October. Staff documented the administration time, reason, and effectiveness only 2 times for lorazepam and 2 times for quetiapine. The administration times, reason, and effectiveness were not documented 7 times lorazepam was given, and 19 times quetiapine was given, to Resident 2 in October. Caregiver C wrote a progress note on 10/23/2024 that read, "[Resident 2] woke up at 2:45am. PRN was administered per management, wouldn't go to bathroom ...just kept getting louder, administered 2nd PRN 3:04 am." Caregiver C wrote that Resident 2 was "smacking" him/herself around 3:56 AM, and "these PRNs seem to make it worse." RESIDENT 3	M 466		

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M 466	Continued From page 11 On 12/10/2024 at 10:10 AM, Caregiver B and Administrator A explained that Resident 3's MAR directed staff to administer Resident 3's morning medication at 8:00 AM and his/her afternoon medication at 2:00 PM. Caregiver B stated staff administered his/her morning medication at 5:00 AM and his/her afternoon medication at noon. Administrator A stated this was how Resident 3's guardian wanted it done and if they changed the administration times, it could trigger a seizure. Administrator A stated Resident 3's administration times on the MARs had been incorrect since s/he was admitted on 09/19/2024 (September, October, November, and December MARs). Surveyor asked why they did not correct the MAR to show the actual administration times. Administrator A stated s/he contacted the pharmacy, and they stated the next MAR (January 2025) would have the correct administration times listed. Resident 3's MAR was not accurate to the times staff administered these medications: - Azithromycin 250 mg, scheduled for 8:00 AM on Monday, Wednesday, and Fridays - Baclofen 20 mg, scheduled for 8:00 AM and 2:00 PM daily - Clobazam 20 mg, scheduled for 8:00 AM daily - Felbamate 600 mg, scheduled for 8:00 AM and 2:00 PM daily - Iprat-Albut 0.5-3 mg, scheduled for 8:00 AM daily - Loratadine 10 mg, scheduled for 8:00 AM daily - Sodium Chloride 7%, scheduled for 8:00 AM daily Surveyor reviewed Resident 3' December MAR and found multiple blanks. The provider did not document if medication was refused, omitted, or administered on these dates and times:	M 466		

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M 466	Continued From page 12 - Azithromycin 250 mg, blank on Wednesday 12/09/2024 at 8:00 AM - Baclofen 20 mg, take 3 times a day; blanks on 12/01/2024 and 12/09/2024 - Chlorhexidine 0.12% oral rinse, administer 2 times a day; blanks on 12/01, 12/02, 12/03, 12/05, 12/09, and 12/10/2024 - Clobazam 20 mg, take 2 times a day; blanks on 12/01/2024 and 12/09/2024 - Felbamate 600 mg, take 3 times a day; blanks on 12/01/2024 and 12/09/2024 - Iprat-Albut 0.5-3 mg, take 2 times a day; blanks on 12/01/2024 and 12/09/2024 - Lansoprazole DR 30 mg, take daily; blanks on 12/01/2024 and 12/02/2024 - Levetiracetam 1,000 mg, take 2 times a day; blanks on 12/01/2024 - Loratadine 10 mg, take daily; blank on 12/01/2024 - Sodium Chloride 7%, take daily; blank on 12/01/2024 - Tobramycin 300 mg/5 mL, take daily; blank on 12/01/2024	M 466		
M 580	88.10(3)(p) Prompt and Adequate Treatment Prompt and adequate treatment. To receive prompt and adequate treatment and services appropriate to the resident's needs. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 1 received prompt and adequate treatment on 10/23/2024, when Resident 1 fell and was left on the floor in an uncomfortable position for over 1.5 hours. Findings include:	M 580		

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M 580	Continued From page 13 The provider is licensed to care for 4 residents in the following client groups: physically disabled, developmentally disabled, traumatic brain injury, terminally ill, emotionally disturbed/mental illness, irreversible dementia/Alzheimer's disease, and advanced aged. On 10/22/2024, the Department received a complaint related to staff training. On 10/29/2024, the Department received additional information indicating a fall occurred on the NOC (overnight) shift because the caregiver was not trained on how to use a resident's leg braces. On 12/10/2024, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 05/01/2024, with diagnoses that included Rett Syndrome. Resident 1's undated individual service plan read: "7:00 AM... Put [his/her] AFO's (ankle-foot orthosis) and white shoes on before trying to stand [him/her] up... NOC... Check on [Resident 1] every 2 hours. Bring [him/her] to the bathroom at least once during the night between 12-2 A.M... Make sure [s/he] is calm throughout the night and covered with the blanket." A shift note written by Caregiver C on 10/23/2024 read, "[Resident 1] was taken to the restroom at 2:30 AM, went to bring [him/her] at 4:45 am and went to spin [him/her] and I didn't have a good grip under [his/her] arms and we slid down to the ground... called [Administrator A] tried a couple x's (times) no luck... [S/he] laid [sic] there until [Caregiver B] and I got [him/her] up (at) 6." On 12/10/2024 at 11:20 AM, Surveyor interviewed	M 580		

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	0019291	A. BUILDING: _____ B. WING _____	C 12/18/2024

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M 580	Continued From page 14	M 580		

Caregiver B. Caregiver B stated that when s/he arrived at 6:00 AM on 10/23/2024, s/he found Resident 2 screaming and wandering the facility naked, and Caregiver C was in Resident 3's room attempting to give Resident 3 his/her medication. Caregiver B stated Caregiver C was overwhelmed and started yelling at Caregiver B. Caregiver B stated s/he asked Caregiver C to tend to Resident 2 while Caregiver B finished Resident 3's medications. Caregiver B stated s/he did not start resident rounds until about 6:30 AM, due to the commotion. Caregiver B said Resident 1's door was shut and the light was off. When s/he opened the door, s/he found Resident 1 on the floor, propped up uncomfortably against the corner of his/her dresser. Caregiver B stated Resident 1 did not have any pillows around him/her, and it appeared as if Resident 1 had been in a sitting position next to his/her dresser but slid down and tipped toward the dresser. Resident 1's shoulders and head were slumped forward and the corner of the dresser was pressed into the side of his/her face. The rest of his/her body was stretched out in front of him/her. Caregiver B stated that one foot had an AFO without a shoe over it, and the other foot had a shoe without an AFO. Caregiver B explained that the AFOs were a smooth, hard, plastic, so they did not offer any traction or grip. Caregiver B stated s/he asked Caregiver C what happened, and Caregiver C stated Resident 1 fell and s/he could not get him/her up. Caregiver C told Caregiver B that s/he called Administrator A at 2:00 AM and Administrator A told Caregiver C to leave Resident 1 on the floor.

Caregiver B stated s/he put Resident 1's shoes on and had Caregiver C help lift Resident 1 off the floor. Caregiver B stated Caregiver C threw Resident 1 onto the bed with so much force that

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M 580	Continued From page 15 Caregiver B also fell onto the bed. Caregiver B stated s/he called Administrator A immediately to report the situation, and Administrator A stated s/he was aware because Caregiver C called him/her at 5:30 AM.	M 580		
M 610	88.11(1) REPORTING OF ABUSE AND NEGLECT A licensee or service provider who knows or has reasonable cause to suspect that a resident has been abused or neglected as defined in s. 46.90 or 940.285, Stats., shall immediately contact the licensing agency. Providing notice under this subsection does not relieve the licensee or other person of the obligation to report an incident to law enforcement authorities. If the licensee has reason to believe a crime has been committed, the incident shall immediately be reported to law enforcement authorities. This Rule is not met as evidenced by: Based on interview and record review, the provider did not immediately contact the licensing agency or police when Resident 2's medication (lorazepam) went missing. Findings include: On 11/25/2024, Surveyor reviewed the provider's correspondence with the Department. The	M 610		

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M 610	Continued From page 16 Department had not received any reports of misappropriation from the provider since licensure . On 12/10/2024 at approximately 9:50 AM, Surveyor interviewed Administrator A. Administrator A discussed recent staff departures. Administrator A stated Caregiver C was let go because s/he was stealing medication. Administrator A said that within a couple days' time, Resident 2's lorazepam supply decreased by 15+ pills. Surveyor asked if Administrator A reported this to the police or the Department and s/he said s/he did not. Surveyor asked if s/he investigated the situation and Administrator A stated s/he did not. Administrator A said, "I just know it was [Caregiver C]."	M 610		
Y3009	50.03 LICENSING, POWERS AND DUTIES (1) PENALTY FOR UNLICENSED OPERATION. No person may conduct, maintain, operate or permit to be maintained or operated a community?based residential facility or nursing home unless it is licensed by the department. Any person who violates this subsection may, upon a first conviction, be fined not more than $500 for each day of unlicensed operation or imprisoned not more than 6 months or both. Any person convicted of a subsequent offense under this subsection may be fined not more than $5,000 for each day of unlicensed operation or imprisoned not more than one year in the county jail or both. (1m) DISTINCT PART OR SEPARATE	Y3009		

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Y3009	Continued From page 17 LICENSURE FOR INSTITUTIONS FOR MENTAL DISEASES. Upon application to the department, the department may approve licensure of the operation of a nursing home or a distinct part of a nursing home as an institution for mental diseases, as defined under 42 CFR 435.1009. Conditions and procedures for application for, approval of and operation under this subsection shall be established in rules promulgated by the department. This Rule is not met as evidenced by: Based on observation and interview, the provider exceeded capacity when Administrator A brought a resident from another adult family home to the provider during survey. Findings include: The provider is licensed to care for 4 residents in the following client groups: physically disabled, developmentally disabled, traumatic brain injury, terminally ill, emotionally disturbed/mental illness, irreversible dementia/Alzheimer's disease, and advanced aged. On 12/10/2024 at 9:05 AM, Surveyor entered the facility. Caregiver B contacted Administrator A to notify him/her of the survey. Caregiver B introduced Surveyor to the 4 residents in the home and provided a brief summary of their needs. At 9:43 AM, Administrator A entered with a 5th	Y3009		

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Y3009	Continued From page 18 resident, Resident 4. Administrator A stated s/he and Resident 4 were at a dentist appointment when Caregiver B called, and s/he brought him/her to the facility so s/he could participate in the survey. Resident 4 remained at the facility from 9:43 AM to noon.	Y3009		