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 _____	R-C 06/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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 06/08/2026, Surveyor completed a verification visit and licensure survey at Helens Home III. Data collected through 06/10/2026. Ten deficiencies were identified. Two of 10 were repeat deficiencies. See Statement of Deficiency ZXYZ11, dated 12/18/2024. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed 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 ensure the home and its operation complied with all laws. Findings include: On 03/21/2025, the Department issued a notice and order letter to Licensee A with Statement of Deficiency (SOD) ZXYZ11. On 06/08/2026, Surveyor completed a verification visit and licensure survey. During the survey, the Department found that 2 of the 8 deficiencies identified in SOD ZXYZ11 remained uncorrected. In addition, 7 new deficiencies were identified.	M 216		

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

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M 216	Continued From page 1 The following concerns were identified during the survey: - The provider did not ensure staff completed initial training. - The provider did not maintain a homelike environment - The provider did not conduct semi-annual fire drills - The provider did not ensure all pets in the home had proof of vaccination. - The provider did not ensure residents were provided with resident rights and the grievance procedure upon admission. - The provider did not ensure legal representatives were involved in the development of individual service plans. -The provider did not ensure prescription medications were stored securely. - The provider did not keep record of all prescription medications controlled, dispensed, or administered. -The provider did ensure all residents remained free from seclusion and restraints. The provider had been licensed since 03/04/2024, just over 2 years. During that time, 16 deficiencies were identified. On 06/08/2026 at approximately 11:45 AM, Surveyor interviewed Licensee A. Licensee A stated s/he had been working with his/her managed care organizations (MCOs) to address the identified concerns and had reached out to other providers for assistance. Licensee A stated that some deficiencies identified during the survey had been corrected but s/he was unable to locate the supporting documentation. On 06/10/2026 at 7:08 AM, Surveyor emailed	M 216		

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M 216	Continued From page 2 Licensee A with a final opportunity to provide surveyor with the missing documentation by 2 PM. Licensee A did not respond. Cross references: M0244 DHS 88.04(5)(a) Training-15 Hours Within 6 Months M0276 DHS 88.05(3)(a) Home Environment M0348 DHS 88.05(4)(d)2.c Semi-Annual Fire Drills M0356 DHS 88.05(6)(a) Household Pets M0402 DHS 88.06(2)(c)8 Resident Rights and Grievances M0406 DHS 88.06(3)(b) Persons Involved with Isp Assessment M0458 DHS 88.07(3)(a) Prescription medications M0466 DHS 88.07(3)(e)1 Medication-Record Keeping M0574 DHS 88.10(3)(n)1 Freedom From Seclusion and Restraints	M 216		
M 244	88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS The licensee and each service provider shall complete 15 hours of training approved by the licensing agency related to health, safety and welfare of residents, resident rights and treatment appropriate to residents served prior to or within 6 months after starting to provide care. This training shall include training in fire safety and first aid. This Rule is not met as evidenced by: Based on record review and interview, the	M 244		

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M 244	Continued From page 3	M 244		

provider did not ensure all employees completed 15 hours of training prior to or within 6 months of hire related to the health, safety and welfare of residents, resident rights, treatment appropriate to the residents served, fire safety and first aid.

Findings include:

This provider is licensed to care for 4 residents in the client groups of: developmentally disabled, physically disabled, advanced age, traumatic brain injury, irreversible dementia/Alzheimer's disease, and emotionally disturbed/mental illness.

On 06/08/2026 at approximately 10:40 AM, Surveyor requested to review employee training records for Caregiver C.

Caregiver C was hired on 12/15/2024. Caregiver C's training record only showed continuing education classes assigned for 2026.

At approximately 10:55 AM, Surveyor interviewed Licensee A about Caregiver C's training records. Licensee A was unable to find Caregiver C's initial training. Licensee A stated s/he would contact the online training program to obtain Caregiver C's training record for 2025.

At approximately 7:10 PM, Licensee A emailed Surveyor Caregiver C's training records.

On 06/09/2026, at 8:00 AM, Surveyor reviewed Caregiver C's training record. Caregiver C completed the required 15 hours of training between 09/03/2025 and 09/07/2025, approximately 9 months after his/her hire date.

On 06/10/2026, at 7:08 AM, Surveyor requested any additional training documentation completed

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M 244	Continued From page 4 in the first 6 months of hire for Caregiver C to be sent by 2:00 PM. As of 06/10/2026 at 4:00 PM, Surveyor did not receive any additional documentation.	M 244		
M 276	88.05(3)(a) Homelike Environment An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the provider maintained a homelike environment. Findings include: On 06/08/2026 at approximately 9:30 AM, Surveyor toured the exterior of the home and observed the following concerns: -A pile of dead plants located adjacent to the front walkway. -The ramp leading to the rear patio was overgrown with weeds. -The area surrounding the back deck was overgrown with weeds. -The rear patio deck contained 2 holes in the decking material, creating a potential trip hazard. -The rear patio surface was covered with a green,	M 276		

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M 276	Continued From page 5 grime-like substance, creating a slippery walking surface, which posed a slip hazard. -The exterior siding along the rear of the home and the window adjacent to the patio were soiled with dirt. -Two detached window screens were observed leaning against the rear exterior wall of the home. -The front deck was also overgrown with vegetation, including plant growth emerging through the deck boards. At approximately 11:40 AM, the Surveyor toured the exterior of the home with Licensee A. Licensee A stated that this was the year that they were going to work on fixing up the outside of the home. S/he stated they hired help who currently mowed the lawn, and s/he could take care of the weeds. Licensee A stated they would replace the deck boards that contained holes. Licensee A informed Surveyor that they had a permit and planned to tear off the front deck. S/he stated that it was currently blocked off and no one was allowed to use it.	M 276		
M 348	88.05(4)(d)2.c SEMI-ANNUAL FIRE DRILLS The licensee shall conduct semi-annual fire drills with all household members with written documentation of the date and the evacuation time for each drill maintained by the home. This Rule is not met as evidenced by: Based on record review and interview, the provider did not conduct semi-annual fire drills in 2025. Findings include:	M 348		

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M 348	Continued From page 6 On 06/08/2026, Surveyor reviewed fire drills for 2025. The fire drill form was labeled "Annual Fire Evacuation Drill." The drill was dated 11/27/2025. At approximately 10:10 AM, Surveyor interviewed Licensee A about additional fire drills completed in 2025. Licensee A stated that s/he completed 1 fire drill, because s/he thought the requirement was an annual fire drill. Licensee A stated s/he would change the form to semi-annual and would be sure at least 2 fire drills a year were completed.	M 348		
M 356	88.05(6)(a) HOUSEHOLD PETS Pets may be allowed on the premises of an adult family home. Cats, dogs and other pets vulnerable to rabies which are owned by any resident or household member shall be vaccinated as required under local ordinance. A pet suspected of being ill or infected shall be treated immediately for its condition or removed from the home. This Rule is not met as evidenced by: Based on record review and interview the provider did not ensure that the provider's cat had required vaccinations. Findings include: On 06/08/2026 at approximately 9:20 AM, Surveyor entered the facility and was greeted by a cat. At 9:30 AM, Surveyor interviewed Caregiver B. Caregiver B stated that it was the facility cat, Pumpkin.	M 356		

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M 356	Continued From page 7 At approximately 10:00 AM, Surveyor interviewed Licensee A about vaccination records for the cat. Licensee A stated the cat was vaccinated but s/he was unable to find the vaccination records. Licensee A stated s/he would look for the records at his/her office and send them to Surveyor by the end of the day. On 06/10/2026, Surveyor had not received any documentation regarding the cat's vaccination records. On 06/10/2026 at 7:08 AM, Surveyor requested vaccination records to be sent to Surveyor by 06/10/2026 at 2:00 PM. As of 06/10/2026 at 4:00 PM, Surveyor did not receive any additional documentation.	M 356		
M 402	88.06(2)(c)8 RESIDENT RIGHTS AND GRIEVANCE A statement indicating that the resident rights and grievance procedures have been explained and copies provided to the resident and the resident's guardian or designated representative, if any. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that resident rights and grievance procedures were explained, and copies were provided to the resident and the residents guardian upon admission. Findings include:	M 402		

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M 402	Continued From page 8 On 06/08/2026 at approximately 10:15 AM, Surveyor reviewed Resident 1's and Resident 4's records. Resident 1 was admitted to the facility on 12/17/2025. Resident 1 did not have a statement indicating that resident rights and grievance procedures were explained and provided. Resident 4 was admitted on 08/14/2025. Resident 4 did not have a statement indicating that resident rights and grievance procedures were explained and provided. At approximately 10:25 AM, Surveyor interviewed Licensee A about resident rights and grievance procedures. Licensee A was unable to locate these documents for both Resident 1 and Resident 4. Licensee A stated s/he did not have them and was unsure where they would be. Licensee A stated s/he knew s/he completed them because it was part of the admission paperwork. Surveyor requested them to be e-mailed by end of day if Licensee A was able to find them. On 06/10/2026, Surveyor did not receive any further documentation. On 06/10/2026 at 7:08 AM, Surveyor requested any documentation regarding resident rights and grievances be sent by 06/10/2026 at 2:00 PM. As of 06/10/2026 at 4:00 PM, Surveyor did not receive any additional documentation.	M 402		
{M 406}	88.06(3)(b) PERSONS INVOLVED WITH ISP & ASSESSMENT	{M 406}		

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{M 406}	Continued From page 9 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 legal representatives were involved in the development of individual service plans (ISP), for 2 of 3 residents reviewed (Resident 1 and Resident 4). This is a repeat deficiency. See Statement of Deficiency (SOD) ZXYZ11, dated 12/18/2024. 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 06/08/2026, Surveyor reviewed the resident face sheets provided by Licensee A. The face sheets indicated that Resident 1 and Resident 4 had legal guardians. Resident 1 was admitted to the facility on 12/17/2025 and Resident 4 was admitted on 08/14/2025.	{M 406}		

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{M 406}	Continued From page 10 At approximately 10:35 AM, Surveyor requested the most current, signed, ISPs for Resident 1 and Resident 4 from Licensee A. At approximately 10:40 AM, Licensee A provided Surveyor with the ISPs for Resident 1 and Resident 4. The ISP for Resident 1 was dated 03/11/2026. The ISP was signed by Resident 1's MCO (managed care organization) but was not signed by Resident 1's guardian. Licensee A stated s/he mailed it to his/her guardian but did not have any proof that s/he mailed it. S/he stated Resident 1's guardian came once a month, so s/he will have him/her sign it when they visit next. Surveyor reviewed Resident 4's last ISP dated 06/02/2026. Resident 4's ISP was also not signed by his/her guardian. Licensee A stated that his/her guardian usually attended the care team meetings but was not present for the last one, which was why it was not signed.	{M 406}		
M 458	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be securely stored, shall remain in its original container as received from the pharmacy and be stored as specified by the pharmacist. This Rule is not met as evidenced by:	M 458		

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M 458	Continued From page 11 Based on observation and interview, the provider did not ensure that all prescription medications were securely stored. Findings include: On 06/08/2026 at approximately 10:00 AM, Surveyor asked Caregiver B to provide an overview of the medication storage system. Caregiver B walked through an unlocked staff bathroom to get to the medication cabinet. Upon entering the unlocked bathroom, Surveyor noted a key hanging from the medication cabinet. Caregiver B opened the cabinet and reviewed the contents with Surveyor. After reviewing the medications, Caregiver B left the keys in the cabinet and walked Surveyor out of the bathroom. The bathroom door was left open and accessible. At approximately 11:20 AM, Surveyor interviewed Licensee A about medication storage. Licensee A stated facility policy was that the bathroom door remained locked and always closed. S/he stated that the bathroom door was secured with a keypad, which required staff to enter a code to access the door. Surveyor showed Licensee A that the door was open, and the keys were in the medication cabinet, accessible to anyone. S/he acknowledged that was not consistent with their policy.	M 458		
{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	{M 466}		

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{M 466}	Continued From page 12 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 1 and Resident 2. This is a repeat deficiency. See Statement of Deficiency (SOD) ZXYZ11, dated 12/18/2024. Findings include: On 06/08/2026 at approximately 10:15 AM, Surveyor reviewed Resident 1 and Resident 2's June MAR (medication administration record). Resident 1 Resident 1's June 2026 MAR had multiple blank spots. The provider did not document if the medication was refused, omitted, or administered on the following days: Acetaminophen 500mg capsule. Take 2 capsules (1000mg) my mouth 3x daily. -8:00 AM dose on 6/4 -2:00 PM dose on 6/3, 6/4, and 6/7 Trazadone 50mg tablet. Take 1 tablet by mouth once daily at bedtime. -8:00 PM dose on 6/3, 6/4, and 6/7 Buspirone HCL 10mg tablet. Take 1 tablet by mouth twice daily at 8am and 8pm.	{M 466}		

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{M 466}	Continued From page 13 -8:00 PM dose on 6/3, 6/4, and 6/7 Amlodipine 5mg take 1 tablet by mouth twice daily at 8am and 8pm -8:00 PM dose on 6/3, 6/4, and 6/7 Olanzapine 2.5mg tablet. Take 1 tablet of my mouth once daily at bedtime. -8:00 PM dose on 6/3, 6/4, and 6/7 Resident 2 Resident 2's June 2026 MAR had multiple blank spots. The provider did not document if the medication was refused, omitted, or administered on the following days: Introvale 0.15-0.03mg Tablet. Take one tablet by mouth at bedtime. -8:00 PM dose circled and blank on 6/5, 6/6, and 6/7 Quetiapine 200mg tablet. Take one tablet by mouth along with 50mg dose to equal 250mg at bedtime. -8:00 PM dose on 6/3 and 6/4 -Quetiapine Fumarate 50mg. Take 1 and ½ tablets (75mg) by mouth once daily at noon. -12:00 PM dose on 6/5 At approximately 10:25 AM, Surveyor interviewed Licensee A about the uncharted medications in the June MAR. Licensee A stated s/he was unsure why staff were not documenting and would have a conversation with staff about the importance of accurate documentation.	{M 466}		
M 574	88.10(3)(n)1 Freedom From Seclusion and Restraints	M 574		

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M 574	Continued From page 14 Except as provided in subd. 2, to be free from seclusion and from all physical and chemical restraints, including the use of an as-necessary (PRN) order for controlling acute, episodic behavior. This Rule is not met as evidenced by: Based on observation, interview, and record review the provider did not ensure that Resident 3 was free from restraints. Findings include: On 06/08/2026, at approximately 11 AM, Surveyor observed Caregiver B transfer Resident 3 with a Hoyer into his/her wheelchair. Once Caregiver B got Resident 3 in the wheelchair, s/he clicked ankle straps, a seatbelt, and a chest strap over Resident 3. Caregiver B also used a bandana to tie Resident 3's right arm to the lap belt. At approximately 11:20 AM, Surveyor asked Licensee A if s/he had obtained waivers for Resident 3's multiple restraints. Licensee A stated s/he was unaware that a waiver was needed. Licensee A stated that Resident 3 was his/her own person and requested that the restraints be used. Licensee A stated that s/he would submit a waiver to the department if it was needed. At approximately 11:30 AM, Surveyor interviewed Resident 3. Surveyor asked Resident 3 if s/he was able to unbuckle his/her seatbelts. Resident 3 stated s/he could not unbuckle any of the	M 574		

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 _____	R-C 06/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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M 574	Continued From page 15 straps. Resident 3 stated that the belts and straps were used to keep him/herself from sliding out of the wheelchair. At 3:30 PM, Surveyor reviewed Resident 3's ISP (Individualized Service Plan). Resident 3's ISP included the following steps under routine, "9. Strap [his/her] seatbelt and [his/her] chest straps. Then, lock the leg separator into place and strap [his/her] feet in. 10. Once safely strapped into [his/her] wheelchair...11.Tie [his/her] right hand down using a handkerchief to [his/her] lap belt." The provider did not ensure Resident 3 was free from restraints when s/he had a seatbelt, chest straps, leg separators, and a handkerchief when in his/her wheelchair.	M 574		