STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	510103	A. BUILDING: _____ B. WING _____	C 05/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FARNAM COMMUNITY LIVING CENTER	18425 DODGE ST WHITEHALL, WI 54773

(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
N 000	Initial Comments On 05/04/2026, Surveyor began a complaint investigation and a self-report investigation at Farnam Community Living Center. Data was collected through 05/05/2026. The complaint was substantiated. Four violations were identified. Census: 7	N 000		
N 358	83.32(3)(n) Rights of Residents: Safe environment In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Safe environment. Live in a safe environment. The CBRF shall safeguard residents from environmental hazards to which it is likely the residents will be exposed, including both conditions that are hazardous to anyone and conditions that are hazardous to the resident because of the residents ' conditions or disabilities. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure all residents had the right to a safe environment. Resident 1 was allowed access to razor blades after having committed self-harm with a sharp object 10 days prior, resulting in a second self-harming incident. Findings include: On 12/17/2025, the Department received a self-report from the provider which described 2 incidents involving Resident 1. The report indicated the following information:	N 358		

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

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N 358	Continued From page 1	N 358		

- On 11/30/2025, Resident 1 had used a broken mirror to cut him/herself on the left wrist. Resident 1 was then placed on 15-minute safety checks, and staff looked for "any potential items that could be used as something [s/he] could hurt [him/herself] with..."
- On 12/05/2025, Resident 1 had purchased shaving razors while on a shopping outing. House Manager (HM) B allowed Resident 1 to have the razors. Program Lead (PL) D did not think it was a good idea for Resident 1 to have the razors.
- On 12/10/2025, Resident 1 "dismantled a grooming razor and made multiple cuts to [his/her] left wrist. Second incident of SIB [self-injurious behavior] since 11/30/2025..." Resident 1 was transported to an emergency room for treatment and placed on 15-minute safety checks.

On 02/03/2026, the Department received a complaint regarding resident safety.

On 05/04/2026, Surveyor reviewed records for Resident 1, admitted 11/25/2025. The records included:

- Resident 1's face sheet, which listed diagnoses including post-traumatic stress disorder, depression, borderline personality disorder, and anxiety disorder. The face sheet indicated Resident 1's legal status was under a Wisconsin Statutes Chapter 51 commitment.

- Resident 1's progress notes, dating from 11/26/2025 to 12/11/2025.
  - A note dated 11/30/2025 read, in part, "[Resident 1]...showed this writer that [s/he] had cut [his/her] wrists with a piece off [sic] a mirror from [his/her] make-up. Writer asked [Resident 1] why [s/he] hurt [him/herself]. [Resident 1] shared

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with writer that [s/he] is triggered by things that make [him/her] feel this way...[The Community Director] had this writer follow up with questions as to whether or not [Resident 1] has plans to hurt [him/herself] again, or if [s/he] has anything in [his/her] room to hurt [him/herself] with. [S/he] said no to both of those questions..."

- A note dated 12/03/2025 read, in part, "Client walked up to staff this evening stating [s/he] is having suicidal thoughts and a voice in [his/her] head is telling [him/her] this."

- A note dated 12/05/2025 read, in part, "PHYSICIAN NOTE...there have been a couple of incidents already of superficial self-injury that have drawn blood but not been dangerous. Writer does talk to [Resident 1] about this directly today [sic] and [s/he] states the reason [s/he] self-injures is because of addition [sic]. [S/he] likes the sight of blood. [S/he] makes it very clear that [s/he] has no intent or plan to harm [him/herself] while cutting...[S/he] has experienced command hallucinations to harm [him/herself] historically...[S/he] has a history of overdosing on prescribed medications and breaking mirrors to cut [him/herself]..."

- A note written by Administrator A dated 12/10/2025 read, in part, "This writer received a call from staff at [facility name] that [Resident 1] had self-harmed, and the staff were requesting assistance...[Resident 1] had 6 cuts on [his/her] left wrist..."

- A note written by a registered nurse dated 12/10/2025 read, in part, "...Today [Resident 1] started cutting on [his/her] arms to the point of needing ER [emergency room] evaluation. [S/he] is demonstrating unsafe behaviors [sic] and we now have [him/her] on one to one [sic] observation. It appears [s/he] found and broke a razor blade and used this to self-mutilate and does not contract for safety [sic] thus the one to

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N 358	Continued From page 3 one..." On 05/04/2026, at approximately 11:25 AM, Surveyor interviewed PL D. PL D stated s/he had known about Resident 1's history of self-harm when s/he was admitted to the facility. PL D stated s/he had noticed when Resident 1 had purchased the shaving razors, but since Resident 1 showed no signs of self-harming, HM B allowed him/her to have the razor blades. At approximately 11:57 AM, Surveyor interviewed Administrator A. Administrator A stated Resident 1 had been admitted to the facility from an institution for mental disease (IMD) also licensed by the provider. Administrator A stated Resident 1 probably should not have had access to shaving razors after his/her first self-harming incident. At approximately 12:09 PM, Surveyor interviewed both Administrator A and HM B. HM B stated there had been a safety plan in place for Resident 1, which involved Resident 1 telling staff if s/he had any ideations of self-harm. HM B stated s/he felt that Resident 1 had been interacting well. HM B stated s/he had thought it was fine for Resident 1 to have the razor blades at the time. At approximately 12:30 PM, Surveyor interviewed Resident Care Technician (RCT) C. RCT C stated Resident 1 probably should not have been given the razor blades due to his/her history of cutting him/herself. The provider did not ensure residents had the right to a safe environment.	N 358		
N 384	83.35(1)(d) Retain written report of assessment.	N 384		

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N 384	Continued From page 4 Assessment documentation. The CBRF shall prepare a written report of the results of the assessment and shall retain the assessment in the resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a written report of Resident 1's assessment was retained in his/her record. Findings include: On 05/04/2026, Surveyor was on-site for a complaint investigation and a self-report investigation. Surveyor requested to review records for Resident 1, admitted on 11/25/2025 and discharged on 12/11/2025. Records provided to Surveyor by Administrator A and House Manager (HM) B included: - Resident 1's progress notes - Resident 1's face sheet Surveyor requested to review Resident 1's pre-admission assessment. Resident 1's pre-admission assessment was not provided to Surveyor at any point during the entire on-site visit. At approximately 2:00 PM, Surveyor interviewed Administrator A and HM B. Surveyor requested that Resident 1's initial assessment be provided to Surveyor by 9:00 AM on 05/05/2026. The record was not provided by the given timeframe. On 05/05/2026 at approximately 9:52 AM, Surveyor interviewed Administrator A over the phone. Administrator A stated s/he was unable to find Resident 1's initial assessment. Administrator A stated it was missing, and that was "never the	N 384		

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N 384	Continued From page 5 case." Administrator A stated s/he did not know why or how the record was missing. The provider did not ensure Resident 1's assessment was documented in his/her record.	N 384		
N 385	83.35(2) Temporary Service Plan. Temporary service plan. Upon admission, the CBRF shall prepare and implement a written temporary service plan to meet the immediate needs of the resident, including persons admitted for respite care, until the individual service plan under sub. (3) is developed and implemented. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a written temporary service plan was developed for Resident 1. Findings include: On 05/04/2026, Surveyor was on-site for a complaint investigation and a self-report investigation. Surveyor requested to review records for Resident 1, admitted on 11/25/2025 and discharged on 12/11/2025. Records provided to Surveyor by Administrator A and House Manager (HM) B included: - Resident 1's progress notes - Resident 1's face sheet Surveyor requested to review Resident 1's service plan. Resident 1's service plan was not provided to Surveyor at any point during the entire on-site visit. At approximately 11:08 AM, Surveyor interviewed HM B. HM B stated s/he had been in the process	N 385		

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N 385	Continued From page 6 of completing a service plan for Resident 1 but did not finish it. At approximately 12:09 PM, HM B informed Surveyor that s/he could not find Resident 1's temporary service plan. At approximately 2:00 PM, Surveyor interviewed Administrator A and HM B. Surveyor requested that Resident 1's temporary service plan be provided to Surveyor by 9:00 AM on 05/05/2026. The record was not provided by the given timeframe. On 05/05/2026 at approximately 9:52 AM, Surveyor interviewed Administrator A over the phone. Administrator A stated s/he was unable to find Resident 1's service plan. Administrator A stated it was missing, and that was "never the case." Administrator A stated s/he did not know why or how the record was missing. The provider did not ensure a temporary service plan was completed for Resident 1.	N 385		
N 493	83.45(1)(b) Building integrity. Building integrity. The CBRF shall be structurally sound without visible evidence of structural failure or deterioration and shall be maintained in good repair. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the community-based residential facility (CBRF) was maintained in good repair. There were gaps in 2 doors leading to the outside which gave access to pests and drafts.	N 493		

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N 493	Continued From page 7 Findings include: On 02/03/2026, the Department received a complaint regarding building maintenance and pest control in the facility. On 05/04/2026 at approximately 12:42 PM, Surveyor observed two exterior doors in the facility's breezeway which had gaps underneath them, providing access for drafts and pests. Surveyor observed that there was a door leading to the south yard of the house, which had a visible gap underneath it. The gap was approximately 1 inch high in the middle and was wide enough to span most of the width of the door. Surveyor could see the yard through the gap. Surveyor observed a second door, leading to the north yard of the house, which had a visible gap underneath it. The second door had a rolled-up blanket in front of the gap. Surveyor observed that the gap in the second door ran the full width of the doorway, and averaged approximately 1.5 inches high. Surveyor could see the yard through the gap. Additionally, Surveyor observed the cement at the corners of the doorway had broken and chipped away, providing an even larger hole leading to the outside at both corners. At approximately 1:30 PM, Surveyor interviewed Resident 2. Resident 2 indicated there had been mice in the house before. Resident 2 stated s/he had seen a mouse in the breezeway but could not recall when. Resident 2 stated Resident 3 would catch the mice in sticky traps. Resident 2 stated a company would also come and set traps. At approximately 2:00 PM, Surveyor interviewed House Manager (HM) B. HM B stated there were occasionally mice in the basement of the facility.	N 493		

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N 493	Continued From page 8 The provider did not ensure the CBRF was maintained in good repair.	N 493		