STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014996	A. BUILDING: _____ B. WING _____	R-C 02/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SOLOMON HILL RESIDENTIAL CARE	N5903 238TH STREET 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 02/09/2026, Surveyor began a verification visit at Solomon Hill Residential Care. Data was collected through 02/11/2026. Five violations were identified. Four of 5 violations were repeat deficiencies. See Statement of Deficiencies (SOD) JMTP11, dated 11/29/2022; SOD 25DH12, dated 01/24/2024; and SOD 25DH13, dated 11/25/2024. Two violations from SOD 25DH13 were corrected. 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 record review and interview, the licensee did not ensure that the home and its operation complied with state administrative code and with all other laws governing the home and its operation. Findings include: The provider is licensed to care for 4 residents in the client groups traumatic brain injury, developmentally disabled, physically disabled, advanced aged and irreversible	M 216		

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

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dementia/Alzheimer's disease.

Between 2022 and 2024, the provider received 4 Statements of Deficiencies (SOD) that included violations of 14 regulations (See SOD 25DH13, dated 11/25/2024; SOD 25DH12, dated 01/24/2024; SOD 25DH11, dated 09/26/2023; and SOD JMTP11, dated 11/29/2022).

On 02/25/2025, the Department issued a Notice of Special Orders, issued with SOD 25DH13, that included, among other things, orders to:

- Achieve and maintain substantial compliance of all regulations within 45 days.
- Ensure each service provider employed at least 6 months to have completed all initial training as required by Wis. Admin. Code § DHS 88.04(5)(a).
- Implement a written procedure to address restrictive measures to ensure each resident's right to be free from restrictive measures (restraint or isolation) except for emergency situations or when isolation or restraint is a part of an approved treatment program.
- Obtain Department written approval prior to the use of a restrictive measure, with the exception of a defined emergency situation.

On 02/11/2026, at approximately 12:52 PM, Surveyor interviewed Manager A. Manager A stated quality assurance and quality improvement plans at the home were not working. Manager A stated responsibilities were "just on me" and that Licensee A was not involved much. Manager A stated s/he kept getting told that Licensee A would sit down and discuss issues and how to fix them with him/her, but that it had not gotten done. Manager A stated s/he was considering turning in his/her 30-day quitting notice soon. Manager A stated s/he was lacking in administrative abilities

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and thought the position was "not for me." Manager A stated s/he thought someone with more experience and who could be stricter with staff would be better suited to manage the adult family home. Manager A described a "lack of handling" of issues at the adult family home.

The current survey was prompted by a verification visit of SOD 25DH13. SOD 25DH13 included 6 violations. The current survey found that 4 of 6 violations remained uncorrected and found 1 additional violation, for a total of 5 violations. From 2022 to 2026, there were 19 regulations cited to include those cited in the current survey. Four of the 19 regulations cited from 2022 to 2026 were repeat violations, that included:

- DHS 88.04(2)(g)1 Health Screening For Staff - This violation was cited 2 times. See SOD 25DH14, dated 02/11/2026; and SOD 25DH13, dated 11/25/2024.

- DHS 88.04(5)(a) Training - 15 Hours Within 6 Months - This violation was cited 3 times. See SOD 25DH14, dated 02/11/2026; SOD 26DH13, dated 11/25/2024; and SOD JMTP11, dated 11/29/2022.

- DHS 88.06(2)(a) Admission-Health Exam - This violation was cited 2 times. See SOD 25DH14, dated 02/11/2026; and SOD 25DH13, dated 11/25/2024.

- DHS 88.10(3)(n)1 Freedom From Seclusion And Restraints - This violation was cited 3 times. See SOD 25DH14, dated 02/11/2026; SOD 25DH13, dated 11/25/2024; and SOD 25DH12, dated 01/24/2024.

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M 216	Continued From page 3 Based on the results of the current survey, the licensee did not ensure all special orders were followed or that violations from the previous survey were corrected. The provider has displayed a pattern of ongoing noncompliance and the inability to maintain compliance with the laws governing the home and its operation. Cross reference: M0232 DHS 88.04(2)(g)1 Health Screening For Staff M0244 DHS 88.04(5)(a) Training - 15 Hours Within 6 Months M0380 DHS 88.06(2)(a) Admission-Health Exam M0574 DHS 88.10(3)(n)1 Freedom From Seclusion And Restraints	M 216		
{M 232}	88.04(2)(g)1 HEALTH SCREENING FOR STAFF The licensee shall obtain documentation from a physician, a 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	{M 232}		

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{M 232}	Continued From page 4 provider did not ensure 3 of 3 employees sampled (Caregiver B, Caregiver C, and Caregiver D), were screened for communicable illness prior to working with residents. This is a repeat violation. See Statement of Deficiencies (SOD) 25DH13, dated 11/25/2024. Findings include: On 02/09/2026, Surveyor reviewed 3 employee records. Caregiver B was hired on 06/26/2025, Caregiver C was hired on 08/09/2025, and Caregiver D was hired on 06/19/2025. Caregiver B's employee record did not include evidence of a tuberculosis (TB) test. None of the employee records included evidence the employees were screened for other communicable illnesses by an authorized person prior to working with residents On 02/09/2026, at 11:31 AM, Surveyor interviewed Manager A. Manager A stated s/he was not aware that a communicable disease screen had to be done by a physician, registered nurse, or physician's assistant. The provider did not ensure all employees were screened for communicable illnesses, including TB, prior to working with residents. Cross reference: M0216 DHS 88.04(2)(a) Responsibilities	{M 232}		
{M 244}	88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS The licensee and each service provider	{M 244}		

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{M 244}	Continued From page 5 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 provider did not ensure 3 of 3 employees sampled (Caregiver B, Caregiver C, and Caregiver D) completed initial training requirements within 6 months of hire. None of the employees sampled completed 15 hours of training and did not receive training in first aid. This is a repeat deficiency. See Statement of Deficiencies (SOD) 25DH13, dated 11/25/2024; and JMTP11, dated 11/29/2022. Findings include: On 02/09/2026, Surveyor reviewed employee records. Caregiver B was hired on 06/26/2025, Caregiver C was hired on 08/09/2025, and Caregiver D was hired on 06/19/2025. Caregiver B's training record indicated s/he had received 1 hour of standard precautions training, 1 hour of fire safety training, and 2 hours of resident rights training, for a total of 4 hours of training. Caregiver B's training record did not indicate s/he had received training in first aid or medication management. Caregiver C's employee record did not include any training information. Caregiver D's training record indicated s/he had received 1 hour	{M 244}		

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{M 244}	Continued From page 6 of standard precautions training, 1 hour of fire safety training, 1 hour of medication management training, and 2 hours of resident rights training. Caregiver D's training record did not include record of first aid training as required. Caregiver D's training record indicated s/he had not received a total of 15 hours of training within 6 months as required. At approximately 11:20 AM, Surveyor interviewed Manager A. Manager A stated s/he thought Caregiver B had completed 15 hours of initial training but had not handed it in. Manager A stated Caregiver C did not receive the required trainings within 6 months. Manager A stated Caregiver D did not get his/her training done within 6 months either. Manager A stated the online training platform did not work well. Manager A stated s/he just got paper training packets ready for staff to go through a few days prior. The provider did not ensure all employees received required training within 6 months of hire. Cross reference: M0216 DHS 88.04(2)(a) Responsibilities	{M 244}		
{M 380}	88.06(2)(a) ADMISSION-HEALTH EXAM Except as provided in subd. 2., the licensee shall ensure that a new resident of an adult family home receives a health examination by a physician to identify health problems and is screened for communicable disease, including tuberculosis. Screening for communicable disease may be provided by a physician, a	{M 380}		

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{M 380}	Continued From page 7 registered nurse or a physician assistant. The health examination and screening shall take place within 90 days prior to admission to the home or within 7 days after admission. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents sampled (Resident 1 and Resident 2), were screened for communicable illness within 7 days of admission. This is a repeat violation. See Statement of Deficiencies (SOD) 25DH13, dated 11/25/2024. Findings include: On 02/09/2026, Surveyor reviewed resident records. Resident 1 was admitted on 02/23/2025 and Resident 2 was admitted on 01/19/2026. Neither resident record included evidence of a health examination to screen for communicable illness. Resident 2's record did not include a tuberculosis (TB) screen. At approximately 11:31 AM, Surveyor interviewed Manager A. Manager A stated Resident 2 did not receive anything but a TB test. Manager A was unable to produce record of the TB test to Surveyor. Manager A stated s/he did not know that residents were required to have communicable disease screens done by an authorized professional. The provider did not ensure residents were screened for communicable illnesses within 7 days of admission. Cross reference:	{M 380}		

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{M 380}	Continued From page 8 M0216 DHS 88.04(2)(a) Responsibilities	{M 380}		
{M 574}	88.10(3)(n)1 Freedom From Seclusion and Restraints 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 Resident 1 was free from seclusion or restraint when the provider utilized bed rails to prevent Resident 1 from falling out of bed. This is a repeat deficiency. See Statement of Deficiencies (SOD) 25DH13, dated 11/25/2024; and SOD 25DH12, dated 01/24/2024. Findings include: On 01/28/2026, Surveyor reviewed the provider's correspondence with the Department. The provider had not submitted a waiver for any resident to use a bed rail. On 02/09/2026, at approximately 10:48 AM, Surveyor toured the adult family home and observed Resident 1's room. Resident 1 had a hospital bed with 1/2 rails on the upper half of the bed, and 1/2 rails on the lower half. The rails were in the upright position.	{M 574}		

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{M 574}	Continued From page 9 At approximately 10:50 AM, Surveyor interviewed Caregiver D. Caregiver D stated Resident 1 moved a lot, and the rails were in place to keep him/her from falling onto the floor. Caregiver D stated there was foam on the rails to prevent harm. Caregiver D stated Resident 1 could not get out of bed on his/her own and required full assistance from staff using a lift to get out of bed. At approximately 11:00 AM, Surveyor interviewed Manager A. Manager A stated s/he was under the impression that obtaining a doctor's order for the use of side rails was sufficient. Manager A stated s/he had been getting an order for Resident 3 to have a side rail on his/her bed as well. Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 02/23/2025. A doctor's order, dated 04/24/2025, indicated Resident 1's diagnoses included "Epilepsy Seizure Not Intractable Without Status Epilepticus," "Palsy Cerebral Quadriplegic Spastic" and "Autism Spectrum Disorder." The order included a hospital bed and mattress with accessories. The accessories included 2 bed side rails, full length. On 02/11/2026, at approximately 12:52 PM, Surveyor interviewed Manager A. Manager A stated s/he had not applied for a waiver for the bed rails and did not know that s/he needed one. Manager A stated s/he misunderstood the process for getting bed rails approved. The provider did not ensure residents were free from restraints. Cross reference: M0216 DHS 88.04(2)(a) Responsibilities	{M 574}		