STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020100	A. BUILDING: _____ B. WING _____	C 06/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOME CARE SOLUTIONS AT HOME	436 THIRD ST HARTFORD, WI 53027

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M 000	INITIAL COMMENTS On 05/29/2025 with information gathered through 06/09/2025, Surveyor conducted a complaint investigation at Home Care Solutions at Home, an Adult Family Home (AFH) in Hartford, WI. Four deficiencies identified. Complaint substantiated. Census: 1	M 000		
M 128	88.03(5)(b) CHANGE IN HOUSEHOLD MEMBERS A change in household members except paid staff. This Rule is not met as evidenced by: Based on record review and interview, Licensee C did not report changes in household members to the department within 7 days. Findings include: On 05/29//2025 at approximately 1:00 PM, Surveyor entered the provider's home. Surveyor began conversing with Live-in Caregiver A, who informed Surveyor that s/he lived there. On 05/30/2025 at approximately 9:00 AM, Surveyor reviewed the provider's biennial report, dated 11/17/2023, which identified there were no live-in staff or non-caregivers living in the home. On 05/30/2025 at approximately 8:45 PM, Surveyor interviewed Resident 1. Resident 1 stated Live-In Caregiver A resided at the home with his/her spouse and his/her child. Resident 1	M 128		

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

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M 128	Continued From page 1 stated s/he mainly kept to him/herself but did have to share the common areas with Live-In Caregiver A, his/her spouse and his/her son/daughter who is eight or nine years old On 06/09/2025 at approximately 4:45 PM, Surveyor interviewed House Manager B. House Manager B confirmed Live-In Caregiver A, his/her spouse and his/her child moved into the home in January 2025. Surveyor asked House Manager B if s/he notified the Department regarding the change in household members. House Manager B stated s/he and Licensee C did not know they had to because it was in the agreement with the Managed Care Organization (MCO) with Resident 1. House Manager B stated a background check was not completed on Live-In Caregiver A's spouse. House Manager B stated s/he will move forward with the required paperwork to run a background check and notify the Department regarding Live-In Caregiver A's spouse and child.	M 128		
M 404	88.06(3)(a) INDIVIDUAL SERVICE PLAN & ASSESSMENT The licensee shall ensure that a written assessment and individual service plan is completed and developed for each resident within 30 days after placement. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure an individual service plan (ISP) was completed for 1 of 1 resident (Resident 1) within 30 days of placement.	M 404		

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M 404	Continued From page 2 Findings include: On 05/29/2025, Surveyor reviewed Resident 1's record and identified the following: -Resident 1 was admitted to the facility on 09/06/2024. -Resident 1 was his/her own person. -Resident 1's record did not contain an ISP. On 05/29/2025 at 1:30 PM, Surveyor interviewed Live-In Caregiver A. Live-In Caregiver A stated House Manager B or Licensee C were typically responsible for ISPs for the residents. Live-In Caregiver A stated s/he was aware of the requirement but based on looking at Resident 1's record, there was only a care plan from Resident 1's Managed Care Organization (MCO). Live-In Caregiver A stated s/he would make sure House Manager B and Licensee C were aware of the requirements.	M 404		
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.	M 458		

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M 458	Continued From page 3 This Rule is not met as evidenced by: Based on record review and interview, the facility did not keep 1 of 1 resident's (Resident 1's) prescription medications securely stored in its original container. Findings include: On 05/29/2025, Surveyor reviewed Resident 1's record and identified the following: Resident 1's admission agreement dated 09/05/2024 stated the following: "-MEDICATION STORAGE: Home Care Solutions at Home, LLC will store every resident prescribed medication for their well-being under lock & key." On 05/29/2025 at approximately 1:30 PM, Surveyor interviewed Live-In Caregiver A. Live-In Caregiver A stated Resident 1 had a contract with a Managed Care Organization (MCO) and the MCO only paid for 5 hours of service for Resident 1. Live-In Caregiver A stated s/he only works the 5 hours a day for Resident 1 and otherwise s/he is independent. Live-In Caregiver A stated s/he lived at the home as well and if s/he was home and Resident 1 needed something outside of those 5 hours a day, s/he would help Resident 1 if s/he needed. Live-In Caregiver A stated sometimes on weekends when s/he is away from the facility, s/he would take Resident 1's medications to the other facility down the road (which is approximately 0.4 miles apart from each other) so that the staff at the facility there could pass his/her medications. Live-In Caregiver A stated Resident 1 would have to walk down to the facility to receive his/her medications during the time when s/he was not working. Live-In	M 458		

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M 458	Continued From page 4 Caregiver A stated Resident 1 does not self-administer his/her medications and did need staff to assist him/her with their medications. On 05/30/2025 at approximately 8:45 PM, Surveyor interviewed Resident 1. Resident 1 stated if a caregiver is not around for the weekend, the caregiver will leave the medications out for him/her to take by him/herself. Resident 1 stated s/he had to go down to the other facility to receive his/her medications sometimes but usually they are just left out at the facility for him/her to self-administer.	M 458		
M 472	88.07(4)(b) 3 NUTRITIOUS MEALS AND SNACKS The licensee shall provide to each resident or ensure that each resident receives 3 nutritious meals each day and snacks that are typical in a family setting. This Rule is not met as evidenced by: Based on record review and interview, the provider did not provide Resident 1 with meals and snacks available that are typical in a family setting for Resident 1. Findings include: On 05/29/2025, Surveyor reviewed Resident 1's record and identified the following: Resident 1's admission agreement dated 09/05/2024 stated the following: "-MEALS: Home Care Solutions at Home, LLC will make available three meals daily at	M 472		

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M 472	Continued From page 5 approximately the following times: Breakfast 7:00 AM-09:00 AM Lunch 12:00 PM-1:00 PM Dinner 5:00 PM-07:00 PM Home Care Solutions at Home, LLC will have snacks and beverages available." On 05/29/2025 at approximately 1:30 PM, Surveyor interviewed Live-In Caregiver A. Live-In Caregiver A stated Resident 1 purchased his/her own food. Live-In Caregiver A stated the facility does not provide food to Resident 1 because s/he has Food Stamps and other programs that s/he can purchase their own food. Live-In Caregiver A stated s/he sometimes will share his/her own food with Resident 1 if s/he is making a meal sometimes. On 05/30/2025 at 8:45 PM Surveyor interviewed Resident 1. Resident 1 stated there was no food in the home for meals and there were usually no snacks for them to have. Resident 1 stated s/he had to purchase all his/her own meals and snacks.	M 472		