STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013676	A. BUILDING: _____ B. WING _____	C 11/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AT HOME AGAIN COLUMBUS LLC	110 STUART ST COLUMBUS, WI 53925

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N 000	Initial Comments On 11/17/2025, Surveyor conducted a complaint investigation and abbreviated survey at At Home Again Columbus LLC, a CBRF in Columbus. Five deficiencies were identified. The complaint was unsubstantiated. Census: 30	N 000		
N 219	83.17(1) Licensee conduct caregiver background check Caregiver background check. At the time of hire, employment or contract and every 4 years after, the licensee shall conduct and document a caregiver background check following the procedures in s. 50.065, Stats., and ch. DHS 12. A licensee shall not employ, contract with or permit a person to reside at the CBRF if the person has been convicted of the crimes or offenses, or has a governmental finding of misconduct, found in s. 50.065, Stats., and ch. DHS 12, Appendix A, unless the person has been approved under the department ' s rehabilitation process as defined in ch. DHS 12. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a background check was completed every 4 years for 1 of 1 caregivers reviewed that had worked for the employer for greater than 4 years. Resident Assistant E had not had a background check completed in greater than 4 years.	N 219		

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

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N 219	Continued From page 1 Findings include: According to The Wisconsin Caregiver Program Manual (P-00038), a complete Caregiver Background Check, at minimum, 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 (IBIS). On 11/17/2025 at approximately 1:00 p.m., Surveyor reviewed employee records provided by President A. Records documented Resident Assistant E was hired on 07/20/2021. Resident Assistant E's record included a BID, undated, a DOJ, dated 07/12/2021, and an IBIS, dated 07/12/2021. On 11/17/2025 at 1:46 p.m., Surveyor shared concern with President A that Resident Assistant E's record did not include a background check completed in the past 4 years. Surveyor also pointed out the BID form on file had no date on it. President A indicated an updated background check had not been completed for Caregiver E and the date was cut off on the BID form scanned into the facility's system. President A said the facility was reaching out to Caregiver E to complete a new BID form and would complete an updated background check. President A also said s/he would follow up on the facility's process to see why the updated background check was missed in July.	N 219		

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N 406	Continued From page 2	N 406		
N 406	83.37(1)(g) Disposition of medications. Disposition of medications. 1. When a resident is discharged, the resident ' s medications shall be sent with the resident. 2. If a resident ' s medication has been changed or discontinued, the CBRF may retain a resident ' s medication for no more than 30 days unless an order by a physician or a request by a pharmacist is written every 30 days to retain the medication. 3. The CBRF shall develop and implement a policy for disposing unused, discontinued, outdated, or recalled medications in compliance with federal, state and local standards or laws. The CBRF shall arrange for the stored medications to be destroyed in compliance with standard practices. Medications that cannot be returned to the pharmacy shall be separated from other medication in current use in the facility and stored in a locked area, with access limited to the administrator or designee. The administrator or designee and one other employee shall witness, sign, and date the record of destruction. The record shall include the medication name, strength and amount. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure medications that had been changed, discontinued, or expired were removed from the medication cart and disposed of within 30 days. Findings include: On 11/17/2025 at 11:30 a.m., Surveyor toured the facility's medication storage room with Resident Assistant D. The following was observed in the	N 406		

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N 406	Continued From page 3	N 406		

medication refrigerator:
-Resident 1's Basaglar 100 unit/mL kwik pen insulin packs with an expiration date of 04/16/2025, contained 20 pens total.

Surveyor asked Resident Assistant D if Resident 1 had an active order for this insulin. Resident Assistant D checked Resident 1's orders and indicated this insulin order was still active. Resident Assistant D called Float Medical Manager C.

On 11/17/2025 at 11:35 a.m., Surveyor interviewed Float Medical Manager C about Resident 1's expired insulin pens. Float Medical Manager C removed the expired insulin pens from the refrigerator and said s/he would check on Resident 1's order.

On 11/17/2025 at 11:45 a.m., Float Medical Manager C confirmed Resident 1 had an active order for the Basaglar insulin. Float Medical Manager C confirmed Resident 1 had been receiving expired insulin. Float Medical Manager C indicated s/he would follow up with Resident 1's pharmacy to have them send new insulin pens over.

On 11/17/2025 at 12:40 p.m., Surveyor interviewed Nurse Practitioner B about Resident 1's insulin. Nurse Practitioner B indicated Resident 1's Basaglar insulin order had been refilled in September 2025, so s/he should not have been receiving insulin from the expired pens. Surveyor and Nurse Practitioner B checked the medication cart to see what the expiration date on Resident 1's current in-use insulin pen was. The expiration date on Resident 1's insulin pen in the medication cart was 04/16/2025. Nurse Practitioner B pulled the expired insulin pen from

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N 406	Continued From page 4 the medication cart and confirmed that new insulin was on the way to the facility from the pharmacy. On 11/17/2025 at 2:35 p.m., Surveyor shared the concern about Resident 1's expired insulin with President A. President A informed Surveyor that staff had brought this to his/her attention and the issue would be addressed.	N 406		
N 488	83.44(1)(c) Clothes dryers enclosed and vented Clothes dryers. The CBRF shall enclose any clothes dryer having a rated capacity of more than 37,000 Btu/hour in a one-hour fire resistive rated enclosure. If the clothes dryer requires a vent, the CBRF shall use dryer vent tubing that is of rigid material with a fire rating that exceeds the temperature rating of the dryer. The dryer vent tubing shall be clean and maintained. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 3 of 5 dryer vents were made of rigid material. Findings include: On 11/17/2025 at 11:50 a.m., Surveyor toured the provider's facility. Surveyor observed 3 of 5 dryers were vented with semi-rigid material. On 11/17/2025 at approximately 12:30 p.m., Surveyor shared observation of semi-rigid vents with President A. President A acknowledged the need for vents to be made of rigid materials and made note of Surveyor's concern.	N 488		

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N 526	Continued From page 5	N 526		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure other evacuation drills, such as tornado, flooding or other emergency or disaster evacuation drill was completed at least semi-annually. The provider completed 1 other evacuation drill in 2024 and did not complete another evacuation drill during the first half of 2025. Findings include: On 11/17/2025 at 1:15 p.m., Surveyor reviewed environmental records provided by President A. Records included documentation of 1 tornado drill completed on 05/23/2024. On 11/17/2025 at 1:38 p.m., Surveyor reviewed concern with President A that the facility had documentation of only 1 other evacuation drill completed in 2024 and no documentation of another evacuation drill completed in 2025. Surveyor discussed the requirement for semi-annual other drills. President A confirmed s/he could not locate any other drill documentation and made note of Surveyor's review of the regulation.	N 526		
N 617	83.55(6)(b) Bath and toilet areas: water temperature The CBRF shall set the temperature of all water	N 617		

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N 617	Continued From page 6	N 617		

heaters connected to sinks, showers and tubs used by residents at a temperature of at least 140°F. The temperature of water at fixtures used by residents shall be automatically regulated by valves and may not exceed 115°F, except for CBRFs serving residents recovering from alcohol or drug dependency or clients of a government correctional agency.

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure water fixtures used by residents did not exceed 115 degrees F. The water temperature reached 137.1 degrees F.

Findings include:

On 11/17/2025 at 12:10 p.m., Surveyor tested the water temperature in Resident 2's bathroom. All resident rooms in the facility have an attached private bathroom. Surveyor's thermometer reached a temperature of 137.1 degrees F.

On 11/17/2025 at 12:12 p.m., Surveyor tested the water temperature in Resident 3's bathroom. Surveyor's thermometer reached a temperature of 127.2 degrees F.

Exposure to hot water is a potential environmental danger for clients. Elderly clients and clients with mental and physical disabilities may have neurological conditions that prevent instant recoil from hot water. Because these individuals do not instantly react to dangerous temperature levels, they are at particular risk for injury. Hot water can cause scalding, e.g., second and third degree burns in which the skin blisters and swells. In such instances, skin does not return to normal and forms scar tissue upon

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N 617	Continued From page 7 healing. These burns may lead to permanent disability. (DQA publication P-01942, Hot Water Temperatures in Adult Family Homes, 08/2017). On 11/17/2025 at 12:27 p.m., Surveyor shared the concern with President A that the facility's water temperature exceeded 115 degrees F. President A indicated each bathroom sink's water temperature is controlled individually. President A indicated the facility would have to adjust the temperatures. On 11/17/2025 at 1:38 p.m., Surveyor reviewed the facility's water temperature log book. The log indicated monthly water temperature testing was previously being done, but the most recent temperatures had not been logged since August 2025.	N 617		