STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	410105	A. BUILDING: _____ B. WING _____	R-C 01/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VILLA HOPE	613 N DIVISION ST APPLETON, WI 54913

(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	{N 000}		
{N 000}	Initial Comments On 01/26/2026, with additional information gathered through 01/28/2026, Surveyor conducted a verification visit, self-report review, and survey at Villa Hope. Four of 6 previous deficiencies were corrected. Five deficiencies were identified. No deficiencies were connected with the self-report review. Two of 5 deficiencies were repeat violations, see Statements of Deficiency (SOD) 42MJ15, dated 06/18/2024 and SOD 42MJ16, dated 11/05/2024, Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 12	{N 000}		
{N 196}	83.14(2)(a) Licensee ensures facility complies with laws The licensee shall ensure the CBRF and its operation comply with all laws governing the CBRF. This Rule is not met as evidenced by: Based on observation, record review, and interview, the licensee did not ensure the CBRF and its operation complied with all laws governing the CBRF. A verification visit was conducted at the facility for a sixth follow up survey. See Statements of Deficiency SOD 42MJ13, dated 02/18/2022, SOD 42MJ15, dated 06/18/2024, and SOD 42MJ16,	{N 196}		

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

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{N 196}	Continued From page 1 dated 11/05/2024. Five deficiencies were identified. Two deficiencies were repeat violations. This is a repeat violation, see Statement of Deficiency (SOD) 42MJ16, dated 11/05/2024. Findings include: The provider is licensed to serve up to 15 residents who may have a traumatic brain injury, be mentally ill/emotionally disturbed, and/or be developmentally disabled. On 01/26/2026, Surveyor conducted an onsite visit for a verification visit, self-report review, and standard survey. Surveyor reviewed the department's provider record and noted the facility had been licensed by licensee corporation Villa Hope Inc. with Licensee Designee E listed as the designated agent. Surveyor noted the facility had been licensed since 10/22/1981. Surveyor noted a biennial report had not been received by the department since 2022. The 2022 biennial report was completed by Former Administrator F. At 1:15 PM, Surveyor interviewed Administrator A and Program Manager B. Administrator A identified him/herself as the acting administrator since 2023. Administrator A stated Licensee Designee E had not been involved with the organization or facility for 15 years. S/he stated Villa Hope Inc. was a non-profit organization that had a Board of Directors, which recently had turnover in board members. Administrator A stated s/he should be the listed Licensee Designee of the facility and would update the records to reflect this.	{N 196}		

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{N 196}	Continued From page 2 Surveyor reviewed the department's provider record and noted correspondence from the department to Administrator A on 11/12/2024 requesting an updated provider agreement, program statement, updated documentation reflecting the new licensee designee, updated employee background check of the newly identified licensee designee, and fit and qualified documentation. No correspondence or documentation was provided to the department following this request. Surveyor conducted a verification visit for SOD 42MJ16, dated 11/05/2024. On 03/07/2025, the provider was issued a special order "Based on the results of the Department's investigation, and pursuant to Wis. Stat. § 50.03(5g)(b), EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER, the Department of Health Services HEREBY ORDERS that Villa Hope: 1. Pursuant to Wis. Stat. § 50.03(5g)(b)6., WITHIN 7 DAYS of receipt of this notice, the licensee shall provide each resident's legal representative and case manager (if any) with a copy of Statement of Deficiency 42MJ16 and a copy of this Notice and Order letter. The licensee shall retain evidence, acceptable to the department, to verify compliance with Order #1. Acceptable documentation will be a signed, certified mail receipt or a verification letter or email from the legal representative and case manager. Required evidence will be made available to the department representatives upon request." On 01/26/2025 at 1:00 PM, Surveyor inquired whether SOD 42MJ16 and the enforcement letter was provided to residents and applicable legal representatives and case managers as ordered and Program Manager B verified awareness of	{N 196}		

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{N 196}	Continued From page 3 needing to do this. Program Manager B stated "I did not [send them]." At approximately 1:20 PM, Surveyor interviewed Administrator A who verified they did not send the SOD and enforcement letter to involved parties as ordered. Surveyor inquired whether the SOD and enforcement letter was still hanging in the facility and Program Manager B said "it still needs to be up? I took it down." As a result of Licensee Designee E/acting Administrator A not upholding his/her responsibilities as the licensee designee, 3 substantiated complaint investigations, 1 open self-report review, 3 standard surveys, and 6 follow-up verification visits conducted since 01/26/2022 resulted in deficiencies. On 01/26/2026, with additional information gathered through 01/28/2026, 5 deficiencies were identified. Two of 5 deficiencies were repeat violations. See Statements of Deficiency (SOD) 42MJ13, dated 02/18/2022, SOD 42MJ15, dated 06/18/2024, and SOD 42MJ16, dated 11/05/2024. On 01/26/2026 at approximately 1:30 PM, Surveyor interviewed Administrator A and Program Manager B who acknowledged reciting of licensee responsibility. Cross Reference: N0207 83.15(1) Administrator Qualifications N0243 83.21 All Employee Training N0247 83.22 Task Specific Training N0427 83.38(1)(c) Leisure Time Activities	{N 196}		
N 207	83.15(1)(a)-(e) Administrator Qualifications	N 207		

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N 207	Continued From page 4 The administrator of a CBRF shall be at least 21 years of age and exhibit the capacity to respond to the needs of the residents and manage the complexity of the CBRF. The administrator shall have any one of the following qualifications: (a) An associate degree or higher from an accredited college in a health care related field. (b) A bachelor's degree in a field other than in health care from an accredited college and one year experience working in a health care related field having direct contact with one or more of the client groups identified under s. HFS 83.02(16). (c) A bachelor ' s degree in a field other than in health care from an accredited college and have successfully completed an assisted living administrator ' s training course approved by the department or the department's designee. (d) At least 2 years experience working in a health care related field having direct contact with one or more of the client groups identified under s. HFS 83.02(16) and have successfully completed an assisted living administrator ' s training course approved by the department or the department's designee. (e) A valid nursing home administrator ' s license issued by the department of regulation and licensing. This Rule is not met as evidenced by: Based on record review and interview, Administrator A did not meet the qualifications of an administrator. Findings include: The provider is licensed to serve up to 15 individuals who may be emotionally disturbed/mentally ill, developmentally disabled,	N 207		

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N 207	Continued From page 5 and/or have a traumatic brain injury. Per DHS 83.15(1), an administrator shall have 1 of the following qualifications: - An associate degree or higher from an accredited college in a health care related field. - A bachelor's degree in a field other than in health care from an accredited college and 1 year experience working in a health care related field having direct contact with one or more of the client groups. - A bachelor's degree in a field other than in health care from an accredited college and have successfully completed an assisted living administrator's training course approved by the department or the department's designee. - At least 2 years experience working in a health care related field having direct contact with one or more of the client groups and have successfully completed an assisted living administrator's training course approved by the department or the department's designee. - A valid nursing home administrator' s license issued by the department of regulation and licensing. On 01/26/2026, Surveyor reviewed the provider's staff list which listed Administrator A's hire date as 03/20/1995. On 01/26/2026 at approximately 1:15 PM, Surveyor interviewed Administrator A who stated s/he had worked at the facility since "the 90's" and had worked his/her way up in the company. Administrator A said s/he had been the acting administrator since Former Administrator F retired in 2023. Surveyor inquired whether s/he had an associate or bachelor's degree in a health care related field or was a licensed nursing home administrator and s/he said no. Surveyor inquired	N 207		

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N 207	Continued From page 6 whether Administrator A had taken the assisted living administrator's training course and s/he said "I will." Administrator A verified s/he did not meet the administrator qualifications exemption. Surveyor reviewed the department's provider record and noted Administrator A was the listed administrator of the facility. Surveyor noted the department was notified on 11/12/2024 Administrator A was to be the listed administrator of the facility. Cross Reference: N0196 83.14(2)(a) Licensee Ensures Facility Complies With Laws N0243 83.21 All Employee Training N0247 83.22 Task Specific Training	N 207		
{N 243}	83.21(1)-(3) All employee training. The CBRF shall provide, obtain or otherwise ensure adequate training for all employees in all of the following: Resident rights. Training shall include general rights of residents including rights as specified under s. DHS 83.32(3). Training shall be provided as applicable under ss. 50.09 and 51.61 and chs. 54, 55, and 304, Stats., and ch. DHS 94, depending on the legal status of the resident or service the resident is receiving. Specific training topics shall include house rules, coercion, retaliation, confidentiality, restraints, self-determination, and the CBRF ' s complaint and grievance procedures. Residents ' rights training shall be completed within 90 days after starting employment. Client Group. Training shall be specific to the client group served and shall include the physical, social and mental health needs of the client	{N 243}		

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{N 243}	Continued From page 7 group. Specific training topics shall include, as applicable: characteristics of the client group served, activities, safety risks, environmental considerations, disease processes, communication skills, nutritional needs, and vocational abilities. Client group specific training shall be completed within 90 days after starting employment. Client Group. In a CBRF serving more than one client group, employees shall receive training for each client group. Recognizing, preventing, managing, and responding to challenging behaviors. Specific training topics shall include, as applicable: elopement, aggressive behaviors, destruction of property, suicide prevention, self-injurious behavior, resident supervision, and changes in condition. Challenging behaviors training shall be completed within 90 days after starting employment. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 4 of 4 employees reviewed (Caregiver C, Caregiver D, Caregiver G, and Caregiver H) , obtained training in residents rights; recognizing, preventing, managing and responding to challenging behaviors; and client groups as required within 90 days after starting employment. This requirement is being cited for a third time. See Statement of Deficiency (SOD) 42MJ15, dated 06/18/2024 and SOD 42MJ16, dated 11/05/2024.	{N 243}		

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{N 243}	Continued From page 8 Findings include: The provider is licensed to serve up to 15 residents who may have traumatic brain injury, be mentally ill/emotionally disturbed, and/or developmentally disabled. On 01/26/2026, Surveyor conducted a verification visit and survey. At approximately 10:00 AM, Program Manager B provided Surveyor with Caregiver C and Caregiver D's trainings provided since previous survey visit. Surveyor noted Caregiver C and Caregiver D received orientation training and reviewed a checklist of training courses obtained. Surveyor noted Caregiver C was hired on 01/24/2022 and Caregiver D was hired on 01/23/2024. There was no evidence Caregiver C and Caregiver D received resident rights, managing and responding to challenging behaviors, and client groups training as required upon hire and since previous visit. At approximately 11:00 AM, Program Manager B verified Caregiver C and Caregiver D did not receive the all employee trainings within their first 90 days of hire and since the last visits. On 01/26/2026 and 01/27/2026, Surveyor reviewed Caregiver G and Caregiver H's employee records. Caregiver G was hired as a caregiver on 01/11/2023. Caregiver G's record included a certificate for challenging behaviors received in 2025 as continuing education. Caregiver G's record did not include any evidence s/he received training in resident rights, challenging behaviors, and client groups within 90 days of hire. Caregiver H was hired as a caregiver on	{N 243}		

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{N 243}	Continued From page 9 06/09/2025. Caregiver H's record did not include any evidence s/he received training in resident rights, challenging behaviors, and client groups within 90 days of hire. On 01/28/2026 at 1:22 PM, Surveyor interviewed Program Manager A who verified Caregiver G and Caregiver H did not receive trainings in resident rights, challenging behaviors, and client groups within 90 days of hire, and did not meet exemptions for these trainings. Program Manager A said s/he did not realize staff needed the trainings. Cross Reference: N0207 83.15(1) Administrator Qualifications N0247 83.22 Task Specific Training	{N 243}		
N 247	83.22(1)-(4) Task specific training. The CBRF shall provide, obtain or otherwise ensure adequate training for employees performing job duties in all of the following: Assessment of residents. All employees responsible for resident assessment shall successfully complete training in the assessment of residents prior to assuming these job duties. Specific training topics shall include: assessment methodology, assessment of changes in condition, sources of assessment information, and documentation of the assessment. Individual service plan development. All employees responsible for service plan development shall successfully complete training in individual service plan development prior to assuming these job duties. Specific training topics shall include: identification of the resident ' s needs and desired outcomes, development of goals and interventions, service plan evaluation	N 247		

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N 247	Continued From page 10 and review of progress. Provision of personal care. All employees responsible for providing assistance with activities of daily living shall successfully complete training prior to assuming these job duties. Specific training topics shall include, as appropriate: bathing, eating, dressing, oral hygiene, nail and foot care, toileting and incontinence care, positioning and body alignment, and mobility and transferring. Dietary training. All employees performing dietary duties shall complete dietary training within 90 days after assuming these job duties. Specific training topics shall include: determining nutritional needs, menu planning, food preparation and food sanitation. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 employee records reviewed (Caregiver G and Caregiver H) received dietary training within 90 days after assuming their job duties. Specific training topics shall include: determining nutritional needs, menu planning, food preparation and food sanitation. Findings include: On 01/26/2026, Surveyor conducted a standard survey. At approximately 10:30 AM, Surveyor and Administrator A toured the facility. Surveyor inquired whether care staff also prepped, served, and stored meals for residents and Administrator A said yes, they all do.	N 247		

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N 247	Continued From page 11 On 01/26/2026 and 01/27/2026, Surveyor reviewed Caregiver G and Caregiver H's employee records. Caregiver G was hired as a caregiver on 01/11/2023. Caregiver G's record did not include dietary training. Caregiver H was hired as a caregiver on 06/09/2025. Caregiver G's record did not include any evidence s/he received dietary training. On 01/28/2026 at 1:22 PM, Surveyor interviewed Program Manager A who verified Caregiver G and Caregiver H did not receive dietary training. Program Manager A said s/he did not realize staff needed this training. Cross Reference: N0207 83.15(1) Administrator Qualifications N0243 83.21 All Employee Training	N 247		
N 427	83.38(1)(c) Leisure time activities. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Leisure time activities. The CBRF shall provide a daily activity program to meet the interests and capabilities of the residents. Employees shall encourage and promote resident participation in the activity program. The CBRF shall develop and post the activity schedule in an area available to residents.	N 427		

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N 427	Continued From page 12 This Rule is not met as evidenced by: Based on record review, observation, and interview, the provider did not provide a daily activity program to meet the interests and capabilities of the residents. The CBRF did not develop and post the activity schedule in an area available to the residents. Findings include: On 01/26/2026, Surveyor conducted a standard survey. At 12:55 PM, Surveyor interviewed Caregiver I who indicated s/he had worked at the facility since 2015. Surveyor inquired what activities were provided for residents and s/he said on Mondays they go shopping, otherwise it just depended on the day. Surveyor inquired if there was an activity calendar and Caregiver I said, "We used to have one and I know there's a code for it, but we don't really have an activity calendar." Caregiver I said residents just knew that they went shopping on Mondays. Surveyor reviewed Resident 1's sample record and noted s/he was admitted to the facility on 10/16/2024 with diagnoses of schizoaffective disorder-bipolar type, anxiety disorder, and traumatic brain injury. Surveyor reviewed his/her individual service plan dated 10/24/2025 and noted "Activity Participation Monitoring...Staff will ask [Resident 1] if [s/he] would like to participate in group activities when held. [Resident 1's] favorite subject in school was art. [Resident 1's] current hobbies are [sic] include art and going for walks. [Resident 1] is very talented in drawing and had dreams of bing a tattoo artist. Resident's Desired Goals & Outcomes: To ensure they are participating in activities daily to maintain both mental and physical health."	N 427		

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N 427	Continued From page 13 On 01/28/2026 at 1:22 PM, Surveyor interviewed Program Manager B who verified they did not offer an activity schedule and an actitivty calendar was not posted for residents to see. Program Manager B verified awareness of this requirement.	N 427		