STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010722	A. BUILDING: _____ B. WING _____	R-C 02/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FAIR HAVEN	364 E 13TH ST FOND DU LAC, WI 54935

(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 02/08/2024, with information gathered through 02/12/2024, Surveyor conducted a complaint investigation and verification visit at Fair Haven. Two deficiencies were identified. Complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 4	M 000		
M 326	88.05(3)(n)1 BED-CLEAN, GOOD CONDITION, PROPER SIZE A separate bed for each resident unless a couple chooses to share a bed. The bed shall be clean, in good condition and of proper size and height for the comfort of the resident. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a bed was clean and in good condition for 1 of 1 resident (Resident 2). Findings Include: This Adult Family Home (AFH) is licensed to serve up to 4 residents within the client groups: emotionally disturbed/mental illness, advanced aged, developmentally disabled, alcohol/drug dependent and traumatic brain injury. On 02/08/2024, at approximately 10:10 AM, Surveyor toured the facility and observed the bed in Resident 2's room. Resident 2's bed mattress had the appearance of being sunken down in various areas. Surveyor lifted the bedsheets to	M 326		

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

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M 326	Continued From page 1 determine if blankets had been placed under the sheet to create higher areas in the mattress; there were none. Surveyor asked Administrator G to view the bed. Surveyor lifted the mattress off the box spring and observed that the box spring was not a solid structure, and the mattress was caving into sections of the box spring. Administrator G stated, "Is the box spring upside down?" Administrator G stated s/he would address the concern.	M 326		
M 570	88.10(3)(l) Safe Physical Environment Individuals, except for correctional residents, have basic rights which they do not lose when they enter an adult family home. A resident shall have a safe environment in which to live. The adult family home shall safeguard residents who cannot fully guard themselves from environmental hazards to which they are likely to be exposed, including conditions which would be hazardous to anyone and conditions which would be or are hazardous to a particular resident because of the resident's condition or disability. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a safe physical environment for 4 of 4 residents. Cleaning compounds and toxic substances were not securely stored. Finding include: The Adult Family Home (AFH) was licensed to serve up to 4 residents within the client groups: emotionally disturbed/mental illness, advanced	M 570		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010722	A. BUILDING: _____ B. WING _____	R-C 02/12/2024

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FAIR HAVEN	364 E 13TH ST FOND DU LAC, WI 54935

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M 570	Continued From page 2 aged, developmentally disabled, alcohol/drug dependent and traumatic brain injury. On 02/08/2024, at approximately 10:20 AM, Surveyor conducted a tour of the home. Surveyor observed the following cleaning compounds in the unsecured kitchen sink cabinet: -43 ounce bottle of bleach - lavender scent -(3) 24 ounce bottle of toilet bowl cleaner with bleach -20 fluid ounce bottle of all purpose concentrated cleaner; degreaser spot remover -32 fluid ounce bottle of mold & mildew stain remover -32 fluid ounce bottle of disinfecting multi-surface cleaner - tuscan lavender & jasmine scent -24 fluid ounce bottle of concentrated all-purpose cleaner -24 ounce spray can of heavy duty oven cleaner -32 fluid ounce bottle of glass cleaner -32 ounce bottle of bed bug killer -12 ounce spray can of air freshener Surveyor observed Resident 1 ambulating independently throughout the home during portions of the survey process. On 02/08/2024, at approximately 11:30 AM, Surveyor interviewed Administrator G. Administrator G stated s/he did not know cleaning supplies were to be securely stored and stated s/he would have the cleaning supplies moved to a secured location.	M 570		