Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015394	A. BUILDING: _____ B. WING _____	R-C 11/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FIRST STREET	1001 FIRST STREET BOYCEVILLE, WI 54725

(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 11/04/2025, Surveyor conducted a complaint investigation and verification visit at First Street. Data was collected through 11/05/2025. The complaint was substantiated. Three violations were identified. One of the 3 violations was a repeat deficiency. See Statement of Deficiencies (SOD) 8ISJ11, dated 02/05/2025. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 2	{M 000}		
M 384	88.06(2)(b) SERVICE AGREEMENT EXCEPT RESPITE An adult family home shall have a service agreement with each person to be admitted to the home except a person being admitted for respite care. The service agreement shall be completed prior to admission and revised at least 30 days prior to any change. The service agreement shall be dated and signed by the licensee and the person being admitted or the persons guardian or designated representative. Copies shall be provided to all parties and to the placing agency, if any. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 residents sampled (Resident 1, Resident 2, and Resident 3) had signed service agreements that included all required components.	M 384		

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

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M 384	Continued From page 1 Findings include: DHS 88.06(2)(c) indicates a service agreement shall specify all of the following: 1. The names of the parties to the agreement. 2. The services that will be provided and a description of each. 3. Charges for room and board and services and any other applicable expenses, and the amount of the security deposit, if any. 4. The frequency, amount, source and method of payment. 5. The policy on refunds. 6. How personal funds will be handled. 7. Conditions for transfer or discharge and the assistance a licensee will provide in relocating a resident. 8. A statement indicating that the resident rights and grievance procedures have been explained and copies provided to the resident and the resident's guardian or designated representative, if any. On 10/21/2025, the Department received a complaint related to resident discharge procedures. The current survey was prompted by the above-mentioned complaint and a verification visit for Statement of Deficiencies (SOD) 8ISJ11, dated 02/05/2025. SOD 8ISJ11 included violations related to the provider not having a policy on how personal funds would be handled. On 11/04/2025 at approximately 9:15 AM, Surveyor interviewed Case Manager (CM) B and CM C. CM B stated s/he managed Resident 3's care; CM C managed Resident 1's and Resident 2's care. CM B stated s/he received a call from Licensee A on 10/15/2025 indicating s/he needed	M 384		

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M 384	Continued From page 2 Resident 3 removed from the home because Licensee A was ill. CM C stated s/he received notice on 10/14/2025 via conversation with a guardian that Licensee A requested Resident 1 and Resident 2 to be removed from the home. CM B stated per the managed care organization agreement; Licensee A was supposed to enact his/her backup plan. CM C stated, "It was enlightening to find [Licensee A] had no back up plan." On 11/04/2025 at 12:40 PM, Surveyor reviewed resident funds with Licensee A. Licensee A provided Surveyor with a 3-ring binder with resident ledgers and cash. The cash was placed in the front pocket of the binder; there was no separation of resident funds. Resident 1's ledger was last updated on 09/18/2025 with a remaining balance $49.06. Resident 2's ledger was last updated on 09/10/2025 with a remaining balance of $3.28. The total cash in the binder pocket was $256.00. Licensee A stated residents received money from their legal representatives monthly; Resident 1 received $100 monthly, and Resident 2 received $75. Licensee A stated s/he did not retain receipts for all resident spending, and s/he could not determine how much money each resident had in their account. Licensee A stated that after the last survey (SOD 8ISJ11), s/he had each resident's guardian sign an agreement indicating Licensee A was authorized to manage resident funds. Licensee A did not have a policy detailing how resident funds would be handled. Surveyor reviewed resident records, including service agreements. Resident 1 admitted to the facility on 10/05/2022; Resident 2 admitted on 07/23/2021; and Resident 3 admitted on 01/26/2025 and discharged on 10/16/2025. Each of the resident records included a 1-page	M 384		

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M 384	Continued From page 3 document titled Admission Service Agreement. The document included a list of basic services. The document did not include the requirements 88.06(2)(c)3-8, which included how personal funds would be handled or conditions for transfer or discharge and the assistance Licensee A would provide during relocation. On 11/04/2025 at 2:00 PM, Surveyor interviewed Licensee A. Licensee A reviewed the Admission Service Agreement in the resident records and stated there were no additional pages to the document. Licensee A stated s/he reviewed the list of services (i.e. Admission Service Agreement) and resident rights with residents and/or their legal representatives. Cross reference: M0434 DHS 88.07(1)(e) Supervision	M 384		
M 434	88.07(1)(e) Supervision The licensee shall arrange for a service provider to be present in the home when the licensee is gone overnight or when the licensee's absence prevents the resident from receiving the services, training or supervision specified in the resident's individual service plan under s. HSS 88.06(3). This Rule is not met as evidenced by: Based on record review and interview, Licensee A did not arrange for a service provider to be present in the home when Licensee A's absence prevented residents from receiving care. Two	M 434		

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M 434	Continued From page 4 residents (Resident 2 and Resident 3) were relocated when Licensee A became ill in October 2025. Findings include: The provider is licensed to care for 4 adults in the client groups physically disabled and developmentally disabled. On 10/21/2025, the Department received a complaint related to resident discharge procedures. On 11/04/2025 at approximately 9:15 AM, Surveyor interviewed Case Manager (CM) B and CM C. CM B stated s/he managed Resident 3's care; CM C managed Resident 2's care. CM B stated s/he received a call from Licensee A on 10/15/2025 indicating s/he needed Resident 3 removed from the home because Licensee A was ill. CM C stated s/he received notice on 10/14/2025 via conversation with a guardian that Licensee A requested Resident 2 to be removed from the home. CM B stated per the managed care organization (MCO) agreement; Licensee A was supposed to enact his/her backup plan. CM C stated, "It was enlightening to find [Licensee A] had no back up plan." On 11/04/2025 at 12:00 PM, Surveyor interviewed Licensee A. Licensee A stated s/he became ill and unable to provide staff or services to residents. Licensee A stated s/he contacted resident guardians and case managers for the 3 residents s/he had in his/her home at the time and requested they be moved from the home. Licensee A stated s/he did not have staff to provide services on weekends or at night. Licensee A said Resident 1 was unable to find	M 434		

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M 434	Continued From page 5	M 434		

alternative placement, Resident 2 went to a respite home, and Resident 3's guardians picked up Resident 3. Resident 1 remained at the facility while Licensee A was ill. Resident 2 returned after a respite stay. Resident 3 did not return to the facility.

On 11/04/2025, Surveyor reviewed resident records.

Resident 2 admitted to the facility on 07/23/2021. According to Resident 2's Individual Service Plan (ISP), updated on 05/13/2025, Resident 2 required assistance with medications, bathing, shaving, oral care, meal preparation, housekeeping, toileting, health monitoring, and 24-hour supervision.

Resident 3 admitted to the facility on 01/26/2025 and discharged on 10/16/2025. According to Resident 3's ISP, updated on 08/12/2025, Resident 3 required cues and reminders to complete activities of daily living. Resident 3 required 24-hour supervision.

On 11/05/2025 at 1:06 PM, Surveyor interviewed Resident 2's guardian. Guardian D stated s/he received a call from Licensee A. Licensee A stated s/he was not feeling well and s/he needed to find placement for Resident 2 because s/he did not have staff over the weekend. Guardian D stated, "[Licensee A] wasn't real clear to me on if [s/he] planned to take [Resident 2] back... [s/he] made a statement about not wanting to continue with the AFH." Guardian D stated Resident 2's MCO placed Resident 2 at a respite home for a few days. Guardian D stated s/he expected Licensee A to have a backup plan, but s/he did not.

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{M 466}	Continued From page 6	{M 466}		
{M 466}	88.07(3)(e)1 MEDICATION- RECORD KEEPING The licensee shall keep a record of all prescription medications controlled, dispensed or administered by the licensee which show the name of the resident, the name of the particular medication, the date and time the resident took the medication and errors and omissions. The medication controlled by the licensee shall be kept in a locked place. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure resident records included a complete account of all medication dispensed or administered to 2 of 2 residents in the home (Resident 1 and Resident 2). This is a repeat deficiency. See Statement of Deficiency (SOD) 8ISJ11, dated 02/05/2025. Findings include: On 11/04/2025 at 12:50 PM, Surveyor reviewed the provider's medication administration records (MAR) for Resident 1 and Resident 2. Both records indicated residents did not received their 8:00 AM medications; the MARs were blank for 11/04/2025 8:00 AM medications. At 12:58 PM, Surveyor interviewed Licensee A. Licensee A stated s/he administered morning medications to Resident 1 and Resident 2, but s/he did not document the administration.	{M 466}		

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{M 466}	Continued From page 7 On 11/05/2025, Surveyor reviewed Resident 2's physician's orders. Resident 2 was prescribed primidone 250 mg three times a day on 06/23/2025. Resident 2's MAR indicated staff administered primidone 50 mg tablet three times a day and primidone 250 mg tablet three times a day in November 2025. According to Resident 2's MAR, staff administered Resident 2 primidone 300 mg three times a day on November 1, 2, and 3. On 11/05/2025 at 1:30 PM, Surveyor interviewed Licensee A. Licensee A stated Resident 2 only received 250 mg tablets three times a day. Licensee A stated the MAR was incorrect.	{M 466}		