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
	0018318	A. BUILDING: _____ B. WING _____	R-C 10/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELENS HOUSE GRAND CHUTE BLUE	4210 N SHADY WOOD CT 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
{M 000}	INITIAL COMMENTS On 10/21/2025, Surveyors conducted a verification visit and 1 complaint investigation at Helens House Grand Chute Blue. The complaint was substantiated, and 1 deficient practice was identified. Under statutory provisions, a $200 revisit fee is being assessed for the follow-up licensing visit. Census: 4	{M 000}		
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 observation, record review, and interview, the provider did not ensure an accurate medication record was maintained for 4 of 4 residents reviewed. The medication administration records (MAR) contained dates and times when medications were administered that were not signed by the caregivers. Findings include: On 10/21/2025, Surveyor reviewed the MARs for Residents 1, 2, 3, and 4. Surveyor noted dates	M 466		

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

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M 466	Continued From page 1 and times of medication administration where caregivers did not sign the MAR: Resident 1 09/30/2025, 8 PM administration of 4 medications 10/19/2025, 8 PM administration of 4 medications 10/20/2025, 5 PM administration of 1 medication and 8 PM administration of 4 medications Resident 2 09/30/2025, 8 PM administration of 2 medications 10/20/2025, 5 PM administration of 1 medication and 8 PM administration of 2 medications Resident 3 10/19/2025, 8 PM administration of 5 medications 10/20/2025, 8 PM administration of 6 medications Resident 4 09/30/2025, 8 PM administration of 10 medications 10/20/2025, 8 PM administration of 9 medications A total of 48 caregiver initials in the medication administration record were not present to account for 4 of 4 residents receiving their medication. On 10/21/2025, Surveyor interviewed Administrator B at 2:00 PM. Administrator B showed Surveyor the residents' bubble packaged medication boards for October 2025. Surveyor observed the medications corresponding to the dates that had not been signed in October's MARs were punched out. Administrator B stated this confirmed the medication had been given but was not signed off by the caregiver. Administrator B stated there was no other note to indicate the medications had not been received as scheduled.	M 466		