

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0017279	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 01/02/2025
NAME OF PROVIDER OR SUPPLIER HELENS HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1265 NELSON DR 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 01/02/2025, the Department conducted a desk review for Helens Home. One deficiency was identified. Census: unknown	M 000		
M 122	88.03(4)(b) RENEWAL REQUIREMENTS To renew a license, the licensee shall submit to the licensing agency not less than 30 days prior to the date of expiration of the current license, a completed application form, a new program statement if there have been any program changes, the licensure fee required under s. 50.033(2), Stats., and any required fee for a criminal records check. If the license is not renewed, the licensing agency shall give the licensee written notice before expiration of the license. The notice shall clearly and concisely state the reasons for not renewing the license and shall inform the licensee of the opportunity for a hearing under sub. (7). This Rule is not met as evidenced by: Based on record review and attempted interview, the licensee did not ensure the biennial report and fee were submitted to the department within 30 days prior to the license expiration date. Findings include: On 08/26/2024, the department sent a notice to	M 122		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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M 122	Continued From page 1 Licensee A informing them the license for Helen's Home would expire on 10/31/2024. The notice indicated the biennial report and license fee were due to the department by 10/01/2024. On 10/16/2024, the department sent a second notice to Licensee A by email, indicating the biennial report and license fee were past due. The notice informed Licensee A that if the biennial report and license fee were due immediately after receipt of the emailed notice. On 10/16/2024, the department received a confirmation of delivery for the above notice. On 12/05/2024 at approximately 11:30 AM, Assisted Living Regional Director (ALRD) B attempted to reach Licensee A. ALRD B left a voice message for Licensee A indicating the department had not received the biennial report or licensing fee. ALRD B requested Licensee A send the information to the department. No follow up correspondence from Licensee A was received, including a call back or submission of the biennial form or payment. On 01/02/2025, Surveyor reviewed department records and found no evidence a biennial report or license fees were received from the provider. The license expired on 10/31/2024.	M 122		