STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017279	A. BUILDING: _____ B. WING _____	R-C 11/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HELENS HOME	1265 NELSON DR BOYCEVILLE, WI 54725

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{M 000}	INITIAL COMMENTS On 11/04/2025, Surveyor conducted a verification visit at Helen's Home. Seven violations were identified. Six of 7 violations were repeat deficiencies. See Statement of Deficiencies (SOD) D8H212, dated 05/21/2025. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 4	{M 000}		
M 216	88.04(2)(a) RESPONSIBILITIES The licensee shall ensure that the home and its operation comply with this chapter and with all other laws governing the home and its operation. This Rule is not met as evidenced by: Based on observation, record review, and interview, the licensee did not ensure the home and its operation complied with all laws. The provider did not follow Department orders to correct identified deficiencies within 45 days of 05/27/2025. Findings include: On 05/27/2025, the Department issued a notice and order letter to Administrator A with Statement of Deficiencies (SOD) D8H212. The notice and order letter indicated the provider had 45 days to achieve and maintain substantial compliance with all requirements. On 11/04/2025 at 10:05 AM, Surveyor interviewed	M 216		

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

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M 216	Continued From page 1 Administrator A. Administrator A was also the owner and licensee. Administrator A stated s/he had not corrected the deficiencies identified in SOD D8H212. Administrator A said s/he was still working through the citations with his/her managed care organization (MCO). Administrator A provided a resident roster, and stated there had been no new admissions since the previous survey. Surveyor asked Administrator A about his/her system on ensuring new residents were screened for communicable illness and tuberculosis (TB). Administrator A stated s/he had residents tested for TB. Surveyor asked if Administrator A screened for other communicable illnesses, and Administrator A stated s/he did not. Administrator A was unaware of this requirement. During the course of the survey, the Department found that 6 of 8 deficiencies in SOD D8H212 were uncorrected. One of the 2 deficiencies that were not recited was the result of the provider not admitting new residents since the last survey; the provider did not create systems to address the deficiency. The following concerns were identified during the survey: - The provider did have a fire extinguisher in the building. - The provider did not have a fire safety evacuation plan for each resident, and they did not evaluate each resident to determine evacuation capabilities. - The provider did not conduct evacuation drills in 2025. - The provider did not have signed service agreements for residents. - The provider did not ensure residents were provided resident rights and the grievance procedure upon admission.	M 216		

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M 216	Continued From page 2 - The provider did not have medication orders for medications they administered to residents. Cross references: M0332 DHS 88.05(4)(a) Fire Safety-Fire Extinguishers M0344 DHS 88.05(4)(d)2.a Fire Safety Evacuation Plan Review M0348 DHS 88.05(4)(d)2.c Semi-Annual Fire Drills M0384 DHS 88.06(2)(b) Service Agreement Except Respite M0402 DHS 88.06(2)(c)8 Resident Rights And Grievance M0464 DHS 88.07(3)(d) Medication- Written Order	M 216		
{M 332}	88.05(4)(a) FIRE SAFETY-FIRE EXTINGUISHERS Fire extinguishers. Every adult family home shall be equipped with one or more fire extinguishers on each floor. Each required fire extinguisher shall have a minimum 2A, 10-B-C rating. All required fire extinguishers shall be mounted. A fire extinguisher is required at the head of each stairway and in or near the kitchen except that a single fire extinguisher located in close proximity to the kitchen and the head of a stairway may be used to meet the requirement for an extinguisher at each location. Each required fire extinguisher shall be maintained in readily usable condition and shall be inspected annually by the authorized dealer or the local fire department	{M 332}		

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{M 332}	Continued From page 3 and have an attached tag showing the date of the last dealer or fire department inspection. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the adult family home (AFH) was equipped with a fire extinguisher on 11/04/2025. This is a repeat violation. See Statement of Deficiencies (SOD) D8H212, dated 05/21/2025. Findings include: The provider is licensed to care for 4 residents in the client groups irreversible dementia/Alzheimer's disease, physically disabled, emotionally disturbed/mental illness, advanced aged, developmentally disabled, and traumatic brain injury. On 11/04/2025, Surveyor toured the facility and did not find a fire extinguisher. On 11/04/2025 at approximately 9:40 AM, Surveyor interviewed Administrator A. Administrator A stated s/he dropped the fire extinguishers off at a local inspector last week, and s/he planned to pick them up on 11/06/2025. Administrator A stated s/he had not serviced the extinguishers since the last survey.	{M 332}		
{M 344}	88.05(4)(d)2.a FIRE SAFETY EVACUATION PLAN REVIEW The licensee shall review the fire safety evacuation plan with each new resident immediately following	{M 344}		

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{M 344}	Continued From page 4 placement and shall evaluate the resident using a form provided by the department to determine whether the resident is able to evacuate the home without any help within 2 minutes. This Rule is not met as evidenced by: Based on interview and record review, the provider did not ensure resident evacuation capabilities were assessed for 3 of 3 residents sampled. This is a repeat violation. See Statement of Deficiencies (SOD) D8H212, dated 05/21/2025. Findings include: The provider is licensed to care for 4 residents in the client groups irreversible dementia/Alzheimer's disease, physically disabled, emotionally disturbed/mental illness, advanced aged, developmentally disabled, and traumatic brain injury. On 11/04/2025 at approximately 9:40 AM, Surveyor requested evacuation assessments from Administrator A for Resident 1, Resident 2, and Resident 3. According to the resident roster provided by Administrator A, resident admission dates were as follows: - Resident 1, 10/04/2022 - Resident 2, 01/02/2025 - Resident 3, 04/09/2025 At 10:50 AM, Administrator A stated s/he was unable to locate resident evacuation	{M 344}		

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{M 344}	Continued From page 5 assessments. Administrator A stated s/he believed his/her last manager did them after the last survey, but s/he was unable to find the records.	{M 344}		
{M 348}	88.05(4)(d)2.c SEMI-ANNUAL FIRE DRILLS The licensee shall conduct semi-annual fire drills with all household members with written documentation of the date and the evacuation time for each drill maintained by the home. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure fire drills were conducted semi-annually in 2025. This is a repeat violation. See Statement of Deficiencies (SOD) D8H212, dated 05/21/2025. Findings include: The provider is licensed to care for 4 residents in the client groups irreversible dementia/Alzheimer's disease, physically disabled, emotionally disturbed/mental illness, advanced aged, developmentally disabled, and traumatic brain injury. On 11/04/2025 at 10:15 AM, Surveyor interviewed Administrator A. Administrator A stated s/he conducted fire evacuation drills every 6 months. Administrator A stated s/he completed a drill in March or May 2025, but s/he did not document it. Administrator A stated s/he was due to complete a drill in October. At 10:49 AM, Surveyor interviewed Caregiver B.	{M 348}		

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{M 348}	Continued From page 6 Caregiver B was hired on 09/10/2025. Caregiver B stated s/he had not participated in an evacuation drill. Surveyor asked if s/he was aware of each resident's evacuation needs. Caregiver B stated, "Unless we have residents in chairs, I'd have to just leave them... there is no way to get them out if they aren't in their chairs." Caregiver B explained that 4 of 4 residents required wheelchairs. At 10:50 AM, Surveyor interviewed Administrator A. Administrator A stated all residents were to be evacuated in an emergency, even if they were not in their chairs. Administrator A stated Resident 1 had a sled that would be used in an emergency, and staff would carry Resident 2 and Resident 3 outside. Administrator A said Resident 4 lost his/her ability to walk within the past month. Resident 4 would need to be transferred to his/her wheelchair via Hoyer lift. Administrator A stated they had not practiced an emergency drill since Resident 4's condition changed.	{M 348}		
{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	{M 384}		

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{M 384}	Continued From page 7 placing agency, if any. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 residents sampled (Resident 3) had a signed service agreement prior to admission. This is a repeat violation. See Statement of Deficiencies (SOD) D8H212, dated 05/21/2025. Findings include: On 11/04/2025, Surveyor reviewed Resident 3's record. Resident 3 was admitted on 04/09/2025. Resident 3's record did not contain a signed service agreement. At 10:58 AM, Surveyor interviewed Administrator A. Administrator A stated Resident 3 did not have a signed service agreement.	{M 384}		
{M 402}	88.06(2)(c)8 RESIDENT RIGHTS AND GRIEVANCE 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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure resident rights and grievance procedures had been explained and copies provided to the resident and the resident's guardian for 2 of 2 residents sampled (Resident 2 and Resident 3).	{M 402}		

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{M 402}	Continued From page 8 This is a repeat violation. See Statement of Deficiencies (SOD) D8H212, dated 05/21/2025. Findings include: On 11/04/2025, Surveyor reviewed resident records. Resident 2 admitted on 01/02/2025 and Resident 3 admitted on 04/09/2025. Neither record included evidence that resident rights and the grievance procedure were explained or provided. On 11/04/2025 at 10:25 AM, Surveyor interviewed Administrator A. Administrator A stated s/he provided new residents with a pamphlet that included resident rights and grievance procedure. Administrator A stated s/he did not retain evidence that s/he provided or explained this information to residents or their legal representatives.	{M 402}		
{M 464}	88.07(3)(d) MEDICATION- WRITTEN ORDER Before the licensee or service provider dispenses or administers a prescription medication to a resident, the licensee shall obtain a written order from the physician who prescribed the medication specifying who by name or position is permitted to administer the medication, under what circumstances and in what dosage the medication is to be administered. The licensee shall keep the written order in the resident's file. This Rule is not met as evidenced by:	{M 464}		

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{M 464}	Continued From page 9 Based on record review and interview, the provider did not obtain written orders from prescribing physicians prior to administering medications to 2 of 2 residents reviewed (Resident 2 and Resident 3). This is a repeat violation. See Statement of Deficiencies (SOD) D8H212, dated 05/21/2025. Findings include: On 11/04/2025, Surveyor reviewed Resident 2's and Resident 3's medication administration record (MAR) for November 2025. The MARs showed staff signatures for the administration of Resident 2's and Resident 3's medications. On 11/04/2025 at approximately 10:00 AM, Surveyor requested to review Resident 2's and Resident 3's records, including individual medication orders and written authorizations to administer medications. At 10:52 AM, Administrator A provided the resident records, but stated s/he did have written authorizations to administer resident medications. Surveyor reviewed the regulation with Administrator A, and Administrator A stated s/he was not aware of this requirement. Surveyor reviewed Resident 2's record. Resident 2 was admitted on 01/02/2025. Resident 2's record did not include a written authorization to administer medications. Surveyor reviewed Resident 3's record. Resident 3 was admitted on 04/09/2025. Resident 3's record did not include a written authorization to administer medications or medication orders for the following medications: - Aspirin 81 mg, chew and swallow one tablet by	{M 464}		

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{M 464}	Continued From page 10 mouth once daily at 8:00 AM - Atorvastatin 40 mg, take one tablet by mouth at 8:00 PM - Esomeprazole mag DR 20 mg, open and sprinkle the contents of one capsule via g-tube every day at 7:30 AM before breakfast - Iprat-albuterol 0.5-3 (2.5) mg, inhale 3 mL via nebulizer twice daily at 8:00 AM and 8:00 PM - Levetiracetam 100 mg/mL solution, give 5 mL via g-tube at 8:00 AM and 8:00 PM - Sodium chloride 3% vial, inhale 4 mL via nebulizer at 8:00 AM and 8:00 PM - Vitamin B-1 100 mg tablet, take 1 tablet via g-tube once daily at 8:00 AM	{M 464}		