STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019265	A. BUILDING: _____ B. WING _____	C 11/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KANDOO HOME	213 5TH AVE VIROQUA, WI 54665

(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 11/05/2025, Surveyor conducted a standard survey at Kandoo Home. Data collection continued through 11/12/2025. Three deficiencies were identified. Census: 4	M 000		
M 204	88.03(8)(a) MONITORING OF HOME The licensee shall comply with all department and licensing agency request for information about residents, services or operation of the home. This Rule is not met as evidenced by: Based on record review and interview, the provider did not comply with department request for information about residents, services and operation of the home when records were not available for review. Findings include: On 11/05/2025 at approximately 10:45 AM, Surveyor requested to review a sample of 2 resident records and 2 employee records. Licensee A contacted Surveyor via phone and stated resident records were on-site, but employee records were not maintained on-site. Surveyor requested 2 staff records from Licensee A to include health screenings, background checks, initial orientation and continuing education. Licensee A informed Surveyor s/he was out of the country and would attempt to	M 204		

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

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M 204	Continued From page 1 access employee records, as requested. On 11/05/2025 at 12:56 PM, Licensee A emailed Surveyor Caregiver B's background information disclosure (BID) form and tuberculosis (TB) results. At 12:59 PM, Licensee A sent a subsequent email stating s/he was having difficulty accessing files. Licensee A stated s/he needed to get a different internet service to gain access. Licensee A confirmed s/he had Caregiver B's BID and TB test saved on his/her laptop but could not access any other information. On 11/05/2025 at 11:50 AM, Surveyor emailed Licensee A with an additional follow-up question as Resident 1 and Resident 2's individual service plans (ISP) available for review had not been reviewed/updated within the last 6 months. On 11/06/2025 at 5:48 AM, Surveyor received an email from Licensee A stating ISPs are reviewed with their managed care organizations (MCO) every 6 months. Licensee A stated s/he was surprised the updated copies were not in their records and s/he would review upon his/her return to the country. Licensee A further stated s/he had recently terminated the house manager due to non-performance. On 11/10/2025 at 6:02 AM, Licensee A emailed Surveyor stating s/he had experienced a family tragedy while out of the country and was not able to provide records requested for the survey related to resident records and employee records. Licensee A apologized for the inconvenience and stated it was an unavoidable and unforeseen event.	M 204		

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M 276	Continued From page 2	M 276		
M 276	88.05(3)(a) Homelike Environment An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the home was safe, clean and well-maintained. Findings include: On 11/05/2025 at approximately 11:00 AM, Surveyor toured the home with Caregiver B and observed the following concerns: - A hole in the bathroom wall (approximately 12"x14") including a cracked outlet with 1/4 of the outlet cover missing. - Cracked and peeling paint and a brown discolored ring (approximately 20" in diameter) was observed on the bathroom ceiling. - A missing light switch cover in the hallway. - Cracked and peeling paint on the lower kitchen cabinets. The left cabinet door below the sink had cracked and peeling paint on 75% of the surface area. - Cracked and peeling paint on the kitchen ceiling (approximately the same width as the stove) directly above the stove. Caregiver B was preparing mashed potatoes on the stove for lunch	M 276		

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M 276	Continued From page 3 at the time of observation. - A chipped and un-even transition (approximately 2.5 feet) from the kitchen to the dining room. - An open outlet on the floor in the front entryway without a cover. On 11/05/2025 at approximately 11:30 AM, Surveyor discussed the above observations with Caregiver B. Caregiver B stated s/he had not noticed the peeling paint on the ceiling in the kitchen, and informed Surveyor the hole in the bathroom had been there approximately 1 year. Caregiver B stated s/he did inform management of the concerns and the above items were not new.	M 276		
M 334	88.05(4)(b)1 FIRE SAFETY-SMOKE DETECTORS Every adult family home shall be equipped with one or more single station battery operated, electrically interconnected or radio signal emitting smoke detectors on each floor level. Required smoke detectors shall be located in each habitable room except the kitchen and bathroom and specifically in the following locations: at the head of each open stairway, at the door leading to every enclosed stairway, on the ceiling of the living room or family room, on the ceiling of each sleeping room and in the basement. This Rule is not met as evidenced by: Based on observation and interview, the provider	M 334		

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M 334	Continued From page 4 did not ensure smoke detectors were located in each habitable room and on the ceiling for 3 of 5 sleeping rooms. Findings include: On 11/05/2025 at approximately 11:00 AM, Surveyor toured the home with Caregiver B and observed the following: - Smoke detector installed on Resident 3's wall. - No smoke detector installed in Resident 4's room. - No smoke detector installed in the staff office/sleeping room. Surveyor interviewed Caregiver B and asked about the lack of smoke detectors in Resident 4's room and the staff office. Caregiver B stated s/he was not sure where the smoke detectors were and did not know how long they had been missing. Surveyor observed a bed in the staff office and asked Caregiver B if staff sleep in the office area during assigned shifts. Caregiver B stated staff typically work 24-48-hour shifts and are allowed to sleep.	M 334		