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 _____	R 05/06/2026

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 04/22/2026, Surveyor conducted a verification visit at Kandoo Home. Data collection continued through 05/06/2026. Two of 3 deficiencies identified in Statement of Deficiency (SOD) F5PG11, dated 11/12/2025 was corrected. Three deficiencies were identified. One of 3 deficiencies was a repeat deficiency. See SOD F5PG11, dated 11/12/2025. 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 record review and interview, the licensee did not ensure the home and its operation complied with this chapter and with all other laws governing the home and its operation when licensee delayed providing records for review and submitted altered documentation. Findings include: On 04/22/2026 at approximately 12:15 PM, Surveyor entered the home and requested a staff roster, with dates of hire, and access to staff records from Caregiver B. Caregiver B contacted	M 216		

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

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M 216	Continued From page 1	M 216		

Licensee A via phone. Surveyor requested access to records from Licensee A. Licensee A informed Surveyor resident records were available on-site, but employee records were not maintained on-site to protect staff from identity theft.

Licensee A then informed Surveyor s/he could see what s/he could access from his/her mobile phone as s/he was in Madison waiting on a contractor and would be able to provide staff records when s/he returned to his/her home office when s/he was done. When asked what time records would be available, Licensee A stated s/he expected to be back around 4:30 PM (4 hours from the time of request) and would send them electronically for review.

On 04/22/2026 at approximately 4:30 PM, Surveyor received an email from Licensee A with partial records for Caregiver A, Caregiver C, and Caregiver D.

Caregiver C had a hire date of 02/18/2025.

Caregiver D had a hire date of 04/17/2023.

On 04/22/2026 at 5:50 PM, Surveyor reviewed the records provided and identified the following concerns:
- Caregiver C's BID was not signed or dated.
- Caregiver C's and Caregiver D's TB (tuberculosis) test documentation appeared to be "whited out" with the date at the top of the page. There was also a text box inserted with text data over the original document for patient name, date of birth, and date the test was read. The document was identical with the exception of the areas that appeared to have been altered.

Surveyor sent Licensee A an email at the time of

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M 216	Continued From page 2	M 216		

review with the following items:
1. Requested explanation why Caregiver C's BID was not signed or dated.
2. Requested clarification of the white-out and added text over the duplicate original documents submitted for TB tests.
3. Requested orientation and training documentation for Caregiver C.
4. Requested Caregiver C's entire file (minus the financial information)
5. Requested confirmation from Licensee A if all documentation available had been sent.

On 04/23/2026 at approximately 3:30 AM, Licensee A stated via email, "I sent it to [him/her] electronically for signing; [s/he] only has [his/her] phone [sic] not a computer. Tried to convert a Jpeg to Word; here is the original I have, Did [sic] not think you could get Jpeg, [sic]"

Licensee A attached Caregiver C's training and employee file to the above email response but did not provide a clear response to Question 2 above regarding the appearance the TB documents submitted had been altered.

On 04/27/2026 at approximately 1:45 PM, Surveyor contacted Licensee A via phone and asked again why Caregiver C's and Caregiver D's TB tests were submitted with different dates and names but appeared to be the same document. Licensee A stated, "I downloaded it to a Word document and sent it, and I didn't think I could send jpegs. That's what I got from them, so I didn't ask any questions...They are buddies, and I got them at two different times because they were hired how long apart. I didn't question it. I look for results of zero and did not look that close at it, honestly. They were both working at other places. I am not near my computer at the time and won't

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M 216	Continued From page 3	M 216		

be all day, you can email them to me. I'm in Dubuque, Iowa." Licensee A further stated s/he would follow up with Caregiver C and Caregiver D to ask them why they submitted the same document.

On 04/30/2026 at approximately 9:00 AM, Surveyor emailed Licensee A and requested employee phone numbers and a contact phone number for the facility address (the number listed in Department records was Licensee A's phone number).

On 04/30/2026 at approximately 11:30 AM, Licensee A replied via email with a number for the facility and did not provide employee phone numbers, as requested. The phone number provided by Licensee A for the facility was out of service and/or disconnected.

On 05/06/2026 at 8:18 AM, Licensee A provided Surveyor with an email that read, "Just a follow up on the question on TB Tests - Both staff stated they gave them to our former manager. [sic] Who [sic] then forwarded them to me. After multiple requests for their files. I believe [s/he] lost the original copy and forged the items [s/he] sent me. It is my fault I did not review more closely, [sic] but placed trust in an employee I later terminated for similar reasons when they were discovered. Have requested that both staff get me copies of the original TB and are both complying this process."

The information Licensee A provided via email on 05/04/2026 contradicted what Licensee A reported during the initial interview on 04/27/2026.

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{M 334}	Continued From page 4	{M 334}		
{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 did not ensure smoke detectors were located on the ceiling for 2 of 5 sleeping rooms. This is a repeat deficiency. See Statement of Deficiency F5PG11, dated 11/12/2025. Findings include: On 04/22/2026 at approximately 12:30 PM, Surveyor toured the home with Licensee A via phone and observed the following: - Smoke detector installed on Resident 1's wall. - Smoke detector installed in Resident 2's wall. Surveyor interviewed Licensee A and asked about the placement of smoke detectors in Resident 1's	{M 334}		

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{M 334}	Continued From page 5 and Resident 2's room. Licensee A stated they were installed 12 inches from the ceiling based on manufacturer's instructions. On 04/23/2026, Surveyor reviewed the provider's electronic file maintained by the Department for a waiver. No waivers were on file to place the smoke detectors on the wall.	{M 334}		
M 540	88.09(2)(c) Location and Retention Period Location and retention period. Service provider and licensee records shall be available at the adult family home for review by the licensing agency. A service provider's record shall be available while the service provider is employed by the home and for at least 3 years after ending employment. This Rule is not met as evidenced by: Based on record review and interview, the service provider and licensee records were not available at the adult family home for review by the licensing agency. Findings include: On 04/22/2026 at approximately 12:15 PM, Surveyor entered the home and requested a staff roster, with dates of hire, and access to staff records from Caregiver B. Caregiver B contacted Licensee A via phone. Surveyor requested access to records from Licensee A. Licensee A informed Surveyor employee records were not maintained on-site to protect staff from identity theft.	M 540		

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M 540	Continued From page 6 Licensee A then informed Surveyor s/he could see what s/he could access from his/her mobile phone (Licensee A was in Madison waiting on a contractor) and would be able to provide staff records when s/he returned to his/her home office (approximately 70 miles from Madison). When asked what time records would be available, Licensee A stated s/he expected to be back at his/her home office around 4:30 PM (4 hours from the time of request) and would send them electronically for review. On 04/22/2026 at approximately 4:30 PM, Surveyor received an email from Licensee A with partial records for Caregiver A, Caregiver C, and Caregiver D. On 04/27/2026, at approximately 1:45 PM, Surveyor contacted Licensee A via phone and discussed the concern. Licensee A stated s/he could put a letter sized lock box in the home with personnel files in to ensure the licensing agency has access to them. Cross Reference M0216 DHS 88.02(a)Responsibilities	M 540		