STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019540	A. BUILDING: _____ B. WING _____	C 05/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BUCKAROOS AFH 2B	N6424 SOUTH FARMINGTON ROAD DUPLEX B HELENVILLE, WI 53137

(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 05/14/2025, Surveyor conducted a complaint investigation and standard survey at Buckaroos AFH 2B. Two (2) deficiencies were identified. The complaint was substantiated. Census: 3	M 000		
M 382	88.06(2)(a)2 HEALTH EXAM NOT REQUIRED SHORT RESPITE No heath examination is required for a person admitted for respite care who will not be staying in a home more than 7 days and will not be placed in the home more than once in a calendar year. This Rule is not met as evidenced by: Based on record review and interview, the licensee did not ensure a respite resident of an adult family home who was placed in the home more than once in a calendar year received a health examination by a physician, registered nurse or physician assistant or was screened for communicable disease including tuberculosis. Resident 1 had 10 respite stays during 2024 and had not received a health examination or screening for communicable disease until 02/26/2025. Findings include: On 05/14/2025 at approximately 9:00 a.m., Surveyor interviewed Caregiver C who stated that 2 of the residents and Licensee A just got back	M 382		

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

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M 382	Continued From page 1	M 382		

from Florida last night. Surveyor asked if Resident 1 was receiving respite everyone else in the house was gone. Caregiver C stated that Resident 1 has only received respite services until recently, so s/he would have to look to see if Resident 1 was in the facility the whole time the other residents were gone, or if s/he had gone home.

At approximately 10:10 a.m., Surveyor interviewed Manager B. Manager B stated that although Resident 1 recently admitted to the provider, s/he was not new to the home and has been doing respite for the last year.

Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider on 05/12/2025 with diagnoses including 16p partial trisomy syndrome, intellectual disability, and obstructive sleep apnea. Resident 1's record had a health exam that was completed on 02/26/2025.

At 10:42 a.m., Surveyor reviewed Resident 1's respite dates with Manager B. Respite was provided for Resident 1 on:
08/09/2024-08/11/2024
08/23/2024-08/25/2024
09/06/2024-09/08/2024
09/20/2024-09/22/2024
10/05/2024-10/13/2024
10/25/2024-10/27/2024
11/01/2024-11/03/2024
11/15/2024-11/17/2024
11/30/2024-12/07/2024
12/13/2024-12/15/2024
03/22/2025-03/30/2025
04/01/2025-04/03/2025
04/05/2025-04/19/2025
04/22/2025-05/08/2025
05/12/2025 Resident 1 was admitted as a

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M 382	Continued From page 2 resident. At approximately 10:50 a.m., Manager B confirmed that a health examination was not completed for Resident 1 before s/he received respite services more than one time in 2024.	M 382		
M 434	88.07(1)(e) Supervision The licensee shall arrange for a service provider to be present in the home when the licensee is gone overnight or when the licensee's absence prevents the resident from receiving the services, training or supervision specified in the resident's individual service plan under s. HSS 88.06(3). This Rule is not met as evidenced by: Based on record review and interview, the licensee did not arrange for a service provider to be present in the home with the licensee is gone overnight. Resident 1 did not always have a staff in the facility when Licensee A and the other two residents of the home went to Florida from April 15, 2025-May 13, 2025. Findings include: On 04/25/2025, the department received a complaint alleging that the provider was not staffing the facility appropriately. On 05/14/2025 at approximately 9:00 a.m.,	M 434		

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M 434	Continued From page 3	M 434		

Surveyor interviewed Caregiver C who stated that 2 of the residents and Licensee A just got back from Florida last night. Surveyor asked if the facility was staffed with a caregiver, day and night, while the other two roommates were gone. Caregiver C, who identified s/he also works third shift, stated no, that Resident 1 would go to the downstairs adult family home (AFH) during the day and then come upstairs to sleep at night. Caregiver C stated that the downstairs AFH and the upstairs AFH would keep the doors open so the staff member downstairs could hear if there was a concern with Resident 1.

At 9:53 a.m., Surveyor interviewed Licensee A with concerns that the facility was not staffed for Resident 1 while Licensee A was in Florida. Licensee A stated that s/he does not to the staffing for the facility but s/he knew that there was no staff at the facility during the day, since there was an open bed at the AFH downstairs, Licensee A had Resident 1 go downstairs during the day.

At 10:30 a.m., Surveyor interviewed Manager B about staffing for the previous month. Manager B stated that while Licensee A and the other two residents were gone, there was 1 staff at night and that Resident 1 went downstairs during the day, so there was no staff upstairs. Manager B stated that s/he has worked third shift at the AFH and that s/he had scheduled staff to work nights upstairs but that maybe staff weren't coming in.

At 10:36 a.m., Licensee A stated that s/he was gone and s/he does not know what took place. Licensee A stated there is a possibility that Resident 1 could have slept in a room downstairs, but this was the first s/he was hearing about this.

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M 434	Continued From page 4 Surveyor reviewed Resident 1's record. Resident 1 was admitted to the provider on 05/12/2025 with diagnoses including 16p partial trisomy syndrome, intellectual disability, and obstructive sleep apnea. At 10:42 a.m., Surveyor reviewed Resident 1's respite dates with Manager B. Respite was provided for Resident 1 on: 04/05/2025-04/19/2025 04/22/2025-05/08/2025 05/12/2025 Resident 1 was admitted as a resident. Surveyor requested Manager B provide Surveyor with the staff schedule and payroll punches for the facility from 04/15/2025-05/13/2025 in the next 24 hours. On 05/15/2025 at 9:57 a.m., Manager D emailed Surveyor the time cards for the facility. The punch cards does not have a staff working each day Resident 1 was in the facility. Surveyor asked if Manager D could explain the lack of staff on third shift or provide additional time cards for staff that had been working. As of 05/20/2025, no further information has been received.	M 434		