STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014983	A. BUILDING: _____ B. WING _____	01/08/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW WINDS III	N346 TWINKLING STAR ROAD WHITEWATER, WI 53190

(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 01/03/2024, with information gathered through 01/08/2024, Surveyor conducted an abbreviated licensure survey at Willow Winds III. 7 deficiencies were identified. Census: 4	M 000		
M 282	88.05(3)(d) ANNUAL WELL WATER INSPECTIONS Where a public water supply is not available water samples shall be taken from the well and tested at the state laboratory of hygiene or other laboratory approved under ch. HSS 165 at least annually. This Rule is not met as evidenced by: Based on record review and interview the provider did not ensure water samples were taken from the well and tested at the state laboratory of hygiene or other laboratory approved under CH HSS 165 at least annually. Findings include: On 01/03/2024, Surveyors requested the providers annual well water inspection for 2021 and 2022. On 01/03/2024, at approximately 1:00 PM, Surveyors interviewed Administrator A. Administrator A stated the annual well water inspection were not onsite and s/he would have to email them to us. Surveyors stated to Administrator A that s/he had until 01/04/2024 by 4:00 PM, to send the annual well water inspection to Surveyors.	M 282		

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

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M 282	Continued From page 1 On 01/05/2024 at approximately 8:00 AM, Surveyor reviewed emails and did not receive the requested documentation. On 01/05/2024 at approximately 11:26 AM, Surveyor e-mailed Administrator A asking for the well water inspection reports. As of 01/08/2024 at approximately 2:00 PM, Surveyors had not received a response.	M 282		
M 326	88.05(3)(n)1 BED-CLEAN, GOOD CONDITION, PROPER SIZE A separate bed for each resident unless a couple chooses to share a bed. The bed shall be clean, in good condition and of proper size and height for the comfort of the resident. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a bed was clean and in good condition for 1 of 1 resident (Resident 1). Findings Include: This Adult Family Home (AFH) is licensed to serve up to 4 residents within the client groups traumatic brain injury and developmentally disabled. On 01/03/2024, at approximately 1:40 PM, Surveyors toured the facility with Administrator A and observed the bed in Resident 1's room. Surveyor observed that the springs for the mattress could be seen through the mattress material. Surveyor slid his/her hand across the mattress and could easily feel the mattress	M 326		

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M 326	Continued From page 2 springs. Administrator B stated that residents are responsible for their furniture. Surveyor asked if Administrator B had contacted Resident 1's managed care organization to address the condition of his/her bed. Administrator B stated s/he would make contact. On 01/03/2024, Surveyor reviewed Resident 1's record. Resident 1 moved into the facility, 02/06/2023, with diagnoses that included anxiety disorder, major depressive disorder and intellectual disabilities.	M 326		
M 336	88.05(4)(b)2 SMOKE DETECTORS-TESTING AND MAINTENANCE The licensee shall maintain each required smoke detector in working condition and test each smoke detector monthly to make sure that it is operating. If a unit is found to be not operating, the licensee shall immediately replace the battery or have the unit repaired or replaced. This Rule is not met as evidenced by: Based on record review and interview the provider did not ensure smoke detector testing was conducted monthly. Findings include: On 01/03/2024, Surveyors requested the providers monthly smoke detector tests for 2021 and 2022.	M 336		

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M 336	Continued From page 3 On 01/03/2024, at approximately 1:00 PM, Surveyors interviewed Administrator A. Administrator A stated the smoke detector tests were not on site and s/he would have to email them to Surveyor. Surveyors gave Administrator A until 01/04/2024 by 4:00 PM, to submit the smoke detector tests. On 01/05/2024, at approximately 8:00 AM, Surveyor had not received the requested documentation. On 01/05/2024, at approximately 11:26 AM, Surveyor e-mailed Administrator A asking for the smoke detector tests. As of 01/08/2024 at approximately 2:00 PM, Surveyors still had not received documentation related to the smoke detector testing.	M 336		
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 semi-annual fire drills were conducted with all household members with written documentation of the date and the evacuation time for each drill maintained by the home. Findings include: On 01/03/2024, Surveyors requested documentation of fire drills for 2021 and 2022.	M 348		

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M 348	Continued From page 4 On 01/03/2024, at approximately 1:00 PM, Surveyors interviewed Administrator A who stated the fire drills were not onsite and s/he would have to email them to Surveyor. Surveyors gave Administrator A until 01/04/2024 by 4:00 PM to submit the documentation via email. On 01/05/2024, at approximately 8:00 AM, Surveyor had not received the requested documentation. On 01/05/2024, at approximately 11:26 AM, Surveyor e-mailed Administrator A asking for the fire drills. As of 01/08/2024, at approximately 2:00 PM, Surveyors had not received documentation related to fire drills as requested.	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 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 1 resident (Resident 2) had a signed and dated service agreement by	M 384		

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M 384	Continued From page 5 the licensee, resident, or resident's guardian or designated representative prior to admission. Findings include: On 01/03/2024, Surveyor reviewed Resident 2's record. Resident 2 was admitted on 12/18/2023. Resident 2 had a legal guardian. Resident 2's record did not contain a service agreement. On 01/03/2024, at approximately 1:45 PM, Surveyor interviewed Administrator A. Administrator A stated s/he had not received Resident 2's admission packet from his/her care team and s/he would follow up with them. As of 01/08/2024 at 8:00 AM, Surveyor did not receive any additional documentation.	M 384		
M 400	88.06(2)(c)7 CONDITIONS OF TRANSFER OR DISCHARGE Conditions for transfer or discharge and the assistance a licensee will provide in relocating a resident. This Rule is not met as evidenced by: Based on record review and interviews, the information in the service agreement concerning conditions for transfer or discharge of a resident did not specify the assistance the licensee will provide in relocating a resident. A 30-day written notice of involuntary discharge was issued to Resident 1, dated 09/14/2023. The written service agreement did not specify the	M 400		

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M 400	Continued From page 6	M 400		

assistance the licensee would provide in relocating Resident 1.

Findings include:

On 01/03/2024, at approximately 12:30 PM, Surveyor observed Resident 1 sitting in the common areas of a neighboring provider facility. Administrator A stated that Resident 1 is always upset with staff, so "do not be surprised if [s/he] has negative things to say." Administrator A stated Resident 1 had been given a 30-day notice due to his/her behaviors.

On 01/03/2024, Surveyor reviewed Resident 1's record.

Resident 1 was admitted, 02/06/2023, with diagnoses that included anxiety disorder, major depressive disorder and intellectual disabilities.

Resident 1's record contained an email that documented:
"09/14/2023 11:52 AM - To: [Resident 1's Managed Care Organization (MCO) Care Manager (CM), CM B], [CM C], [CM D], [(County) Advocate E[Licensee F]; From: [Administrator A] - As prt [sic] prior conversation regarding member R, this is [provider name] official 30 day notice. Due to [his/her] medical condition declining and [his/her] refusal to cooperate with medical staff/doctors and [his/her] increasing aggression at redirection by our staff we the management team of [provider name] can no longer meet this member's needs."
The email did not contain any additional information.

Resident 1's January 2024 progress notes, dated 01/01/2024 to 01/08/2024, did not document any

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M 400	Continued From page 7 behavioral concerns. Resident 1's Individual Service Plan, dated 02/06/2023, documented: "Alerts - Non med compliant" "Interactions with others: seems to be a bit argumentative with [his/her] peers on some days. But is easily redirected to calm down." On 01/03/2024, at approximately 1:30 PM, Surveyors interviewed Administrator A. Administrator A stated that Resident 1 had been discharged and was waiting for his/her care team to find him/her new placement. Surveyor stated that based on the documentation that was in Resident 1's record, there were no documented behaviors that would warrant a 30-day discharge. Administrator A stated that staff did not document Resident 1's behaviors because "that is just how [Resident 1] acts, it is an everyday occurrence." Surveyor asked what documentation would be provided if Resident 1 had requested to appeal the 30-day notice. Administrator A did not have a response. On 01/04/2024, Surveyor reviewed the admission agreement the provider had on file with the Department which documented: "Before we involuntarily transfer or discharge you, we will give you and your Legal Representative or Responsible Party a thirty (30) day notice of such transfer or discharge unless such transfer or discharge is based on the safety or health of you or others, or if you have resided in our Facility for less than thirty (30) days. As a minimum, your written notice will: (1) Specify the reason(s) for the impending transfer or discharge; (2) List the effective date of the transfer or discharge; and	M 400		

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M 400	Continued From page 8 (3) The location to which you will be transferred or discharged. Your written notice will also inform you that you have the right to appeal the transfer or discharge decision and will provide you with the names and telephone numbers of agencies available to furnish you with legal and other assistance relative to the transfer or discharge." Surveyor noted there was no guidance provided to assist the resident with relocation or the right to appeal.	M 400		
M 424	88.06(3)(f) REVIEW OF ISP The individual service plan shall be reviewed at least once every 6 months by the licensee, the resident or the resident's guardian, the service coordinator, if any, the designated representative, if any, the placing agency with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This review is to determine continued appropriateness of the plan and to update the plan as necessary. A plan shall be updated, in writing, whenever the resident's needs or preferences change substantially or when requested by the resident or the resident's guardian. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident (Resident	M 424		

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M 424	Continued From page 9 1) Individual Service Plans (ISP) was reviewed at least every 6 months. Findings include: On 01/03/2024, Surveyor reviewed Resident 1's record. Resident 1 was admitted, 02/06/2023, with diagnoses that included anxiety disorder, major depressive disorder and intellectual disabilities. Resident 1's available ISP was dated 02/06/2023. The ISP should have been reviewed in 08/2023. On 01/03/2024, at approximately 1:30 PM, Surveyor interviewed Administrator A. Administrator A stated that Resident 1's ISP had not been updated due to his/her anticipated transfer due to a 30-day discharge notice issued in 09/2023.	M 424		