STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010562	A. BUILDING: _____ B. WING _____	05/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ANTHONY HOUSE	900 WELLS ST MARINETTE, WI 54143

(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
N 000	Initial Comments On 05/06/2025, Surveyor conducted an abbreviated survey at Anthony House. Additional information was gathered through 05/14/2025. Two deficient practices were identified. Census: 9	N 000		
N 196	83.14(2)(a) Licensee ensures facility complies with laws The licensee shall ensure the CBRF and its operation comply with all laws governing the CBRF. This Rule is not met as evidenced by: Based on observation, interview, and record review, the licensee did not ensure the CBRF's operation was in compliance with all laws governing the CBRF. The program was structured to impose blanket restrictions of resident rights on all residents, regardless of their individual permissions. Contents of their program operation documentation was in direct conflict with Chapter 83. Findings include: The CBRF is licensed to serve up to 12 residents who may have alcohol/ drug dependence, be emotionally disturbed/ mental illness, and/or be correctional clients. On 05/06/2025 at 1:00 PM, Surveyor interviewed Licensee A with Manager B present. Licensee A stated all residents admitted to the facility were through Marinette County and fit into 1 or more of the populations served under their license. Licensee A stated the average length of stay for	N 196		

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

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N 196	Continued From page 1 their residents was between 10 days to 3 months. Licensee A stated although they are a Community Based Residential Facility (CBRF,) they do not "run" like other CBRFs and do not operate as other CBRFs do because of the safety risk their population of residents poses to themselves and others. Licensee A did not distinguish between the populations served or the individuals whose rights and limitations vary from case to case in relation to the blanket house rules and restrictions found throughout the program. On 05/06/2025 at 1:30 PM, Surveyor conducted a tour of the facility with Licensee A and House Manager B. Surveyor observed signs posted within the home such as: "No R-rated movies, movies that glorify drug or alcohol use, or with nudity or inappropriate language should be watched as well." "THERE IS NO LAYING DOWN OR SLEEPING ON THE FURNITURE. PLEASE DO NOT MOVE THE FURNITURE. PLEASE DO NOT PUT YOUR FEET ON THE FURNITURE." "NO ENERGY DRINKS OF ANY KIND ARE PERMITTED ON ANTHONY HOUSE GROUNDS. Residents are not allowed any caffeinated beverage after 2pm." " ...Teabags will be kept in resident bins in the office! THIS ALSO GOES FOR PERSONAL COFFEE." "Snack times 10-10:15 am, 2-2:15 pm, 7-7:15 pm ... Residents must be within the 15-minute timeframe, if they are late they will have to wait until the next snack time.	N 196		

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N 196	Continued From page 2 NO SHARING OF FOOD OR DRINKS IS PERMITTED, NO EXCEPTIONS." "Only staff are permitted to adjust lights ..." "SMOKE BREAKS 7 am, 9 am, 11 am, after lunch chores, 2 pm, 4 pm, after dinner chores, 7 pm, 9 pm." " Make sure you take all of you personal belongings with you when you're finished ... You are responsible for your towels and washcloths and will not be issued replacements." At 1:45 PM Surveyor observed the kitchen pantry and laundry room were kept locked. At 2:30 PM, Surveyor requested to review the program's operational paperwork including house rules, admission agreement, and any additional service plans or daily programs. Surveyor received the "Admission Agreement for Diversion," "Anthony House Programming Schedule," "Residential Rights," and "Anthony House Rules and Personal Belongings Policy." Surveyor noted the documents were not based on Chapter 83 regulations. The provider had a blanket set of documents that all residents were required to sign and abide by, regardless of their individual freedoms or limitations based on their individual assessments. The documents were not based on Chapter 83 regulations with limitations then added in based on an individual's court orders. Surveyor noted the following examples: (The notes from the documents are a selection of examples and not an all-inclusive list.) "ADMISSION AGREEMENT FOR DIVERSION" "The residents belongings will be searched by	N 196		

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staff at admission then later must also be checked in by staff ... a room search will be done if there's any suspicion of unauthorized chemicals or items in any room...

Residents ... are not allowed to borrow or barter with other residents ... residents are required to register their departure, expected time of return, and actual time of return ...

Should a resident suspect appear of possessing and or using alcohol or drugs or smoking inside the house they are responsible for informing a staff person immediately also if a resident suspects a peer of being involved in a romantic relationship with another peer they will give that person 24 hours to notify staff. If he/she does not do so it is the suspecting resident's responsibility to do so."

"ANTHONY HOUSE PROGRAMMING SCHEDULE"

The document is a schedule beginning at 9:15 AM ending at 4:00 PM with 11 entries including activities, mealtimes, and breaks. The document noted below the daily schedule:

"Monday through Friday, TV will remain OFF until after programming activities are complete. Residents are required to participate in all programming activities unless excused by their Case Manager or Treatment Team. Failure to participate may result in consequences. Activities are subject to change as needed at the discretion of the Program Specialist."

"RESIDENTIAL RIGHTS"

" ...The rights of the residents shall follow the

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requirements of Wisconsin statute SEC 50.09, 51.61 and HHS 94 Wisconsin administrative code.

Residential Rights at Anthony House
The right to private and unrestricted communications with their family physician attorney public official and any other person unless medically contraindicated as documented by the residents physician residents have the right to receive send and male sealed unopened correspondence Anthony house may require that the resident be in the presence of staff to open the correspondence if it is believed to contain contraband ...

The right to reasonable access to telephone usage for private communications ... residents are permitted to make at least one long distance telephone call, without charge, to an attorney, the department or another source for help such as the residents guardian, legal representative, family member, psychiatrist, psychologist, licensed therapist, or counselor."

The document did not refer to being licensed under or following Chapter 83. The rights listed were not the same or inclusive of all the rights in Chapter 83, while some were in direct conflict with Chapter 83.

"Anthony House Rules and Personal Belongings Policy"

"2. ... ALL items will be searched and inventoried including smoking materials and personal electronic or cellular devices and accessories ...

3. ...Unacceptable behavior includes but is not limited to: excessive noise/volume, vulgarity,

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N 196	Continued From page 5 swearing ...unwanted closeness or touching ... invasive questions or comments, criticizing or insulting others ... noncompliance and any other disruptive behaviors ... 4. ... Residents must be quiet and in their bedrooms by 10:00 PM ... Residents should be out of their rooms by 8:00 AM during the weekday. b) Disrespectful defiant or any other non-compliant behavior may result in law enforcement being contacted ... 5. ... All residents are expected to complete their daily chores... 6. ... E cigarettes vaping oils and related products are not permitted ... all tobacco products must be factory sealed upon intake and one being dropped off by approved contacts ... Lighters must be turned in after smoke breaks or the privilege of the next break may be taken away... Matches/matchbooks are prohibited... Designated smoke breaks are 7:00 AM, 9:00 AM, 11:00 AM, upon completion of lunch clean up, 2:00 PM, 4:00 PM, upon completion of dinner cleanup, 7:00 PM and 9:00 PM. If a break is missed residents must wait until the next break. Anthony house staff reserved the right to revoke the privilege of smoke breaks due to disruptive noncompliant or disrespectful behavior ... 7. No energy drinks or stimulants are allowed on the premises ... 9 Residents are not allowed to open or take items from the cupboards cabinets refrigerators freezers or any other area of the house without prior permission from Anthony house staff ... No food or drinks of any kind are allowed outside	N 196		

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N 196	Continued From page 6 the kitchen or dining room this includes coffee tea juice and water. Water may be taken into resident bedrooms and spill proof containers only ... Common areas of the house residents are not permitted to lay on furniture or floors... Cell phones will be stored safely in the office when not in use calls should be limited to 10 minutes to provide access for all residents no phone calls are to be made during mealtimes cleanup or scheduled programming activities ... Anthony house staff reserves the right to revoke computer privileges if used inappropriately ... 11 Television may be watched between the hours of 7:00 AM and 10:00 PM ... TV content must be appropriate. no horror, true crime, sexually explicit, violent, obscene, hateful, offensive, or R rated content is permitted. PG 13 content must be approved by staff... Residents may not control the remote or turn on the TV themselves. Anthony house staff reserves the right to determine appropriate content and or revoke TV privileges due to disruptive non-compliant or disrespectful behavior. 13 ... Pajamas are not to be worn around the house between hours of 9:00 AM and 9:00 PM... baseball caps or hats with bills that extend out past the forehead are not allowed to be worn inside the house ... Anthony house staff reserves the right to determine appropriate clothing 15 Engaging in any type of romantic such sexual relationship on the premise is strictly prohibited ... 17 Zero tolerance policy for gossip or rumors ...	N 196		

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N 196	Continued From page 7 19 ... Failure to finish laundry or bedroom chores on the scheduled day may result in the loss of certain privileges ... 24 ...There is a 9:00 PM nightly curfew for all residents unless approved by their treatment team ... 25 ...All visitors must be pre-approved ... This is the structure and responsibility that comes with this housing. By signing below you acknowledge that you understand these rules and that you are willing to comply you also acknowledge that not following these rules may result in consequences such as but not limited to loss of privileges or termination from Anthony house." Surveyor interviewed Licensee A and Manager B during the tour and documentation review on both 05/06/2025 and on a return visit on 05/14/2025. The administrators frequently referenced examples of past resident behavior and hypothetical scenarios as reasons for why restrictions were in place for all residents and frequently referenced restricting all residents in favor of not being seen as being unfair to those residents who had court orders restricting their individual rights: During the tour on 05/06/2024 at 1:30 PM, Surveyor interviewed Licensee A. Licensee A stated no residents were allowed to take food or drinks other than water into their rooms. Licensee A stated some of the residents had in the past not been safe with food items and gave the example that the food was placed in the facility ventilation system and food had clogged drains. Licensee A stated, "It wouldn't be fair for me to tell 1 resident	N 196		

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they can have food in their room while the other asks why they can't."

During the tour on 05/14/2025 at 2:30 PM Surveyor observed the kitchen pantry was secured. Licensee A stated the pantry had to be locked and gave an example of a former resident being unsafe as s/he had been in a state of psychosis and a different former resident entered the pantry and ate all the fruit. The administrators stated because of these past experiences, and the potential for future residents to have increased supervision needs, the pantry had remained locked and all residents had to ask staff to unlock it, including having to ask staff permission to open the refrigerator.

During a review of the documents on 05/14/2025 at 3:00 PM, Licensee A continued to discuss opting to be fair to the residents who have restricted rights by blanket restricting all residents in regards to designated smoke breaks, snack breaks, access to household cupboards, cabinets and food items, allowing food items into rooms, allowing caffeinated beverages, nightly curfew time, completion of chores, and visitors. Licensee A stated it would be difficult to tell 1 resident they could do something while another asks why they cannot. Licensee A acknowledged each resident is admitted with different needs and some with more, less, or no court restrictions. Licensee A stated his/her understanding that an individual's rights can only be limited by their court orders and the provider did not have the right to limit a resident's rights just because another resident did not have the same freedoms granted.

While reviewing the documentation on 05/14/2025 at 2:30 PM, Licensee A was interviewed with Manager B present. Upon review

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N 196	Continued From page 9 of the documentation, Licensee A confirmed the program operation and documentation was not in continual compliance with Chapter 83. Licensee A stated the documentation appeared to be tailored to residents with a correctional background and resident rights limited by court order. Licensee A acknowledged residents need to be individually assessed upon admission, starting with all of their rights, then looking to their individual court orders to see which rights individually are limited. Administrator A acknowledged the provider could not impose blanket limitations on all residents and that the program and documentation would need to be developed to support individual rights.	N 196		
N 223	83.18(1) Employee records maintained and current. A separate record for each employee shall be maintained, kept current, and at a minimum, include: (a) Written job description including duties, responsibilities and qualifications required for the employee; (b) Beginning date of employment; (c) Educational qualifications for administrators; (d) Completed caregiver background check following procedures under s. 50.065, Stats., and ch. HFS 12; (e) Documentation of training, or exemption verification. This Rule is not met as evidenced by: Based on record review and interview the provider did not ensure 2 of 2 (Caregivers C and D) employee files were maintained with all required background check and training documentation. Findings include:	N 223		

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N 223	Continued From page 10 On 05/06/2025 at 12:45 PM, Surveyor requested Caregivers C's employee file including his/her background check information. Caregiver C was hired on 12/26/2023 and had a Background Information Disclosure (BID) dated 01/14/2025 that indicated s/he lived In Michigan within 3 years of hire. Surveyor noted no out of state background check documentation was in the employee file. On 05/06/20205 at 1:00 PM, Surveyor interviewed Manager B. Manager B stated s/he could not find the documentation for an out of state background check for Caregiver C. On 05/06/2025 at 12:45 PM, Surveyor requested Caregivers D's employee file including his/her background check information and orientation training. Caregiver D was hired on 02/ 21/ 2024. Surveyor noted Caregiver D's file did not contain his/her BID or orientation training documentation for abuse, individual needs and services, emergency procedure and evacuation, challenging behaviors and client group. On 05/06/20205 at 1:10 PM, Surveyor interviewed Manager B. Manager B stated s/he could not find the documentation but was sure Caregiver D had been trained in all the subjects that were missing documentation within the employee file. Manager B stated s/he would have the caregiver fill out a new BID. On 05/06/2025 at 1:30 PM, Surveyor interviewed Caregiver D. Caregiver D stated s/he recalled being trained in all the areas that were not documented in his/her employee file. On 05/14/2025, Surveyor returned to the facility	N 223		

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N 223	Continued From page 11 and noted the employee files had a new system to track required documentation. Surveyor noted Caregiver D's employee file still did not contain a completed BID.	N 223		