STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018198	A. BUILDING: _____ B. WING _____	C 05/21/2025

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HELENS HOME II	1263 NELSON DRIVE BOYCEVILLE, WI 54725

(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 standard licensure survey and a complaint investigation. Data was collected through 5/21/2025. The complaint was unsubstantiated. Eleven deficiencies were identified. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 4	M 000		
M 114	88.03(3)(b) CRIMINAL RECORDS CHECK Criminal records check. Prior to an initial license the licensing agency shall ask the Wisconsin department of justice to conduct a criminal records check on the license applicant and on any other adult household member. The licensee shall arrange for a criminal records check of all service providers. At least every second year following issuance of an initial license the licensing agency shall request a criminal records check on the licensee and all other adult household members and the licensee shall arrange for a criminal records check on any service provider. In addition, during the period of the licensure, the licensee shall arrange for a criminal records check on any new service provider. If any of these persons has a conviction record or a pending criminal charge which substantially relates to the care of a dependent population, the funds or	M 114		

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

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M 114	Continued From page 1 property of adults or minors or activities of the adult family home, the licensing agency may deny, revoke, refuse to renew or suspend a license, initiate other enforcement action provided in this chapter or in ch. 50, Stats., or place conditions on the license. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Caregiver B had a complete caregiver background check upon hire. Findings include: According to The Wisconsin Caregiver Program Manual (P-00038), Wis. Stat. ch. 50, and Wis. Admin. Code ch. 12, a complete background check consists of: 1) A completed DHS (Department of Health Services) form F-82064, Background Information Disclosure (BID). 2) A response from the Department of Justice (DOJ). 3) Integrated Background Information System (IBIS) letter from the Department of Health Services (DHS). On 05/21/2025 at approximately 12:50 PM, Surveyor received an email with Caregiver B's background check information.	M 114		

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M 114	Continued From page 2 Caregiver C had a hire date of 11/18/2024. The DOJ and IBIS response letter was dated 05/15/2025 (the day after survey). On 05/21/2025 at approximately 2:30 PM, Surveyor interviewed Administrator A regarding Caregiver B's DOJ and IBIS being dated the day after survey. Administrator A stated that s/he realized when collecting staff documentation that s/he could not find those forms for Caregiver B, so s/he re-ran them.	M 114		
M 244	88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS The licensee and each service provider shall complete 15 hours of training approved by the licensing agency related to health, safety and welfare of residents, resident rights and treatment appropriate to residents served prior to or within 6 months after starting to provide care. This training shall include training in fire safety and first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Caregiver B completed 15 hours of training within the first 6 months of hire. Findings include: On 05/14/2025 at approximately 1:22 PM, Surveyor requested all training records for Caregiver B.	M 244		

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M 244	Continued From page 3 On 05/21/2025, Surveyor reviewed Caregiver B's record. Caregiver B had a hire date of 11/18/2024. Caregiver B's record contained evidence of completed training on 12/13/2024 for fire safety and medication management, totaling 2 hours. Caregiver B's record did not contain evidence of any other training completed since hire. On 05/21/2025 at approximately 1:30 PM, Surveyor interviewed Administrator A about Caregiver B's training record. Administrator A acknowledged that Caregiver B did not meet the required topics or hours for initial training. Administrator A stated the online training system they used assigns the required classes to employees upon hire. S/he will ensure moving forward that the classes assigned are being completed by the proper due dates.	M 244		
M 246	88.04(5)(b) TRAINING-8 HOURS ANNUALLY Except as provided in pars. (c) and (d), the licensee and each service provider shall complete 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training is received. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure all employees received 8	M 246		

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M 246	Continued From page 4 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents annually for 1 employee reviewed who required continuing education. Findings include: On 05/14/2025 at approximately 1:22 PM, Surveyor requested all training records for Caregiver C. On 05/21/2025, Surveyor reviewed Caregiver C's record. Caregiver C had a hire date of 07/24/2022. Caregiver C's training record for 2024 showed that s/he completed a total of 5.5 hours of training. Caregiver C's 5.5 hours of training did not include training on resident rights. On 05/21/2025 at approximately 1:30 PM, Surveyor interviewed Administrator A about Caregiver C's training record. Administrator A stated the online training system they used assigned the required classes to all employees for continuing education. S/he stated s/he will investigate that to ensure the proper courses are completed moving forward.	M 246		
M 332	88.05(4)(a) FIRE SAFETY-FIRE EXTINGUISHERS Fire extinguishers. Every adult family home shall be equipped with one or more fire extinguishers on each floor. Each required fire extinguisher shall have a minimum 2A, 10-B-C rating. All required fire extinguishers shall be mounted. A fire extinguisher is required at the	M 332		

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M 332	Continued From page 5	M 332		

head of each stairway and in or near the kitchen except that a single fire extinguisher located in close proximity to the kitchen and the head of a stairway may be used to meet the requirement for an extinguisher at each location. Each required fire extinguisher shall be maintained in readily usable condition and shall be inspected annually by the authorized dealer or the local fire department and have an attached tag showing the date of the last dealer or fire department inspection.

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure fire extinguishers were inspected annually by an authorized dealer or local fire department and did not have an attached tag showing the date of the last inspection.

Findings include:

On 5/14/2025, Surveyor observed the fire extinguisher mounted to the wall in the kitchen by the garage door. The fire extinguisher had an annual inspection tag dated 12/2020.

At approximately 1:22 PM, Surveyor asked Administrator B when the last time the fire extinguishers were inspected. Surveyor asked for updated documentation of inspections more recent than 12/2020.

On 05/21/2025 at approximately 1:30 PM, Surveyor interviewed Administrator A. Administrator A stated s/he took the fire extinguishers to an inspection company to get

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M 332	Continued From page 6 inspected. S/he thinks they were inspected last year but did not get an updated inspection tag. Surveyor requested that documentation of inspection be sent by the end of the day. On 05/22/2025, Surveyor did not receive any documentation of fire extinguisher inspection.	M 332		
M 344	88.05(4)(d)2.a FIRE SAFETY EVACUATION PLAN REVIEW The licensee shall review the fire safety evacuation plan with each new resident immediately following placement and shall evaluate the resident using a form provided by the department to determine whether the resident is able to evacuate the home without any help within 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure an evacuation assessment was completed for Resident 1 within 3 days of admission. Findings include: On 05/15/2025 at approximately 2:52 PM, Surveyor requested to review Resident 1's record. Resident 1 was admitted to the provider on 05/17/2024. Resident 1's initial evacuation was dated 10/04/2024, about 5 months after admission.	M 344		

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M 344	Continued From page 7 On 5/21/2025 at approximately 1:30 PM, Surveyor interviewed Administrator A about initial evacuation assessments. Administrator A stated s/he had this "all screwed up." S/he stated s/he thought they just needed to be completed every 6 months. Administrator A stated s/he would add this to her new admission checklist right away. The provider did not ensure Resident 1's initial evacuation assessment was completed in a timely manner.	M 344		
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 fire drills were conducted semi-annually in 2023 or 2024. Findings include: On 5/14/2025 at 1:22 PM, Surveyor requested fire drills completed for 2023 and 2024, from Administrator A. Surveyor never received any documentation of completed fire drills. On 5/20/2025 at 1:54 PM, Surveyor asked again if they had documentation of any completed fire drills. At 1:57 PM, Administrator A replied via e-mail and stated, "The fire drills were sent with their paperwork. 6 [sic] month evacuation drills".	M 348		

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M 348	Continued From page 8 Surveyor explained that fire drills and evacuation assessments were two different things. Administrator A stated they perform fire drills with the evacuation drills but do not have documented times. Administrator A acknowledged fire drills needed to be completed separately from evacuation assessments, with documentation.	M 348		
M 380	88.06(2)(a) ADMISSION-HEALTH EXAM Except as provided in subd. 2., the licensee shall ensure that a new resident of an adult family home receives a health examination by a physician to identify health problems and is screened for communicable disease, including tuberculosis. Screening for communicable disease may be provided by a physician, a registered nurse or a physician assistant. The health examination and screening shall take place within 90 days prior to admission to the home or within 7 days after admission. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents reviewed were screened for communicable disease, including tuberculosis (TB), within 90 days prior to admission, or within 7 days after admission. Findings include: On 05/15/2025 at approximately 2:52 PM, Surveyor requested to review Resident 1 and Resident 2's record.	M 380		

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M 380	Continued From page 9 Resident 1 was admitted to the facility on 05/17/2024. The record did not contain documentation to show a health screen or TB test was completed. Resident 2 was admitted to the facility on 02/10/2021. The record did not contain documentation to show a health screen or TB test was completed. On 5/20/2025 at approximately 1:54 PM, Surveyor asked Administrator A again for any health screen/TB tests for Resident 1 or 2. At 1:57 PM, Administrator A replied via e-mail and stated, "I don't have TB tests for them."	M 380		
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 Resident 2 had a signed service agreement prior to admission.	M 384		

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M 384	Continued From page 10 Findings include: On 05/15/2025 at approximately 2:52 PM, Surveyor requested to review Resident 2's record. Resident 2 was admitted to the facility on 02/10/2021. The record contained a document titled Admission and Service Agreement. The document was signed by Administrator A on 02/10/2021, however, the signature line for "Signature of Resident, Legal Rep, or Court" was blank. On 05/21/2025 at approximately 1:30 PM, Surveyor interviewed Administrator A regarding the unsigned service agreement. Administrator A stated s/he probably sent this to Resident 2's guardian in an email. Administrator A acknowledged service agreements need to be completed upon admission and would ensure this is completed in the future.	M 384		
M 402	88.06(2)(c)8 RESIDENT RIGHTS AND GRIEVANCE A statement indicating that the resident rights and grievance procedures have been explained and copies provided to the resident and the resident's guardian or designated representative, if any. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure resident rights and grievance procedures had been explained and copies provided to the resident and the resident's guardian.	M 402		

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M 402	Continued From page 11 Findings include: On 05/15/2025 at approximately 2:52 PM, Surveyor requested to review Resident 2's record. Resident 2 was admitted to the facility on 02/10/2021. The record contained a document titled Admission and Service Agreement. In the Admission and Service Agreement packet at the end was a sentence that read, "We have reviewed and received a copy of the Resident Rights and Grievance Procedures, House Rules and Responsibilities, and Admission and Service Agreement. The document was signed by Administrator A on 02/10/2021, however, the signature line for "Signature of Resident, Legal Rep, or Court" was blank. On 05/21/2025 at approximately 1:30 PM, Surveyor interviewed Administrator A regarding the resident rights and grievance procedures. Administrator A stated s/he did go over the full admission paperwork with the resident or resident's guardian. S/he acknowledged there must be a signature to prove the information was explained and provided to the correct parties. The provider did not ensure resident rights and grievance procedures had been explained or provided to the resident and/or residents guardian.	M 402		
M 406	88.06(3)(b) PERSONS INVOLVED WITH ISP & ASSESSMENT The individual service plan and written assessment shall be developed	M 406		

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M 406	Continued From page 12	M 406		

by the placing agency, if any, the service coordinator, if any, the licensee, the resident and the resident's guardian, if any and designated representative, if any, with the resident participating in a manner appropriate for the resident's level of understanding and method of communication.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure residents, legal representatives, and placing agencies, were involved in the development of individual service plans (ISP), for 2 of 2 residents reviewed (Resident 1 and Resident 2).

Findings include:

The provider is licensed to care for 4 residents in the following client groups: physically disabled, developmentally disabled, traumatic brain injury, terminally ill, emotionally disturbed/mental illness, irreversible dementia/Alzheimer's disease, and advanced aged.

On 05/15/2025 at approximately 2:52 PM, Surveyor requested the last two ISPs for Resident 1 and Resident 2.

On 5/20/2025 at approximately 10:06 AM, Administrator A provided Surveyor with 2 documents each for Resident 1 and Resident 2, titled AFH (adult family home) Individualized Service Plan Form.

Resident 1 was admitted to the facility on 05/17/2024. Resident 1's record contained his/her

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M 406	Continued From page 13 last 2 ISPs. Neither of the ISPs included a creation/revision date or any signatures. Resident 2 was admitted to the facility on 02/10/2021. Resident 2's record contained his/her last 2 ISPs. Neither of the ISPs included a creation/revision date or any signatures. On 05/21/2025 at approximately 1:30 PM, Surveyor interviewed Administrator A. Administrator A stated s/he created the ISPs in a document and had them saved under the date they were created. S/he acknowledged that none of the ISPs had signatures from the appropriate parties. S/he stated s/he would make sure to add a date and have the proper signatures on them moving forward.	M 406		
M 464	88.07(3)(d) MEDICATION- WRITTEN ORDER Before the licensee or service provider dispenses or administers a prescription medication to a resident, the licensee shall obtain a written order from the physician who prescribed the medication specifying who by name or position is permitted to administer the medication, under what circumstances and in what dosage the medication is to be administered. The licensee shall keep the written order in the resident's file. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a written authorization from Resident 1 or Resident 2's physician was	M 464		

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M 464	Continued From page 14 completed prior to staff dispensing and administering prescription medications to Resident 1 and Resident 2. Findings include: On 05/14/2025, Surveyor reviewed Resident 1 and Resident 2's medication administration record (MAR) for May 2025, which showed staff signatures for the administration of Resident 1's and Resident 2's medications. On 05/15/2025 at approximately 2:52 PM, Surveyor requested to review Resident 1 and Resident 2's record, including the written authorization for staff to administer medications. Resident 1 was admitted to the facility on 05/17/2024. Resident 1's record did not contain a written authorization from his/her physician for staff to administer medications Resident 2 was admitted to the facility on 02/10/2021 . Resident 2's record did not contain a written authorization from his/her physician for staff to administer medications On 05/21/2025 at approximately 1:30 PM, Surveyor interviewed Administrator A about the missing written authorization to administer medications. Administrator A stated that this was something s/he did not know about. Administrator A stated s/he would get that completed right away.	M 464		