STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014268	A. BUILDING: _____ B. WING _____	C 07/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLEASANT MEADOWS	418 KLEINE ST DEERFIELD, WI 53531

(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 07/03/2025, Surveyor conducted a complaint investigation and standard survey at Pleasant Meadows. Ten (10) deficiencies were identified. The complaint was substantiated. 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 observation, record review, and interview, Licensee A did not ensure the home and its operations complied with all laws governing the home and its operation. This is a repeat deficiency. See Statement of Deficiency (SOD) 0NLT12, dated 03/09/2023 and SOD 0NLT13, dated 08/10/2023. Findings include: On 07/02/2025 at approximately 8:30 a.m., Surveyor conducted a standard survey and complaint investigation. The following concerns were identified related to environment, personnel and resident care: Environment: - A food and water dish on the kitchen counter for cats to eat where resident food was prepared. - Food was stored on the floor in the kitchen.	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		

- Food that was not covered, labeled or dated in the refrigerator.
- Three different types of locks 1 of 2 emergency exit doors.

Personnel:
- Three of 3 caregivers did not have a background check.
- Three of 3 caregivers did no have documentation of initial training.

Resident Care:
- Two of 4 residents were outside of the client group on the adult family home license and program statement.
- Resident 1's record did not contain: admission health exam, practitioner's order to administer medications, service agreement or evacuation assessment.
- There was a lack of documentation for medication administration for 4 of 4 residents.
- Expired medications were stored with current medications.
- A resident inhaler that expired 6 weeks after it was opened did not have a date of when the first use was.

At approximately 11:00 a.m., Surveyor reviewed environmental, personnel and resident care concerns with Licensee A. Licensee A stated that s/he has to get better organized and will go through his/her records again to find what was missing.

Cross Reference:
N0220 DHS 88.04(2)(c) Change In Type of Individual Served
N0244 DHS 88.04(5)(a) Training - 15 Hours Within 6 Months
N0338 DHS 88.05(4)(c)1 Exiting From The First

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M 216	Continued From page 2 Floor N0344 DHS 88.05(4)(d)2.a. Fire Safety Evacuation Plan Review N0380 DHS 88.06(2)(a) Admission- Health Exam N0384 DHS 88.06(2)(b) Service Agreement Except Respite N0466 DHS 88.07(3)(e)1 Medication- Record Keeping N0474 DHS 88.07(4)(c) Food Prepared and Stored Sanitary Way Z0005 DHS 50.065(2)(b)intro Entity Background Check Requirements	M 216		
M 220	88.04(2)(c) CHANGE IN TYPE OF INDIVIDUAL SERVED The licensee shall report in writing to the licensing agency any change in the type of individual served at least 30 days before the change. A 30 day written notice of any change in type of individual served shall also be provided to each resident and each resident's guardian, designated representative, service coordinator, placing agency and third party payee. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure that 2 of 4 residents met criteria of the client group described by the facility's license of advanced age. Resident 1 and Resident 2 were less than 55 years old. The licensee did not report this change in the type of individuals served to the licensing agency at least 30 days before the change. Findings include:	M 220		

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M 220	Continued From page 3 On 07/02/2025, Surveyor conducted a standard survey and complaint investigation. The facility was licensed on 08/07/2012 as an adult family home able to serve up to 4 residents within the client group of advanced age. At approximately 8:30 a.m. Surveyor entered the facility and observed Resident 2 eating breakfast. Resident 2 did not appear to be of advanced age. At approximately 9:00 a.m., Licensee A provided Surveyor with a list of residents, including their birth date. Resident 1 and Resident 2 were less than 55 years old. Surveyor reviewed the record of Resident 1. Resident 1 was admitted to the facility on 12/30/2024 with no diagnoses documented. A review of Resident 1's birth date indicates s/he is less than 55 years old. Surveyor reviewed the record of Resident 2. Resident 2 was admitted to the facility on 10/23/2029 with diagnoses including anxiety and behavioral issues. A review of Resident 2's birth date indicates s/he is less then 55 years old. At 10:12 a.m., Surveyor interviewed Resident 1. Surveyor asked Resident 1 if s/he was of advanced age. Resident 1 stated s/he does not believe so, that s/he needs help because of an accident, not because s/he is old. At approximately 10:30 a.m., Surveyor asked Licensee A if s/he had updated his/her license to include more than advanced age. Licensee A stated s/he would have to check his/her paperwork.	M 220		

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M 220	Continued From page 4 "Person of advanced age. We consider that advanced age (age 55 or older)" (Source: Social Security, www.ssa.gov, October 2008) On 07/03/2025, Surveyor reviewed the facility's electronic facility file. There was no documentation that the licensee reported a change in client group, to include more than advanced age, in the facility file.	M 220		
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 2 of 2 caregivers reviewed for initial trainings completed at least 15 hours of training approved by the licensing agency prior to or within 6 months of starting to provide care. Caregiver A and Caregiver B had not received 15 hours of training prior to or within 6 months of providing care at the provider's home. Findings include:	M 244		

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M 244	Continued From page 5 On 07/02/2025 at approximately 9:00 a.m., Surveyor reviewed Caregiver A's record. Caregiver A was hired on 12/16/2023. Caregiver A's record did not have evidence s/he received training in resident rights or fire safety within the first 6 months of providing care in the home. Surveyor reviewed Caregiver B's record. Caregiver B was hired on 01/01/2022. Caregiver B's record did not have evidence that any training was received within the first 6 months of providing care in the home. At approximately 9:15 a.m., Surveyor reviewed the above concerns with Licensee A. Licensee A stated organizing training files have been on his/her list of things to do. Licensee A stated that s/he would email the training files for Caregiver A and Caregiver to Surveyor. On 07/03/2025 at 10:40 a.m., Licensee A emailed Surveyor, the email did not include evidence of 15 hours of training in the required topics of medication, resident rights, first aid, fire safety and standard precautions.	M 244		
M 338	88.05(4)(c)1 EXITING FROM THE FIRST FLOOR Exiting from the first floor. The first floor of the home shall have at least 2 means of exiting which provides unobstructed access to the outside. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that the first floor had 2 means of	M 338		

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M 338	Continued From page 6 exiting which provides unobstructed access to the outside. One of the provider's emergency exits contained 3 locks on the door. Findings include: On 07/02/2025, at approximately 9:30 a.m., Surveyor toured the environment with Licensee A. Surveyor observed a door with a lock on the handle, a deadbolt above the door handle, and a deadbolt at approximately 5 feet, near the top of the door. Surveyor asked Licensee A if this door was an emergency exit. Licensee A stated yes, that the door leads into the garage for an exit. Surveyor asked Licensee A about the additional locks. Licensee A stated s/he doesn't know why there are so many locks on the door. Surveyor reviewed some concerns with Licensee A, stating that if a caregiver were to lock the deadbolt at the top of the door, a resident in a wheelchair, like Resident 2, would not be able to exit the building in the case of an emergency. Licensee A stated that s/he understands and will put in a maintenance request to remove the additional locks from the door.	M 338		
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.	M 344		

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M 344	Continued From page 7 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 1 was evaluated to determine whether the resident was able to evacuate the home without any help within 2 minutes. Findings include: Surveyor reviewed the record of Resident 1. Resident 1 was admitted to the facility on 12/30/2024 with no diagnoses documented. There was no documentation of an evacuation assessment for Resident 1. At approximately 9:15 a.m., Surveyor asked if Licensee A had reviewed the fire safety evacuation plan with Resident 1 and evaluated him/her to determine whether or not s/he could evacuate the home without help in 2 minutes. Licensee A stated s/he was unsure and would have to go through his/her paperwork and send it to the Surveyor. On 07/03/2025 at 10:40 a.m., Licensee A emailed Surveyor, the email did not include evidence that an evacuation assessment had been completed for Resident 1 since moving into the facility.	M 344		
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.	M 380		

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M 380	Continued From page 8 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 Resident 1 did not receive a health examination by a physician to identify health problems or was screened for communicable disease, including tuberculosis. Findings include: Surveyor reviewed the record of Resident 1. Resident 1 was admitted to the facility on 12/30/2024 with no diagnoses documented. There was no documentation of Resident 1 receiving a health examination or communicable disease screen within 90 days prior to admission to the home or within 7 days after admission. At approximately 9:15 a.m., Surveyor asked Licensee A had documentation of Resident 1's health examination or communicable disease screen. Licensee A stated s/he was unsure and would have to go through his/her paperwork and send it to the Surveyor. On 07/03/2025 at 10:40 a.m., Licensee A emailed Surveyor, the email did not include evidence that Resident 1 received a health examination or communicable disease screen within 90 days prior to admission to the home or within 7 days after admission.	M 380		

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M 384	Continued From page 9	M 384		
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 1 had a service agreement prior to admission. Findings include: Surveyor reviewed the record of Resident 1. Resident 1 was admitted to the facility on 12/30/2024 with no diagnoses documented. There was no documentation of an admission agreement, signed and dated, by the licensee and Resident 1. At approximately 9:15 a.m., Surveyor asked Licensee A for Resident 1's admission agreement. Licensee A stated s/he thinks s/he did that and would have to go through his/her paperwork and send it to the Surveyor. On 07/03/2025 at 10:40 a.m., Licensee A emailed Surveyor, the email did not include evidence of an	M 384		

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M 384	Continued From page 10 admission agreement for Resident 1.	M 384		
M 466	88.07(3)(e)1 MEDICATION- RECORD KEEPING The licensee shall keep a record of all prescription medications controlled, dispensed or administered by the licensee which show the name of the resident, the name of the particular medication, the date and time the resident took the medication and errors and omissions. The medication controlled by the licensee shall be kept in a locked place. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a record was kept of all prescription medications administered by the provider's staff. The provider did not maintain accurate records of all medications administered to Resident 2, Resident 3 and Resident 4. Findings include: On 07/02/2025 at 9:44 a.m., Surveyor reviewed June 2025 resident medication administration records (MAR) with Licensee and identified the following medications had blank entries: Example 1 - Resident 2: - Doxazosin 2 mg at 7:30 p.m.: 12 of 30 entries were blank. - Fluoxetine 40 mg at 8:00 a.m.: 11 of 30 entries were blank. - Lamotrigine 100 mg at 8:00 a.m. and 8:00 p.m.:	M 466		

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M 466	Continued From page 11 38 of 60 entries were blank. - Naltrexone 50 mg at 8:00 a.m.: 11 of 30 entries were blank. - Omeprazole 20 mg at 8:00 a.m.: 11 of 30 entries were blank. - Quetiapine 25 mg at 8:00 a.m.: 11 of 30 entries were blank. - Quetiapine 25 mg at 8:00 p.m.: 11 of 30 entries were blank. - Risperidone 0.5 mg at 8:00 a.m.: 11 of 30 entries were blank. - Senna 8.6 mg daily at 8:00 a.m.: 11 of 30 entries were blank. - Topiramate 50 mg at 8:00 a.m.: 11 of 30 entries were blank. - Vitamin D-3 50 mcg daily at 8:00 a.m.: 11 of 30 entries were blank. Example 2 - Resident 3: - Carbamazepine ER 100 mg at 8:00 a.m. and 7:30 p.m.: 26 of 60 entries were blank. - Carbamazepine ER 200 mg at 8:00 a.m. and 7:30 p.m.: 30 of 60 entries were blank. - Citalopram 20 mg daily at 8:00 a.m.: 13 of 30 entries were blank. - Fenobibrate 54 mg daily at 8:00 a.m.:13 of 30 entries were blank. - Multivitamin tab daily at 8:00 a.m.: 13 of 30 entries were blank. - Quetiapine 50 mg daily every night at 7:30 p.m.: 13 of 30 entries were blank. - Senna-docusage 50 mg daily at 8:00 a.m.: 14 of 30 entries were blank. - Wixela inhub 250/50 mcg inhaler twice daily at 8:00 a.m. and 7:30 p.m.: 44 out of 60 entries were blank. - Nicotine 14 mg patch daily at 8:00 a.m.: 14 of 30 entries were blank.	M 466		

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M 466	Continued From page 12 Example 3 - Resident 4 - Memantine 5 mg at 8:00 p.m.: 13 of 30 entries were blank. - Omeprazole 20 mg at 8:00 a.m.: 13 of 30 entries were blank. - Metformin 500 mg er daily at 8:00 a.m. and 5:00 p.m.: 43 of 60 entries were blank. - Arnuity Ellipta 100 mcg/act daily at 8:00 a.m.:15 of 30 entries were blank. - Trulicity 0.75 mg 0.5 ml once weekly at 8:00 a.m.: 3 of 4 entries were blank. Surveyor asked Licensee A if s/he knows if the residents received the medications that were not documented for. Licensee A stated yes, they did, that s/he forgets to write it down sometimes and that it is his/her fault.	M 466		
M 474	88.07(4)(c) FOOD PREPARED AND STORED SANITARY WAY Food shall be prepared and stored in a sanitary manner. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure food was prepared and stored in a sanitary manner. This had the potential to affect 4 of 4 residents in the facility. Findings include: On 07/02/2025, at approximately 8:30 a.m., Surveyor entered the facility and sat at the	M 474		

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kitchen bar where Caregiver D was preparing breakfast for the residents. Surveyor observed 3 cats walking on the counter where food was prepared, and resident's drinks were poured. The cat's tail waived over the cups and on top of the dishes that were drying in the sink. Surveyor observed a food and water bowl for the cats on the counter next to the coffee machine. Licensee A apologized to Surveyor as the cats continued to climb on the counter and his/her paperwork, stating that the cats are naughty.

At approximately 9:30 a.m., Surveyor toured the environment with Licensee A. Surveyor observed the following concerns with food storage:

- A plastic container of ribs with no top on, leaving it open to air.
- Three plastic containers of what appeared to be leftovers that were not dated.
- 5 bags of chips and 2 boxes of stuffing mix that were stored on the floor in the pantry.

"Date marking is a way to control the growth of a bacteria called Listeria, which grows under refrigeration and is the third leading cause of death from foodborne illness in the United States." (Source: Wisconsin Food Code Fact Sheet, Date Marking of Ready-to-Eat Time-Temperature Control for Safety Foods, April 2022)

On 07/02/2025, at approximately 11:30 a.m., Surveyor reviewed food storage concerns with Licensee A. Licensee A stated s/he was unaware packed food could not be stored on the floor. Licensee A stated that s/he is usually good about labeling and dating food but had picked up some smoked meat and beans and had not dated when s/he got them. S/he also stated s/he understood

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(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 474	Continued From page 14 the concern with the cats on the counter where resident food is prepared.	M 474		
Z 005	50.065(2)(b)intro ENTITY BACKGROUND CHECK REQUIREMENTS 1. A criminal history search from the records maintained by the department of justice. 2. Every entity shall obtain all of the following with respect to a caregiver of the entity: Information that is contained in the registry under s. 146.40(4g) regarding any findings against the person. 3. Information maintained by the department of safety and professional services regarding the status of the person's credentials, if applicable. 4. Information maintained by the department regarding any final determination under s. 48.981(3)(c)5m. or, if a contested case hearing is held on such a determination, any final decision under s. 48.981(3)(c)5p. that the person has abused or neglected a child. 5. Information maintained by the department under this section regarding any denial to the person of a license, certification, certificate of approval or registration or of a continuation of a license, certification, certificate of approval or registration to operate an entity for a reason specified in sub. (4m)(a)1. to 5. and regarding any denial to the person of employment at, a contract with or permission to reside at an entity for a reason specified in sub. (4m)(b)1. to 5. If the information obtained under this subdivision indicates that the person has been denied a	Z 005		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014268	A. BUILDING: _____ B. WING _____	C 07/06/2025

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Z 005	Continued From page 15 license, certification, certificate of approval or registration, continuation of a license, certification, certificate of approval or registration, a contract, employment or permission to reside as described in this subdivision, the entity need not obtain the information specified in subds. 1. to 4. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 staff members reviewed had completed criminal background checks. Caregiver A, Caregiver B and Caregiver C did not have a documentation that a background check was completed. Findings include: On 07/02/2025, Surveyor conducted a complaint investigation and standard survey. At approximately 9:00 a.m., Surveyor reviewed the records for Caregiver A, Caregiver B and Caregiver C. Caregiver A had an employment start date of 12/16/2023. Caregiver A's Background Information Discloser (BID) was signed on 12/13/2023. There was no evidence of a Department of Justice Background check (DOJ)	Z 005		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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Z 005	Continued From page 16 or Integrated Background Information System check (IBIS) in Caregiver A's record. Caregiver B had an employment start date of 01/01/2022. Caregiver B's BID was signed on 08/10/2023. There was no evidence of a DOJ or IBIS in Caregiver B's record. Caregiver C had an employment start date of 01/20/2025 and was working at the time of the survey. There was no evidence that a BID had been completed or a DOJ or IBIS in Caregiver C's record. At approximately 9:15 a.m., Surveyor asked Licensee A if s/he had completed background checks for the employees. Licensee A handed Surveyor Caregiver A's BID. Surveyor stated s/he reviewed the BID and is looking for documentation of the DOJ and IBIS checks. Licensee A stated s/he would have to go through his/her paperwork and send it to the Surveyor. On 07/03/2025 at 10:40 a.m., Licensee A emailed Surveyor, the email did not include evidence that Caregiver A, Caregiver B or Caregiver C's background checks, including the DOJ and IBIS check, was completed.	Z 005		