STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	190063	A. BUILDING: _____ B. WING _____	08/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY VIEW HOME	28425 COOP WOODS RD RICHLAND CENTER, WI 53581

(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 08/06/2025, the bureau of assisted living southern regional office conducted a standard survey at Valley View Home an AFH located in Richland Center, WI. As a result of the survey, 4 violations of DHS Chapter 88 were issued. Census: 3	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 another laboratory approved under ch. HSS 165 at least annually. FINDINGS INCLUDE: On 08/06/2025, Surveyor arrived at facility for a standard survey. On 08/06/2025, Surveyor reviewed facilities environmental records. Surveyor could not find laboratory results of well water for the year of 2024 or 2025. On 08/06/2025 at 11:00 AM, Surveyor discussed the above concern with Manager C. Manager C	M 282		

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

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M 282	Continued From page 1 acknowledged the facility did not have documentation of laboratory well water testing in 2024 or 2025. Manager C stated if s/he found the well water test results s/he would email then to Surveyor by the end of the day. On 08/06/2025 at 2:27 PM, Manager C emailed Surveyor. Manager C stated s/he did not have well water tests results for 2024 or 2025. Manager C stated s/he would have the facilities well tested as soon as possible.	M 282		
M 290	88.05(3)(e)2.b INSPECTIONS-GAS FURNACE A gas furnace shall be inspected and serviced every 3 years by a heating contractor or local utility company. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the gas furnace was inspected and serviced every 3 years by a heating contractor or local utility company. FINDINGS INCLUDE: On 08/06/2025, Surveyor arrived at facility for standard survey. On 08/06/2025, Surveyor reviewed facilities environmental records. Surveyor could not find a furnace inspection dated within the last 3 years. On 08/06/2025 at 11:00 AM, Surveyor discussed the above concern with Manager C. Manager C acknowledged the facility did not have documentation of a furnace inspection or service within the last 3 years. Manager C stated if she	M 290		

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M 290	Continued From page 2 found the furnace inspection s/he would email it to Surveyor by the end of the day. On 08/06/2025 at 2:27 PM, Manager C emailed Surveyor. Manager C stated s/he did not have documentation of the furnace being inspected and serviced within the last 3 years. Manager C stated s/he would have the facilities furnace inspected and serviced as soon as possible.	M 290		
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 Resident 1's individual service plan (ISP) was reviewed at least once every 6 months by the licensee, Resident 1's guardian, the service coordinator, if any, the	M 424		

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M 424	Continued From page 3 designated representative, if any, the placing agency with Resident 1 participating in a manner appropriate for his/her level of understanding and method of communication. FINDINGS INCLUDE: On 08/06/2025, Surveyor arrived at facility for a standard survey. On 08/06/2025, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 12/22/2012. Resident 1 had a guardian and managed care organization (MCO). Resident 1 was diagnosed with but not limited to developmental disability. Surveyor reviewed Resident 1's ISP but did not find a signature page. On 08/06/2025 at 11:00 AM. Surveyor discussed the above concern with Manager C. Manager C stated Resident 1's guardian had been switched multiple times within the last few years, and it was difficult to obtain signatures from them. Manager C acknowledged s/he did not have an ISP signed by Resident 1 and/or Resident 1's guardian. Manager C stated s/he would have Resident 1's ISP signed by Resident 1 and/or Resident 1's guardian as soon as possible.	M 424		
M 570	88.10(3)(l) Safe Physical Environment Individuals, except for correctional residents, have basic rights which they do not lose when they enter an adult family home. A resident shall have a safe environment in which to live. The adult family home shall safeguard residents who cannot fully guard themselves from	M 570		

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M 570	Continued From page 4 environmental hazards to which they are likely to be exposed, including conditions which would be hazardous to anyone and conditions which would be or are hazardous to a particular resident because of the resident's condition or disability. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a safe environment that safeguarded residents from environmental hazards to which they are likely to be exposed, including conditions which would be hazardous to anyone and conditions which would be or are hazardous to a particular resident because of the resident's condition or disability. Surveyor tested the temperature from the water coming from the kitchen faucet and resident bathroom faucet's to be 126 degrees Fahrenheit (F). FINDING INCLUDE: According to bureau of assisted living (BAL) procedure 20-006, "One of the dangers to which residents might be exposed is water that is too hot. The elderly and individuals with mental and physical handicaps may have neurological conditions that prevent instant recoil from hot water. Because they do not instantly react to water that is too hot, they are particularly at risk for injury. Hot water can cause scalding, i.e. second and third degree burns in which the skin blisters and swells. Skin does not return to normal but forms scar tissue on healing. Such burns may lead to permanent disability. In recent months, we know of three residents in community-based residential facilities and of one resident in an	M 570		

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M 570	Continued From page 5	M 570		

adult family home in Wisconsin who were seriously injured by too-hot water ...Second and third-degree hot water burns can occur at the following rates at the following temperatures:
110 degrees F. 13 minutes
120 degrees F. 10 minutes
127 degrees F. 1 minute
130 degrees F. 30 seconds
140 degrees F. 6 seconds
158 degrees F. 1 second
This is to advise you of the necessity for checking the temperature of the hot water at the sinks, tubs, and
showers used by residents. The temperature should be adjusted according to the types of residents you
serve and the degree of independence they have in using sinks, showers, and tubs. We recommend a
temperature of 110 to 120 degrees F."

Facility provides care to the following client groups: traumatic brain injury, developmentally disabled, emotionally disturbed, and mental illness.

On 08/06/2025, Surveyor arrived at facility for a standard survey.

On 08/06/2025 at 9:00 AM, Licensee A gave Surveyor a tour of the facility. Surveyor tested the temperature of the water from the kitchen faucet. The water temperature of the kitchen faucet was 126 F. Licensee A acknowledged Surveyor's thermometer read at 126 F; and the water coming from the faucet was steaming hot.

On 08/06/2025 at 11:30 AM, Surveyor tested the temperature of the water coming from the resident's bathroom sink. Surveyor thermometer

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M 570	Continued From page 6 read 126 F. Manager C acknowledged the water coming from the faucet in the resident bathroom was above regulatory parameters. Manager C stated s/he would have the water temperature adjusted as soon as possible.	M 570		