STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	390128	A. BUILDING: _____ B. WING _____	08/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMANDA LINDNER ADULT FAMILY CARE HOME	W5069 FARM VILLAGE LN ELKHORN, WI 53121

(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 08/05/2024, the Bureau of Assisted Living, Southern Regional Office attempted to conduct an abbreviated licensing survey at Amanda Lindner Adult Family Home, located at W5069 Farm Village Lane in Elkhorn, WI. One citation of noncompliance was issued. Census: 4	M 000		
M 206	88.03(8)(b) AGENCY MAY VISIT HOME A licensing agency and service coordinator may, without notice, visit a home at any time to evaluate the status of resident health, safety or welfare or to determine if the home continues to comply with this chapter. The licensee shall permit the licensing agency and service coordinator to enter the home. This Rule is not met as evidenced by: Based on observation, interview, and record review, Licensee A did not permit the licensing agency to enter the home to conduct a licensing survey. The findings included: On 08/01/2024, Surveyor conducted an offsite review of the home. The home's file included an "Adult Family Home Biennial Report" dated "11/29/2023" including Licensee A's signature. The report included, "List the days and hours when residents are not in the facility." Licensee A's documentation included, "M-F [Monday through Friday] No Home [sic] 7:30 A.M. [to] 3:30 P.M. [or 4:30 P.M., related to illegible correction]."	M 206		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	390128	A. BUILDING: _____ B. WING _____	08/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMANDA LINDNER ADULT FAMILY CARE HOME	W5069 FARM VILLAGE LN ELKHORN, WI 53121

(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 206	Continued From page 1 On 08/05/2024 at 7:05 A.M., Surveyor arrived at the home to conduct an onsite licensing survey. Surveyor drove up the home's driveway and was met by Person B and 2 large, barking dogs. Surveyor remained in his/her vehicle and rolled down the driver's side window to speak with Person B. Surveyor observed the dogs continued to bark throughout the interview. Person B verbally confirmed the home was licensed by Licensee A. Surveyor identified self, stated purpose of visit, and asked Person B to identify the best place for Surveyor to park vehicle. Person B told Surveyor s/he would have to leave the premises because Licensee A remained in bed and Surveyor could return to the home after 2 hours. Surveyor clarified purpose of visit and asked to be allowed to conduct the licensing survey. Person B told Surveyor s/he could park vehicle behind a black truck parked near the home. Surveyor exited his/her vehicle and was approached by the 2 large dogs near the home's open garage. The 2 dogs continued to bark and Surveyor asked Person B to contain the dogs. Person B told Surveyor s/he would have to get the dogs settled down and asked the Surveyor to return to the home after 2 hours. Surveyor repeated the purpose of the visit, Person B called the dogs into the garage and closed the door. Surveyor heard Person B verbalize a loud expletive after the garage door closed. Surveyor walked around the side of the home via a walkway heavily surrounded by shrubs leading to an entrance door to the home. Licensee A came out of the door as Surveyor approached the home and spoke with Surveyor. Surveyor identified self and stated purpose of visit. Surveyor told Licensee A s/he had met Licensee A when Surveyor was at the home several years ago to conduct a previous licensing survey.	M 206		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	390128	A. BUILDING: _____ B. WING _____	08/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMANDA LINDNER ADULT FAMILY CARE HOME	W5069 FARM VILLAGE LN ELKHORN, WI 53121

(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 206	Continued From page 2 Licensee A said, "I know." Licensee A said s/he had residents within the home receiving funding through a managed care organization. Licensee A told Surveyor s/he would have to leave and come back after 2 hours because Licensee A had too many things to do on this morning including getting residents out of bed. Surveyor told Licensee A those activities were not an issue. Licensee A told Surveyor s/he would not allow Surveyor to enter the home at this time because s/he was "allowed 2 hours." Licensee A entered the home and closed the door leaving Surveyor outside. At 7:14 A.M., Surveyor contacted and spoke with Assisted Living Regional Director [ALRD] C to report the Surveyor's observations and interviews. After speaking with ALRD C, Surveyor knocked on the door 2 separate times to discuss possible outcomes of impeding the survey process with Licensee A. Surveyor observed 2 people near the entrance door through the entrance door's glass, including Person B, but neither responded to Surveyor's knocks on the door. On 08/05/2024 at 7:19 A.M., Surveyor left the premises without being permitted to enter the home to conduct the licensing survey. On 08/05/2024 at 8:39 A.M., ALRD C received an email from the department's Quality Compliance Oversight Manager D. The email included, "[A managed care organization] has 4 participants [residents] living in this home." Summary: Licensee A did not permit the licensing agency to enter the home to conduct a licensing survey.	M 206		