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 _____	R 01/15/2025

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 01/15/2025, the Bureau of Assisted Living, Southern Regional Office conducted a standard licensing survey and verification visit of statement of deficiency (SOD) K0QK11 at Amanda Lindner Adult Family Home, located at W5069 Farm Village Lane in Elkhorn, WI. One citation of noncompliance was issued. Citation issued with SOD K0QK11 was substantially corrected. Census: 4 Under statutory provisions of Wis. Stat. Ch. 50, a $200.00 revisit fee is being assessed.	{M 000}		
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 1 of 1 service providers completed 8 hours of training related to the health, safety, welfare, rights, and treatments of residents every year beginning with the calendar year after the year in which initial training was received.	M 246		

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 _____	R 01/15/2025

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 246	Continued From page 1 Licensee A's Spouse B's record contained no evidence s/he completed continuing education training for calendar year 2024. Findings include: On 01/15/2025, Surveyor reviewed employee records and identified the following: Licensee A's Spouse B was hired 12/22/1997. Licensee A's Spouse B record contained no evidence s/he completed continuing education training for calendar year 2024. On 01/25/2025 at 8:45 AM, Surveyor interviewed Licensee A. Licensee A reported s/he got behind with annual training in 2024 and did not ensure his/her spouse completed the required hours. Licensee A stated annual training would be completed in 2025.	M 246		