STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010083	A. BUILDING: _____ B. WING _____	09/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VICTORIAN SPLENDOR	312 E LAKE ST LAKE MILLS, WI 53551

(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 09/27/2023, the Bureau of Assisted Living, Southern Regional Office conducted a standard licensing survey at Victorian Splendor located at 312 E Lake St in Lake Mills, WI. Seven citations of noncompliance are issued. Census: 3	M 000		
M 262	88.05(2)(a) DIFFICULTY WALKING If a resident is not able to walk at all or able to walk only with difficulty, or only with the assistance of crutches, a cane, or walker or is unable to easily negotiate stairs without assistance: 1. The exits from the home shall be ramped to grade with a hard surfaced pathway with handrails. 2. All entrance and exit doors and interior doors serving all common living areas and all bathrooms and bedrooms used by a resident not able to walk at all shall have a clear opening of at least 32 inches. 3. Toilet and bathing facilities used by a resident not able to walk at all shall have enough space to provide a turning radius for the resident's wheelchair and provide accessibility appropriate to the resident's needs. This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not ensure the exits from the home were ramped to grade with a hard surfaced pathway with handrails for Resident 1.	M 262		

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
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M 262	Continued From page 1 Resident 1 was non-ambulatory, required the use of a wheelchair for mobility, and required transfer assistance to and from Resident 1's wheelchair. The findings included: This AFH is licensed to serve up to 4 residents with diagnoses including mental illness, developmental disability, and/or traumatic brain injury. The facility's current census was 3 residents. On 09/27/2023 at approximately 9:20 A.M., Surveyor observed Resident 1 sitting in a wheelchair located in the home's shared living room watching television. The Surveyor observed there was no obvious sprinkler system installed in the home. On 09/27/2023 at 9:30 A.M., Surveyor conducted an interview with Licensee A. Licensee A told Surveyor three residents currently lived at the home. Licensee A told Surveyor Resident 1 lived on the first floor of the home and was receiving hospice services. Licensee A told Surveyor Resident 1 had diagnoses including epilepsy (a seizure disorder) and required the use of a wheelchair. Licensee A told Surveyor Resident 1 was able to ambulate, including going down stairs, with the use of a gait belt and the assistance of one person. Licensee A told Surveyor Resident 2 and Resident 3 were both independently ambulatory and resided on the second floor of the home. Licensee A told Surveyor s/he lived at the home and his/her bedroom was on the second floor of the facility. During this interview, Licensee A and Surveyor conducted tour of the home's first floor. Surveyor observed a back porch exit, as indicated on the home's exit evacuation plan, included 6 steps to	M 262		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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M 262	Continued From page 2	M 262		

the ground level and did not include a ramp. Surveyor observed a front porch exit, as indicated on the home's exit evacuation plan, included 7 steps to the ground level and did not include a ramp. Licensee A told Surveyor these two exits were the home's designated exit routes and none of the exits included a ramp to grade, or ground level. Licensee A and Surveyor entered Resident 1's living space, or makeshift bedroom, through two pieces of fabric hanging from the top of a large entryway to the floor. Surveyor observed the pieces of fabric separated the home's shared living room and Resident 1's living space. Licensee A told Surveyor the fabric was hung to provide privacy for Resident 1 since the entryway's sliding, pocket doors were removed in the past. Surveyor observed a closed wood door that led to the home's foyer leading to the front porch exit. Licensee A told Surveyor Resident 1's living space was actually the home's parlor, or sitting room. Surveyor observed a hospital bed including a quarter-length side rail on the right side of the bed and a transfer bar on the left side of the bed, a Broda chair (specialized wheelchair), and a commode located in this space.

On 09/27/2023 at 9:48 A.M., House Manager B and Surveyor conducted a tour of the home's second and third floors. Surveyor observed two staircases between the first and second floor of the home. Surveyor observed 4 bedrooms on the home's second floor, including Resident 2's bedroom, Resident 3's bedroom, Licensee A's bedroom, and an unoccupied bedroom. The home's washer and dryer were located in the second floor bathroom. House Manager B told Surveyor the third floor was his/her living space in the home.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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M 262	Continued From page 3 On 09/27/2023 at approximately 10:00 A.M., House Manager B provided Surveyor with a copy of the home's "Mission Statement" or program statement. The document included, "[The home] is a four-bed adult home providing round-the-clock assistance and supervision seven days a week. It is owned and operated by [Licensee A] and [House Manager B] and is ideally located at [address]. [The home] serves ambulatory residents, all of whom are capable of responding to a fire alarm and exiting without assistance." The document included, "Denial of admission will not be based on race, color, national origin or on handicap unless the handicap is such that [the home] is not licensed to accommodate persons with that particular handicap. The mission and goal of [the home] is to offer a safe environment..." On 09/27/2023 at 10:00 A.M., Surveyor conducted an interview and Resident 1's record review with House Manager B and Licensee A. House Manager B told Surveyor s/he and Licensee A co-own the home [AFH]. House Manager B told Surveyor Resident 1 had lived at this home between 10/29/2003 and July of 2021 before falling during a seizure and sustaining a fractured leg. House Manager B said Resident 1 was sent to a hospital in July 2021 for treatment of his/her fracture and discharged to a community-based residential facility [CBRF], previously owned by Licensee A and House Manager B at that time, because Resident 1 was not able to walk. House Manager B told Surveyor Resident 1 continued to reside at the CBRF after Licensee A and House Manager B sold the CBRF to another provider in March 2022. House Manager B said Resident 1 experienced a significant change of condition at the CBRF, was sent to a hospital, and discharged to an in-patient	M 262		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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M 262	Continued From page 4	M 262		

hospice facility in January 2023. House Manager B told Surveyor s/he could not recall the exact reason Resident 1 was unable to stay at the in-patient hospice facility. House Manager B said s/he told Legal Guardian C s/he would take Resident 1 back here at the home to live with hospice agency services in January 2023. House Manager B told Surveyor Resident 1 had a legal guardian, Legal Guardian C, and Resident 1's room, board, and service charges were paid privately. House Manager B told Surveyor Resident 1 was not a relative of House Manager B and/or Licensee A.

House Manager B provided Surveyor with hospital discharge notes dated 07/01/2021 and 07/02/2021 including, "[Resident 1] lives in group home [AFH] for about 20 years, shares a room with [Resident 2]. Walks with 1 assist and a gait belt, legs "tend to give out on..." The documentation included, "[Resident 1] will discharge today to [CBRF]. This is owned by [House Manager B] who also owns the adult family home that [Resident 1] lives at. [Resident 1] has been to this CBRF for activities many times. Staff at the CBRF will be able to have 2 person transfer assist..." The discharge note included, "[CBRF] have wheelchairs there, staffed 24/7, can get a Hoyer [mechanical lift] if needed."

House Manager B provided Surveyor with a notebook including House Manager B's handwritten notes about Resident 1's admission to the home in January 2023. A sample of House Manager B's documented notes included a note dated 01/26/2023 including, "[Resident 1] moved back to [the home]. [Resident 1] is on hospice. [Hospice Nurse D] is [his/her] nurse. [Hospice Nurse D] called meds [medications] into [pharmacy]." House Manager B's documented note dated 01/27/2023 included, "Changed [Resident 1] and [his/her] bedding..." and

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M 262	Continued From page 5	M 262		

"Administered morning meds." House Manager B provided Surveyor with a fax coversheet from House Manager B to Resident 1's pharmacy including, "[Resident 1] re-admitted to [the home] on 01/26/2023. Discharged [from AFH] back in July 2021. Hospice will be ordering [his/her] medications." House Manager B provided Surveyor with Resident 1's medication administration record [MAR] for September 2023 including daily documentation of Resident 1's medication administration by House Manager B. House Manager B told Surveyor s/he or former caregivers no longer employed at the home administered Resident 1's medications since Resident 1's admission to the home in January 2023.

House Manager B provided Surveyor with Resident 1's "Hospice Care Facesheet" dated 01/23/2023 including Resident 1's diagnoses including epilepsy, spastic hemiplegia, cerebral palsy, dementia and repeated falls.

House Manager B told Surveyor Resident 1's condition was such that Resident 1 was "curled up in a fetal position like a baby" when Resident 1 was admitted to the home in January 2023 and was carried into the home by the ambulance driver. House Manager B told Surveyor Resident 1 has since required full assistance with all cares, including eating, dressing, toileting, and bathing.

House Manager B told Surveyor Resident 1's bed, Broda chair, wheelchair, and commode were provided by Resident 1's hospice agency. House Manager B told Surveyor Resident 1's Broda chair was no longer used because it was too bulky for use in the home and Resident 1 utilized the wheelchair at all times when out of bed.

Licensee A told Surveyor s/he and House Manager B never tried to toilet Resident 1 in the first floor bathroom because it was too small for transferring Resident 1 and Resident 1's

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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VICTORIAN SPLENDOR	312 E LAKE ST LAKE MILLS, WI 53551

(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 262	Continued From page 6	M 262		

wheelchair. House Manager B told Surveyor Resident 1 s/he provided Resident 1's personal hygiene cares while Resident 1 was in bed. House Manager B said Resident 1 was incontinent of both bowel and bladder and House Manager B no longer transfers Resident 1 to the commode because it was hard on House Manager B's back. House Manager B said s/he provided Resident 1 with the bedpan when s/he can tell Resident 1 needs to have a bowel movement, but otherwise Resident 1 was incontinent. House Manager B said Resident 1 utilized incontinent briefs and bed pads provided by the hospice agency. House Manager B told Surveyor Resident 1 was able to utilize the quarter side rail on the right side of the bed to boost self up in bed with assistance, but was unable to utilize the transfer bar on the left side of the bed related to Resident 1's hemiplegia. House Manager B told Surveyor Resident 1 was no longer ambulatory because of Resident 1's tremors, unsteady gait, and Resident 1 could have a seizure at any time. House Manager B said Resident 1 could just drop down on to Resident 1's knees at any time without warning when walking with him/her. House Manager B said s/he and Licensee A have taken Resident 1 out of the home one time since s/he was admitted to the home in January 2023 because of difficulty assisting Resident 1 with ambulation. House Manager B said Licensee A assisted him/her down the front porch steps with a gait belt and transferred Resident 1 to his/her wheelchair to attend a local parade. Licensee A told Surveyor s/he thought about getting a ramp for the front porch exit, but never did not obtain one. House Manager B told Surveyor a baby monitor was used during the night to know when Resident 1 needed assistance. House Manager B told Surveyor s/he keeps the receiver of the baby

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010083	A. BUILDING: _____ B. WING _____	09/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VICTORIAN SPLENDOR	312 E LAKE ST LAKE MILLS, WI 53551

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M 262	Continued From page 7	M 262		

monitor in his/her living space on the third floor. House Manager B provided Surveyor with Resident 1's most recent hospice visit documentation dated 09/20/2023 including, "[Resident 1] is seated on front porch in w/c [wheelchair] on arrival. [House Manager B] present for visit. [Resident 1] does answer most questions appropriately but does look to [House Manager B] for some answers. [S/he] shares [s/he] still is having hallucinations but they are not bothersome and don't [sic] cause fear. [Resident 1's] most recent hallucination was "something with the piano" while [Resident 1] stated this [s/he] moved [his/her] left hand like [s/he] was playing the piano. Discussed focal seizures [Resident 1] may be having as noted in [undetermined provider] visit notes. [House Manager B] agrees that [Resident 1] "has them often." Tremors and "drops" continue to [be] persistent to BUE's [bilateral upper extremities] and it causes [Resident 1] to have difficulty holding things." The documentation included, "Tremor, unsteady gait, poor coordination, lethargic." The documentation included, "[House Manager B] reports [Resident 1] is eating 3 meals a day and snacks. [Resident 1] will feed [self] finger foods at times. "If [s/he] is feeding [self] it is not unusual for meal times to take an hour or longer" per [House Manager B]. [House Manager B] does assist with eating/feeding as needed." The documentation included, "[Resident 1] is one assist for toileting. [House Manager B] assists with incontinent cares or bedpan as needed." The documentation included, "Fall risk factors: environmental factors, altered elimination, impaired mobility, high risk medication, altered mental status."

On 09/27/2023 at 12:10 P.M., Licensee A and House Manager B told Surveyor they were both

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010083	A. BUILDING: _____ B. WING _____	09/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VICTORIAN SPLENDOR	312 E LAKE ST LAKE MILLS, WI 53551

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M 262	Continued From page 8 aware of the accessibility limitations of their home, including no exit ramps to grade, and Resident 1's mobility needs. Licensee A and House Manager B said they thought it was okay for Resident 1 to live at this home since s/he was receiving hospice services. Licensee A and House Manager B told Surveyor all of the existing smoke detectors were single station, battery operated smoke detectors and not interconnected nor externally monitored. Licensee A and House Manager B told Surveyor the home did not have a sprinkler system, as observed by Surveyor. Summary: The provider did not ensure the exits from the home were ramped to grade with a hard surfaced pathway with handrails for Resident 1. Resident 1 was non-ambulatory, required the use of a wheelchair for mobility, and required transfer assistance to and from Resident 1's wheelchair. Cross Reference: M0334 DHS 88.05(4)(b)1 Fire Safety - Smoke Detectors M0344 DHS 88.05(4)(d)2.a. Fire Safety Evacuation Plan Review M0348 DHS 88.05(4)(d)2.c. Semi-Annual Fire Drills	M 262		
M 320	88.05(3)(l) BEDROOMS-PRIVACY A resident's bedroom shall provide comfort and privacy, shall be enclosed by full height walls and shall have a rigid door that the resident can open and close. This Rule is not met as evidenced by:	M 320		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010083	A. BUILDING: _____ B. WING _____	09/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VICTORIAN SPLENDOR	312 E LAKE ST LAKE MILLS, WI 53551

(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 320	Continued From page 9 Based on observation, interview, and record review, the provider did not ensure Resident 1's bedroom was enclosed by full height walls and a rigid door. Resident 1's first floor living space, or makeshift bedroom, included two pieces of fabric hanging from the top of a large entryway to the floor. The pieces of fabric separated the home's shared living room and Resident 1's living space. The findings included: This AFH is licensed to serve up to 4 residents with diagnoses including mental illness, developmental disability, and/or traumatic brain injury. The facility's current census was 3 residents. On 09/27/2023 at approximately 9:20 A.M., Surveyor observed Resident 1 sitting in a wheelchair located in the home's shared living room watching television. On 09/27/2023 at 9:30 A.M., Surveyor conducted an interview with Licensee A. Licensee A told Surveyor three residents currently lived at the home. Licensee A told Surveyor Resident 1 lived on the first floor of the home and was receiving hospice services. Licensee A told Surveyor Resident 1 had diagnoses including epilepsy (a seizure disorder) and required the use of a wheelchair. Licensee A told Surveyor Resident 1 was able to ambulate, including going down stairs, with the use of a gait belt and the assistance of one person. Licensee A told Surveyor Resident 2 and Resident 3 were both independently ambulatory and resided on the second floor of the home. Licensee A told Surveyor s/he lived at the home and his/her bedroom was on the second floor of the facility. During this interview, Licensee A and Surveyor	M 320		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010083	A. BUILDING: _____ B. WING _____	09/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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M 320	Continued From page 10	M 320		

conducted tour of the home's first floor. Licensee A and Surveyor entered Resident 1's living space, or makeshift bedroom, through two pieces of fabric hanging from the top of a large entryway to the floor. Surveyor observed the pieces of fabric separated the home's shared living room and Resident 1's living space. Licensee A told Surveyor the fabric was hung to provide privacy for Resident 1 since the entryway's sliding, pocket doors were removed in the past. Surveyor observed a closed wood door that led to the home's foyer leading to the front porch exit. Licensee A told Surveyor Resident 1's living space was actually the home's parlor, or sitting room. Surveyor observed a hospital bed including a quarter-length side rail on the right side of the bed and a transfer bar on the left side of the bed, a Broda chair (specialized wheelchair), and a commode located in this space.

On 09/27/2023 at 10:00 A.M., Surveyor conducted an interview and Resident 1's record review with House Manager B and Licensee A. House Manager B told Surveyor s/he and Licensee A co-own the home [AFH]. House Manager B told Surveyor Resident 1 had lived at this home between 10/29/2003 and July of 2021 before falling during a seizure and sustaining a fractured leg. House Manager B said Resident 1 was sent to a hospital in July 2021 for treatment of his/her fracture and discharged to a community-based residential facility [CBRF], previously owned by Licensee A and House Manager B at that time, because Resident 1 was not able to walk. House Manager B told Surveyor Resident 1 continued to reside at the CBRF after Licensee A and House Manager B sold the CBRF to another provider in March 2022. House Manager B said Resident 1 experienced a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010083	A. BUILDING: _____ B. WING _____	09/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VICTORIAN SPLENDOR	312 E LAKE ST LAKE MILLS, WI 53551

(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 320	Continued From page 11	M 320		

significant change of condition at the CBRF, was sent to a hospital, and discharged to an in-patient hospice facility in January 2023. House Manager B told Surveyor s/he could not recall the exact reason Resident 1 was unable to stay at the in-patient hospice facility. House Manager B said s/he told Legal Guardian C s/he would take Resident 1 back here at the home to live with hospice agency services in January 2023. House Manager B told Surveyor Resident 1 had a legal guardian, Legal Guardian C, and Resident 1's room, board, and service charges were paid privately. House Manager B told Surveyor Resident 1 was not a relative of House Manager B and/or Licensee A.

House Manager B provided Surveyor with a notebook including House Manager B's handwritten notes about Resident 1's admission to the home in January 2023. A sample of House Manager B's documented notes included a note dated 01/26/2023 including, "[Resident 1] moved back to [the home]. [Resident 1] is on hospice."
House Manager B provided Surveyor with Resident 1's "Hospice Care Facesheet" dated 01/23/2023 including Resident 1's diagnoses including epilepsy, spastic hemiplegia, cerebral palsy, dementia and repeated falls.
House Manager B told Surveyor Resident 1's condition was such that Resident 1 was "curled up in a fetal position like a baby" when Resident 1 was admitted to the home in January 2023 and was carried into the home by the ambulance driver. House Manager B told Surveyor Resident 1 has since required full assistance with all cares, including eating, dressing, toileting, and bathing.
House Manager B provided Surveyor with Resident 1's most recent hospice visit documentation dated 09/20/2023 including, "[Resident 1] is seated on front porch in w/c

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010083	A. BUILDING: _____ B. WING _____	09/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VICTORIAN SPLENDOR	312 E LAKE ST LAKE MILLS, WI 53551

(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 320	Continued From page 12 [wheelchair] on arrival. [House Manager B] present for visit." The documentation included, "Discussed focal seizures [Resident 1] may be having as noted in [undetermined provider] visit notes. [House Manager B] agrees that [Resident 1] "has them often." Tremors and "drops" continue to [be] persistent to BUE's [bilateral upper extremities] and it causes [Resident 1] to have difficulty holding things." The documentation included, "Tremor, unsteady gait, poor coordination, lethargic." The documentation included, "Fall risk factors: environmental factors, altered elimination, impaired mobility, high risk medication, altered mental status." On 09/27/2023 at 12:10 P.M., Licensee A and House Manager B told Surveyor they were both aware of the accessibility limitations of their home and Resident 1's mobility needs, but thought it was okay for Resident 1 to live at this home since s/he was receiving hospice services. Licensee A and House Manager B told Surveyor they established the home's first floor parlor as Resident 1's "makeshift" bedroom because Resident 1 was non-ambulatory and was not able to reside in his/her previous bedroom on the second floor. Licensee A and House Manager B told Surveyor there were not actual bedrooms located on the first floor that met this requirement, as observed by Surveyor. Cross Reference: M0384 DHS 88.06(2)(b) Service Agreement Except Respite M0404 DHS 88.06(3)(a) Individual Service Plan & Assessment	M 320		
M 334	88.05(4)(b)1 FIRE SAFETY-SMOKE DETECTORS	M 334		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010083	A. BUILDING: _____ B. WING _____	09/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VICTORIAN SPLENDOR	312 E LAKE ST LAKE MILLS, WI 53551

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M 334	Continued From page 13 Every adult family home shall be equipped with one or more single station battery operated, electrically interconnected or radio signal emitting smoke detectors on each floor level. Required smoke detectors shall be located in each habitable room except the kitchen and bathroom and specifically in the following locations: at the head of each open stairway, at the door leading to every enclosed stairway, on the ceiling of the living room or family room, on the ceiling of each sleeping room and in the basement. This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not ensure the home was equipped with a smoke detector located on each floor and in each sleeping room. There were no smoke detectors in one of three sleeping rooms located on the second floor and the third floor living space, including a bedroom. The findings included: This AFH is licensed to serve up to 4 residents with diagnoses including mental illness, developmental disability, and/or traumatic brain injury. The facility's current census was 3 residents. On 09/27/2023 at approximately 9:20 A.M., Surveyor observed Resident 1 sitting in a wheelchair located in the home's shared living room watching television. The Surveyor	M 334		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010083	A. BUILDING: _____ B. WING _____	09/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VICTORIAN SPLENDOR	312 E LAKE ST LAKE MILLS, WI 53551

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M 334	Continued From page 14	M 334		

observed there was no obvious sprinkler system installed in the home.

On 09/27/2023 at 9:30 A.M., Surveyor conducted an interview with Licensee A. Licensee A told Surveyor three residents currently lived at the home. Licensee A told Surveyor Resident 1 lived on the first floor of the home and was receiving hospice services. Licensee A told Surveyor Resident 1 had diagnoses including epilepsy (a seizure disorder) and required the use of a wheelchair. Licensee A told Surveyor Resident 1 was able to ambulate, including going down stairs, with the use of a gait belt and the assistance of one person. Licensee A told Surveyor Resident 2 and Resident 3 were both independently ambulatory and resided on the second floor of the home. Licensee A told Surveyor s/he lived at the home and his/her bedroom was on the second floor of the facility. During this interview, Licensee A and Surveyor conducted tour of the home's first floor. Licensee A and Surveyor entered Resident 1's living space, or makeshift bedroom, through two pieces of fabric hanging from the top of a large entryway to the floor. Surveyor observed the pieces of fabric separated the home's shared living room and Resident 1's living space. Licensee A told Surveyor the fabric was hung to provide privacy for Resident 1 since the entryway's sliding, pocket doors were removed in the past. Surveyor observed a closed wood door that led to the home's foyer leading to the front porch exit. Licensee A told Surveyor Resident 1's living space was actually the home's parlor, or sitting room.

On 09/27/2023 at 9:48 A.M., House Manager B and Surveyor conducted a tour of the home's second and third floors. Surveyor observed two

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010083	A. BUILDING: _____ B. WING _____	09/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VICTORIAN SPLENDOR	312 E LAKE ST LAKE MILLS, WI 53551

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M 334	Continued From page 15 staircases between the first and second floor of the home. Surveyor observed 4 bedrooms on the home's second floor, including Resident 2's bedroom, Resident 3's bedroom, Licensee A's bedroom, and an unoccupied bedroom. The unoccupied bedroom did not include a smoke detector. The home's washer and dryer were located in the second floor bathroom. House Manager B told Surveyor the third floor was his/her living space in the home, including a bedroom. Surveyor observed no smoke detector located anywhere on the third floor, as required. House Manager B told Surveyor s/he thought there had been a smoke detector installed on the third floor, but was unable to locate one. On 09/27/2023 at 12:10 P.M., Licensee A and House Manager B told Surveyor they were both unaware of the missing smoke detectors. Licensee A and House Manager B told Surveyor all of the existing smoke detectors were single station, battery operated smoke detectors and not interconnected nor externally monitored. Licensee A and House Manager B told Surveyor the home did not have a sprinkler system, as observed by Surveyor. Cross Reference: M0262 DHS 88.05(2)(a) Difficulty Walking M0344 DHS 88.05(4)(d)2.a. Fire Safety Evacuation Plan Review M0348 DHS 88.05(4)(d)2.c. Semi-Annual Fire Drills	M 334		
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	M 344		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010083	A. BUILDING: _____ B. WING _____	09/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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M 344	Continued From page 16	M 344		

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 observation, interview, and record review, the provider did not ensure Resident 1 was evaluated using the form provided by the department to determine whether or not Resident 1 was capable of evacuating the home without any help within 2 minutes.

The findings included:

This AFH is licensed to serve up to 4 residents with diagnoses including mental illness, developmental disability, and/or traumatic brain injury. The facility's current census was 3 residents.

On 09/27/2023 at approximately 9:20 A.M., Surveyor observed Resident 1 sitting in a wheelchair located in the home's shared living room watching television. The Surveyor observed there was no obvious sprinkler system installed in the home.

On 09/27/2023 at 9:30 A.M., Surveyor conducted an interview with Licensee A. Licensee A told Surveyor three residents currently lived at the home. Licensee A told Surveyor Resident 1 lived on the first floor of the home and was receiving hospice services. Licensee A told Surveyor Resident 1 had diagnoses including epilepsy (a seizure disorder) and required the use of a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VICTORIAN SPLENDOR	312 E LAKE ST LAKE MILLS, WI 53551

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M 344	Continued From page 17	M 344		

wheelchair. Licensee A told Surveyor Resident 1 was able to ambulate, including going down stairs, with the use of a gait belt and the assistance of one person. Licensee A told Surveyor Resident 2 and Resident 3 were both independently ambulatory and resided on the second floor of the home. Licensee A told Surveyor s/he lived at the home and his/her bedroom was on the second floor of the facility. During this interview, Licensee A and Surveyor conducted tour of the home's first floor. Surveyor observed a back porch exit, as indicated on the home's exit evacuation plan, included 6 steps to the ground level and did not include a ramp. Surveyor observed a front porch exit, as indicated on the home's exit evacuation plan, included 7 steps to the ground level and did not include a ramp. Licensee A told Surveyor these two exits were the home's designated exit routes and none of the exits included a ramp to grade, or ground level. Licensee A and Surveyor entered Resident 1's living space, or makeshift bedroom, through two pieces of fabric hanging from the top of a large entryway to the floor. Surveyor observed the pieces of fabric separated the home's shared living room and Resident 1's living space. Licensee A told Surveyor the fabric was hung to provide privacy for Resident 1 since the entryway's sliding, pocket doors were removed in the past. Surveyor observed a closed wood door that led to the home's foyer leading to the front porch exit. Licensee A told Surveyor Resident 1's living space was actually the home's parlor, or sitting room.

On 09/27/2023 at 9:48 A.M., House Manager B and Surveyor conducted a tour of the home's second and third floors. Surveyor observed two staircases between the first and second floor of the home. Surveyor observed 4 bedrooms on the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010083	A. BUILDING: _____ B. WING _____	09/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VICTORIAN SPLENDOR	312 E LAKE ST LAKE MILLS, WI 53551

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M 344	Continued From page 18	M 344		

home's second floor, including Resident 2's bedroom, Resident 3's bedroom, Licensee A's bedroom, and an unoccupied bedroom. House Manager B told Surveyor the third floor was his/her living space in the home.

On 09/27/2023 at approximately 10:00 A.M., House Manager B provided Surveyor with a copy of the home's "Mission Statement" or program statement. The document included, "[The home] is a four-bed adult home providing round-the-clock assistance and supervision seven days a week. It is owned and operated by [Licensee A] and [House Manager B] and is ideally located at [address]. [The home] serves ambulatory residents, all of whom are capable of responding to a fire alarm and exiting without assistance." The document included, "Denial of admission will not be based on race, color, national origin or on handicap unless the handicap is such that [the home] is not licensed to accommodate persons with that particular handicap. The mission and goal of [the home] is to offer a safe environment..."

On 09/27/2023 at 10:00 A.M., Surveyor conducted an interview and Resident 1's record review with House Manager B and Licensee A. House Manager B told Surveyor s/he and Licensee A co-own the home [AFH]. House Manager B told Surveyor Resident 1 had lived at this home between 10/29/2003 and July of 2021 before falling during a seizure and sustaining a fractured leg. House Manager B said Resident 1 was sent to a hospital in July 2021 for treatment of his/her fracture and discharged to a community-based residential facility [CBRF], previously owned by Licensee A and House Manager B at that time, because Resident 1 was not able to walk. House Manager B told Surveyor

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010083	A. BUILDING: _____ B. WING _____	09/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VICTORIAN SPLENDOR	312 E LAKE ST LAKE MILLS, WI 53551

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M 344	Continued From page 19 Resident 1 continued to reside at the CBRF after Licensee A and House Manager B sold the CBRF to another provider in March 2022. House Manager B said Resident 1 experienced a significant change of condition at the CBRF, was sent to a hospital, and discharged to an in-patient hospice facility in January 2023. House Manager B told Surveyor s/he could not recall the exact reason Resident 1 was unable to stay at the in-patient hospice facility. House Manager B said s/he told Legal Guardian C s/he would take Resident 1 back here at the home to live with hospice agency services in January 2023. House Manager B told Surveyor Resident 1 had a legal guardian, Legal Guardian C, and Resident 1's room, board, and service charges were paid privately. House Manager B told Surveyor Resident 1 was not a relative of House Manager B and/or Licensee A. House Manager B provided Surveyor with a notebook including House Manager B's handwritten notes about Resident 1's admission to the home in January 2023. A sample of House Manager B's documented notes included a note dated 01/26/2023 including, "[Resident 1] moved back to [the home]. [Resident 1] is on hospice." House Manager B provided Surveyor with Resident 1's "Hospice Care Facesheet" dated 01/23/2023 including Resident 1's diagnoses including epilepsy, spastic hemiplegia, cerebral palsy, dementia and repeated falls. House Manager B told Surveyor Resident 1's condition was such that Resident 1 was "curled up in a fetal position like a baby" when Resident 1 was admitted to the home in January 2023 and was carried into the home by the ambulance driver. House Manager B told Surveyor Resident 1 has since required full assistance with all cares, including eating, dressing, toileting, and bathing. House Manager B told Surveyor Resident 1 was	M 344		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010083	A. BUILDING: _____ B. WING _____	09/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VICTORIAN SPLENDOR	312 E LAKE ST LAKE MILLS, WI 53551

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M 344	Continued From page 20	M 344		

no longer ambulatory because of Resident 1's tremors, unsteady gait, and Resident 1 could have a seizure at any time. House Manager B said Resident 1 could just drop down on to Resident 1's knees at any time without warning when walking with him/her. House Manager B said s/he and Licensee A have taken Resident 1 out of the home one time since s/he was admitted to the home in January 2023 because of difficulty assisting Resident 1 with ambulation. House Manager B said Licensee A assisted him/her down the front porch steps with a gait belt and transferred Resident 1 to his/her wheelchair to attend a local parade. Licensee A told Surveyor s/he thought about getting a ramp for the front porch exit, but never did not obtain one. House Manager B told Surveyor a baby monitor was used during the night to know when Resident 1 needed assistance. House Manager B told Surveyor s/he keeps the receiver of the baby monitor in his/her living space on the third floor. House Manager B provided Surveyor with Resident 1's most recent hospice visit documentation dated 09/20/2023 including, "[Resident 1] is seated on front porch in w/c [wheelchair] on arrival. [House Manager B] present for visit. [Resident 1] does answer most questions appropriately but does look to [House Manager B] for some answers. [S/he] shares [s/he] still is having hallucinations but they are not bothersome and don't [sic] cause fear. [Resident 1's] most recent hallucination was "something with the piano" while [Resident 1] stated this [s/he] moved [his/her] left hand like [s/he] was playing the piano. Discussed focal seizures [Resident 1] may be having as noted in [undetermined provider] visit notes. [House Manager B] agrees that [Resident 1] "has them often." Tremors and "drops" continue to [be] persistent to BUE's [bilateral upper extremities]

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010083	A. BUILDING: _____ B. WING _____	09/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VICTORIAN SPLENDOR	312 E LAKE ST LAKE MILLS, WI 53551

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M 344	Continued From page 21	M 344		

and it causes [Resident 1] to have difficulty holding things." The documentation included, "Tremor, unsteady gait, poor coordination, lethargic." The documentation included, "[Resident 1] is one assist for toileting. [House Manager B] assists with incontinent cares or bedpan as needed." The documentation included, "Fall risk factors: environmental factors, altered elimination, impaired mobility, high risk medication, altered mental status."
House Manager B told Surveyor s/he did not conduct an evaluation using the form provided by the department at any time since his/her admission to the home in January 2023 to determine whether or not Resident 1 was capable of evacuating the home without any help within 2 minutes. House Manager B said s/he did not think s/he had to do the evaluation because Resident 1 was on hospice services.
House Manager B provided the home's documented fire drill conducted on 04/12/2023 with "2" residents evacuated. House Manager B told Surveyor the "2" residents evacuated on 04/12/2023 were Resident 2 and Resident 3. House Manager B told Surveyor s/he did not include Resident 1 in the fire drill because Resident 1 was not able to evacuate the home without difficulty and would need full assistance to be evacuated from the home.

On 09/27/2023 at 12:10 P.M., Licensee A and House Manager B told Surveyor they were both aware of the accessibility limitations of their home, including no exit ramps to grade, and Resident 1's mobility needs. Licensee A and House Manager B said they thought it was okay for Resident 1 to live at this home since s/he was receiving hospice service. Licensee A and House Manager B told Surveyor all of the existing smoke detectors were single station, battery operated

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010083	A. BUILDING: _____ B. WING _____	09/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VICTORIAN SPLENDOR	312 E LAKE ST LAKE MILLS, WI 53551

(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 344	Continued From page 22 smoke detectors and not interconnected nor externally monitored. Licensee A and House Manager B told Surveyor the home did not have a sprinkler system, as observed by Surveyor. Cross Reference: M0262 DHS 88.05(2)(a) Difficulty Walking M0344 DHS 88.05(4)(b) Fire Safety - Smoke Detectors M0348 DHS 88.05(4)(d)2.c. Semi-Annual Fire Drills	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 observation, interview, and record review, the provider did not ensure semi-annual fire drills, as required, were conducted in 2022. The findings included: This AFH is licensed to serve up to 4 residents with diagnoses including mental illness, developmental disability, and/or traumatic brain injury. The facility's current census was 3 residents. On 09/27/2023 at 9:30 A.M., Surveyor conducted an interview with Licensee A. Licensee A told Surveyor three residents currently lived at the home. Licensee A told Surveyor Resident 2 and Resident 3 were both independently ambulatory and have resided on the second floor of the home	M 348		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010083	A. BUILDING: _____ B. WING _____	09/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VICTORIAN SPLENDOR	312 E LAKE ST LAKE MILLS, WI 53551

(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 348	Continued From page 23 for several years. Licensee A told Surveyor s/he lived at the home and his/her bedroom was on the second floor of the facility. Licensee A told Surveyor Resident 1 was admitted to the home in January 2023. On 09/27/2023 at 9:48 A.M., House Manager B and Surveyor conducted a tour of the home's second and third floors. Surveyor observed two staircases between the first and second floor of the home. Surveyor observed 4 bedrooms on the home's second floor, including Resident 2's bedroom, Resident 3's bedroom, Licensee A's bedroom, and an unoccupied bedroom. The home's washer and dryer were located in the second floor bathroom. House Manager B told Surveyor the third floor was his/her living space in the home. On 09/27/2023 at approximately 10:00 A.M., House Manager B provided Surveyor with the home's documented fire drills conducted in 2022 with "2" residents evacuated on 08/15/2022. House Manager B told Surveyor the "2" residents evacuated on 08/15/2022 were Resident 2 and Resident 3. House Manager B told Surveyor the fire drill on 08/15/2022 was the only fire drill conducted in 2022 despite being aware of the requirement for semi-annual fire drills. Cross Reference: M0262 DHS 88.05(2)(a) Difficulty Walking M0344 DHS 88.05(4)(b) Fire Safety - Smoke Detectors M0348 DHS 88.05(4)(d)2.a Fire Safety Evacuation Plan Review	M 348		
M 384	88.06(2)(b) SERVICE AGREEMENT EXCEPT RESPITE	M 384		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010083	A. BUILDING: _____ B. WING _____	09/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VICTORIAN SPLENDOR	312 E LAKE ST LAKE MILLS, WI 53551

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M 384	Continued From page 24 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 observation, interview, and record review, the provider did not have a service agreement with Resident 1 and Resident 1's Legal Guardian C. Resident 1 was admitted to the home on 01/26/2023. The findings included: This AFH is licensed to serve up to 4 residents with diagnoses including mental illness, developmental disability, and/or traumatic brain injury. The facility's current census was 3 residents. On 09/27/2023 at approximately 9:20 A.M., Surveyor observed Resident 1 sitting in a wheelchair located in the home's shared living room watching television. On 09/27/2023 at 9:30 A.M., Surveyor conducted an interview with Licensee A. Licensee A told Surveyor three residents currently lived at the home, including Resident 1. Licensee A told Surveyor Resident 1 lived on the first floor of the	M 384		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010083	A. BUILDING: _____ B. WING _____	09/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VICTORIAN SPLENDOR	312 E LAKE ST LAKE MILLS, WI 53551

(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 384	Continued From page 25	M 384		

home and was receiving hospice services. Licensee A told Surveyor Resident 1 had diagnoses including epilepsy (a seizure disorder) and required the use of a wheelchair. Licensee A told Surveyor Resident 1 was able to ambulate, including going down stairs, with the use of a gait belt and the assistance of one person.
During this interview, Licensee A and Surveyor conducted tour of the home's first floor. Licensee A and Surveyor entered Resident 1's living space, or makeshift bedroom, through two pieces of fabric hanging from the top of a large entryway to the floor. Surveyor observed the pieces of fabric separated the home's shared living room and Resident 1's living space. Licensee A told Surveyor the fabric was hung to provide privacy for Resident 1 since the entryway's sliding, pocket doors were removed in the past. Surveyor observed a closed wood door that led to the home's foyer leading to the front porch exit. Licensee A told Surveyor Resident 1's living space was actually the home's parlor, or sitting room. Surveyor observed a hospital bed including a quarter-length side rail on the right side of the bed and a transfer bar on the left side of the bed, a Broda chair (specialized wheelchair), and a commode located in this space.

On 09/27/2023 at 10:00 A.M., Surveyor conducted an interview and Resident 1's record review with House Manager B and Licensee A. House Manager B told Surveyor s/he and Licensee A co-own the home [AFH]. House Manager B told Surveyor Resident 1 had lived at this home between 10/29/2003 and July of 2021 before falling during a seizure and sustaining a fractured leg. House Manager B said Resident 1 was sent to a hospital in July 2021 for treatment of his/her fracture and discharged to a

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010083	A. BUILDING: _____ B. WING _____	09/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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M 384	Continued From page 26	M 384		

community-based residential facility [CBRF], previously owned by Licensee A and House Manager B at that time, because Resident 1 was not able to walk. House Manager B told Surveyor Resident 1 continued to reside at the CBRF after Licensee A and House Manager B sold the CBRF to another provider in March 2022. House Manager B said Resident 1 experienced a significant change of condition at the CBRF, was sent to a hospital, and discharged to an in-patient hospice facility in January 2023. House Manager B told Surveyor s/he could not recall the exact reason Resident 1 was unable to stay at the in-patient hospice facility. House Manager B said s/he told Legal Guardian C s/he would take Resident 1 back here at the home to live with hospice agency services in January 2023. House Manager B told Surveyor Resident 1 had a legal guardian, Legal Guardian C, and Resident 1's room, board, and service charges were paid privately. House Manager B told Surveyor Resident 1 was not a relative of House Manager B and/or Licensee A.

House Manager B provided Surveyor with hospital discharge notes dated 07/01/2021 and 07/02/2021 including, "[Resident 1] lives in group home [AFH] for about 20 years, shares a room with [Resident 2]. Walks with 1 assist and a gait belt, legs "tend to give out on..." The documentation included, "[Resident 1] will discharge today to [CBRF]. This is owned by [House Manager B] who also owns the adult family home that [Resident 1] lives at. [Resident 1] has been to this CBRF for activities many times. Staff at the CBRF will be able to have 2 person transfer assist..." The discharge note included, "[CBRF] have wheelchairs there, staffed 24/7, can get a Hoyer [mechanical lift] if needed."

House Manager B provided Surveyor with a notebook including House Manager B's

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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M 384	Continued From page 27	M 384		

handwritten notes about Resident 1's admission to the home in January 2023. A sample of House Manager B's documented notes included a note dated 01/26/2023 including, "[Resident 1] moved back to [the home]. [Resident 1] is on hospice. [Hospice Nurse D] is [his/her] nurse. [Hospice Nurse D] called meds [medications] into [pharmacy]." House Manager B's documented note dated 01/27/2023 included, "Changed [Resident 1] and [his/her] bedding..." and "Administered morning meds." House Manager B provided Surveyor with a fax coversheet from House Manager B to Resident 1's pharmacy including, "[Resident 1] re-admitted to [the home] on 01/26/2023. Discharged [from AFH] back in July 2021. Hospice will be ordering [his/her] medications." House Manager B provided Surveyor with Resident 1's medication administration record [MAR] for September 2023 including daily documentation of Resident 1's medication administration by House Manager B. House Manager B told Surveyor s/he or former caregivers no longer employed at the home administered Resident 1's medications since Resident 1's admission to the home in January 2023.

House Manager B provided Surveyor with Resident 1's "Hospice Care Facesheet" dated 01/23/2023 including Resident 1's diagnoses including epilepsy, spastic hemiplegia, cerebral palsy, dementia and repeated falls.

House Manager B told Surveyor Resident 1's condition was such that Resident 1 was "curled up in a fetal position like a baby" when Resident 1 was admitted to the home in January 2023 and was carried into the home by the ambulance driver. House Manager B told Surveyor Resident 1 has since required full assistance with all cares, including eating, dressing, toileting, and bathing.

House Manager B told Surveyor Resident 1's

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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M 384	Continued From page 28	M 384		

bed, Broda chair, wheelchair, and commode were provided by Resident 1's hospice agency. House Manager B told Surveyor Resident 1's Broda chair was no longer used because it was too bulky for use in the home and Resident 1 utilized the wheelchair at all times when out of bed. Licensee A told Surveyor s/he and House Manager B never tried to toilet Resident 1 in the first floor bathroom because it was too small for transferring Resident 1 and Resident 1's wheelchair. House Manager B told Surveyor Resident 1 s/he provided Resident 1's personal hygiene cares while Resident 1 was in bed. House Manager B said Resident 1 was incontinent of both bowel and bladder and House Manager B no longer transfers Resident 1 to the commode because it was hard on House Manager B's back. House Manager B said s/he provided Resident 1 with the bedpan when s/he can tell Resident 1 needs to have a bowel movement, but otherwise Resident 1 was incontinent. House Manager B said Resident 1 utilized incontinent briefs and bed pads provided by the hospice agency. House Manager B told Surveyor Resident 1 was able to utilize the quarter side rail on the right side of the bed to boost self up in bed with assistance, but was unable to utilize the transfer bar on the left side of the bed related to Resident 1's hemiplegia. House Manager B told Surveyor Resident 1 was no longer ambulatory because of Resident 1's tremors, unsteady gait, and Resident 1 could have a seizure at any time. House Manager B said Resident 1 could just drop down on to Resident 1's knees at any time without warning when walking with him/her. House Manager B told Surveyor a baby monitor was used during the night to know when Resident 1 needed assistance. House Manager B told Surveyor s/he keeps the receiver of the baby monitor in his/her

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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M 384	Continued From page 29	M 384		

living space on the third floor.
House Manager B provided Surveyor with Resident 1's most recent hospice visit documentation dated 09/20/2023 including, "[Resident 1] is seated on front porch in w/c [wheelchair] on arrival. [House Manager B] present for visit. [Resident 1] does answer most questions appropriately but does look to [House Manager B] for some answers. [S/he] shares [s/he] still is having hallucinations but they are not bothersome and don't [sic] cause fear. [Resident 1's] most recent hallucination was "something with the piano" while [Resident 1] stated this [s/he] moved [his/her] left hand like [s/he] was playing the piano. Discussed focal seizures [Resident 1] may be having as noted in [undetermined provider] visit notes. [House Manager B] agrees that [Resident 1] "has them often." Tremors and "drops" continue to [be] persistent to BUE's [bilateral upper extremities] and it causes [Resident 1] to have difficulty holding things." The documentation included, "Tremor, unsteady gait, poor coordination, lethargic." The documentation included, "[House Manager B] reports [Resident 1] is eating 3 meals a day and snacks. [Resident 1] will feed [self] finger foods at times. "If [s/he] is feeding [self] it is not unusual for meal times to take an hour or longer" per [House Manager B]. [House Manager B] does assist with eating/feeding as needed." The documentation included, "[Resident 1] is one assist for toileting. [House Manager B] assists with incontinent cares or bedpan as needed." The documentation included, "Fall risk factors: environmental factors, altered elimination, impaired mobility, high risk medication, altered mental status."

On 09/27/2023 at 12:10 P.M., House Manager B told Surveyor s/he did not have a service

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010083	A. BUILDING: _____ B. WING _____	09/27/2023

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VICTORIAN SPLENDOR	312 E LAKE ST LAKE MILLS, WI 53551

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M 384	Continued From page 30 agreement with Resident 1 and Resident 1's Legal Guardian C because Resident 1 was receiving hospice services and House Manager B thought that was all that was needed. Cross Reference: M0404 DHS 88.06(3)(a) Individual Service Plan & Agreement	M 384		
M 404	88.06(3)(a) INDIVIDUAL SERVICE PLAN & ASSESSMENT The licensee shall ensure that a written assessment and individual service plan is completed and developed for each resident within 30 days after placement. This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not ensure a written assessment and individual service plan was completed and developed within 30 days of Resident 1's admission to the home. Resident 1 was admitted to the home on 01/26/2023. The findings included: On 09/27/2023 at approximately 9:20 A.M., Surveyor observed Resident 1 sitting in a wheelchair located in the home's shared living room watching television. On 09/27/2023 at 9:30 A.M., Surveyor conducted an interview with Licensee A. Licensee A told Surveyor three residents currently lived at the home, including Resident 1. Licensee A told	M 404		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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M 404	Continued From page 31 Surveyor Resident 1 lived on the first floor of the home and was receiving hospice services. Licensee A told Surveyor Resident 1 had diagnoses including epilepsy (a seizure disorder) and required the use of a wheelchair. Licensee A told Surveyor Resident 1 was able to ambulate, including going down stairs, with the use of a gait belt and the assistance of one person. Licensee A told Surveyor s/he lived at the home and his/her bedroom was on the second floor of the facility. During this interview, Licensee A and Surveyor conducted tour of the home's first floor. Surveyor observed a back porch exit, as indicated on the home's exit evacuation plan, included 6 steps to the ground level and did not include a ramp. Surveyor observed a front porch exit, as indicated on the home's exit evacuation plan, included 7 steps to the ground level and did not include a ramp. Licensee A told Surveyor these two exits were the home's designated exit routes and none of the exits included a ramp to grade, or ground level. Licensee A and Surveyor entered Resident 1's living space, or makeshift bedroom, through two pieces of fabric hanging from the top of a large entryway to the floor. Surveyor observed the pieces of fabric separated the home's shared living room and Resident 1's living space. Licensee A told Surveyor the fabric was hung to provide privacy for Resident 1 since the entryway's sliding, pocket doors were removed in the past. Surveyor observed a closed wood door that led to the home's foyer leading to the front porch exit. Licensee A told Surveyor Resident 1's living space was actually the home's parlor, or sitting room. Surveyor observed a hospital bed including a quarter-length side rail on the right side of the bed and a transfer bar on the left side of the bed, a Broda chair (specialized wheelchair), and a commode located in this space.	M 404		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010083	A. BUILDING: _____ B. WING _____	09/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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M 404	Continued From page 32 On 09/27/2023 at 9:48 A.M., House Manager B and Surveyor conducted a tour of the home's second and third floors. Surveyor observed two staircases between the first and second floor of the home. Surveyor observed 4 bedrooms on the home's second floor, including Licensee A's bedroom. House Manager B told Surveyor the third floor was his/her living space in the home. On 09/27/2023 at 10:00 A.M., Surveyor conducted an interview and Resident 1's record review with House Manager B and Licensee A. House Manager B told Surveyor s/he and Licensee A co-own the home [AFH]. House Manager B told Surveyor Resident 1 had lived at this home between 10/29/2003 and July of 2021 before falling during a seizure and sustaining a fractured leg. House Manager B said Resident 1 was sent to a hospital in July 2021 for treatment of his/her fracture and discharged to a community-based residential facility [CBRF], previously owned by Licensee A and House Manager B at that time, because Resident 1 was not able to walk. House Manager B told Surveyor Resident 1 continued to reside at the CBRF after Licensee A and House Manager B sold the CBRF to another provider in March 2022. House Manager B said Resident 1 experienced a significant change of condition at the CBRF, was sent to a hospital, and discharged to an in-patient hospice facility in January 2023. House Manager B told Surveyor s/he could not recall the exact reason Resident 1 was unable to stay at the in-patient hospice facility. House Manager B said s/he told Legal Guardian C s/he would take Resident 1 back here at the home to live with hospice agency services in January 2023. House Manager B told Surveyor Resident 1 had a legal guardian, Legal Guardian C, and Resident 1's	M 404		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010083	A. BUILDING: _____ B. WING _____	09/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VICTORIAN SPLENDOR	312 E LAKE ST LAKE MILLS, WI 53551

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M 404	Continued From page 33	M 404		

room, board, and service charges were paid privately. House Manager B told Surveyor Resident 1 was not a relative of House Manager B and/or Licensee A.
House Manager B provided Surveyor with hospital discharge notes dated 07/01/2021 and 07/02/2021 including, "[Resident 1] lives in group home [AFH] for about 20 years, shares a room with [Resident 2]. Walks with 1 assist and a gait belt, legs "tend to give out on..." The documentation included, "[Resident 1] will discharge today to [CBRF]. This is owned by [House Manager B] who also owns the adult family home that [Resident 1] lives at. [Resident 1] has been to this CBRF for activities many times. Staff at the CBRF will be able to have 2 person transfer assist..." The discharge note included, "[CBRF] have wheelchairs there, staffed 24/7, can get a Hoyer [mechanical lift] if needed."
House Manager B provided Surveyor with a notebook including House Manager B's handwritten notes about Resident 1's admission to the home in January 2023. A sample of House Manager B's documented notes included a note dated 01/26/2023 including, "[Resident 1] moved back to [the home]. [Resident 1] is on hospice. [Hospice Nurse D] is [his/her] nurse. [Hospice Nurse D] called meds [medications] into [pharmacy]." House Manager B's documented note dated 01/27/2023 included, "Changed [Resident 1] and [his/her] bedding..." and "Administered morning meds." House Manager B provided Surveyor with a fax coversheet from House Manager B to Resident 1's pharmacy including, "[Resident 1] re-admitted to [the home] on 01/26/2023. Discharged [from AFH] back in July 2021. Hospice will be ordering [his/her] medications." House Manager B provided Surveyor with Resident 1's medication administration record [MAR] for September 2023

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010083	A. BUILDING: _____ B. WING _____	09/27/2023

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VICTORIAN SPLENDOR	312 E LAKE ST LAKE MILLS, WI 53551

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M 404	Continued From page 34	M 404		

including daily documentation of Resident 1's medication administration by House Manager B.
House Manager B told Surveyor s/he or former caregivers no longer employed at the home administered Resident 1's medications since Resident 1's admission to the home in January 2023.
House Manager B told Surveyor Resident 1 received visits from a hospice nurse at the home once a week and visits from hospice caregivers at the home twice a week. House Manager B told Surveyor s/he usually completed all of Resident 1's cares prior to the twice weekly hospice caregiver visits in order to get Resident 1 up and ready for the day.
House Manager B provided Surveyor with Resident 1's "Hospice Care Facesheet" dated 01/23/2023 including Resident 1's diagnoses including epilepsy, spastic hemiplegia, cerebral palsy, dementia and repeated falls.
House Manager B told Surveyor Resident 1's condition was such that Resident 1 was "curled up in a fetal position like a baby" when Resident 1 was admitted to the home in January 2023 and was carried into the home by the ambulance driver. House Manager B told Surveyor Resident 1 has since required full assistance with all cares, including eating, dressing, toileting, and bathing.
House Manager B told Surveyor Resident 1's bed, Broda chair, wheelchair, and commode were provided by Resident 1's hospice agency. House Manager B told Surveyor Resident 1's Broda chair was no longer used because it was too bulky for use in the home and Resident 1 utilized the wheelchair at all times when out of bed.
Licensee A told Surveyor s/he and House Manager B never tried to toilet Resident 1 in the first floor bathroom because it was too small for transferring Resident 1 and Resident 1's wheelchair. House Manager B told Surveyor

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010083	A. BUILDING: _____ B. WING _____	09/27/2023

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VICTORIAN SPLENDOR	312 E LAKE ST LAKE MILLS, WI 53551

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M 404	Continued From page 35 Resident 1 s/he provided Resident 1's personal hygiene cares while Resident 1 was in bed. House Manager B said Resident 1 was incontinent of both bowel and bladder and House Manager B no longer transfers Resident 1 to the commode because it was hard on House Manager B's back. House Manager B said s/he provided Resident 1 with the bedpan when s/he can tell Resident 1 needs to have a bowel movement, but otherwise Resident 1 was incontinent. House Manager B said Resident 1 utilized incontinent briefs and bed pads provided by the hospice agency. House Manager B told Surveyor Resident 1 was able to utilize the quarter side rail on the right side of the bed to boost self up in bed with assistance, but was unable to utilize the transfer bar on the left side of the bed related to Resident 1's hemiplegia. House Manager B told Surveyor Resident 1 was no longer ambulatory because of Resident 1's tremors, unsteady gait, and Resident 1 could have a seizure at any time. House Manager B said Resident 1 could just drop down on to Resident 1's knees at any time without warning when walking with him/her. House Manager B said s/he and Licensee A have taken Resident 1 out of the home one time since s/he was admitted to the home in January 2023 because of difficulty assisting Resident 1 with ambulation. House Manager B said Licensee A assisted him/her down the front porch steps with a gait belt and transferred Resident 1 to his/her wheelchair to attend a local parade. Licensee A told Surveyor s/he thought about getting a ramp for the front porch exit, but never did not obtain one. House Manager B told Surveyor a baby monitor was used during the night to know when Resident 1 needed assistance. House Manager B told Surveyor s/he keeps the receiver of the baby monitor in his/her living space on the third floor.	M 404		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010083	A. BUILDING: _____ B. WING _____	09/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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M 404	Continued From page 36	M 404		

House Manager B provided Surveyor with Resident 1's most recent hospice visit documentation dated 09/20/2023 including, "[Resident 1] is seated on front porch in w/c [wheelchair] on arrival. [House Manager B] present for visit. [Resident 1] does answer most questions appropriately but does look to [House Manager B] for some answers. [S/he] shares [s/he] still is having hallucinations but they are not bothersome and don't [sic] cause fear. [Resident 1's] most recent hallucination was "something with the piano" while [Resident 1] stated this [s/he] moved [his/her] left hand like [s/he] was playing the piano. Discussed focal seizures [Resident 1] may be having as noted in [undetermined provider] visit notes. [House Manager B] agrees that [Resident 1] "has them often." Tremors and "drops" continue to [be] persistent to BUE's [bilateral upper extremities] and it causes [Resident 1] to have difficulty holding things." The documentation included, "Tremor, unsteady gait, poor coordination, lethargic." The documentation included, "[House Manager B] reports [Resident 1] is eating 3 meals a day and snacks. [Resident 1] will feed [self] finger foods at times. "If [s/he] is feeding [self] it is not unusual for meal times to take an hour or longer" per [House Manager B]. [House Manager B] does assist with eating/feeding as needed." The documentation included, "[Resident 1] is one assist for toileting. [House Manager B] assists with incontinent cares or bedpan as needed." The documentation included, "Fall risk factors: environmental factors, altered elimination, impaired mobility, high risk medication, altered mental status."

On 09/27/2023 at 12:10 P.M., House Manager B told Surveyor s/he did not complete and develop a written assessment and individual service plan

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010083	A. BUILDING: _____ B. WING _____	09/27/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VICTORIAN SPLENDOR	312 E LAKE ST LAKE MILLS, WI 53551

(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 404	Continued From page 37 within 30 days of Resident 1's admission to the home, nor at any time since Resident 1's admission to the home in January 2023. House Manager B told Surveyor s/he did not think s/he needed to because Resident 1 was receiving hospice services and they had their own plan. Cross Reference: M0384 DHS 83.06(2)(b) Service Agreement Except Respite	M 404		