STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019439	A. BUILDING: _____ B. WING _____	01/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ZIESMER AFH	6785 ELLMAN LANE OCONTO, WI 54153

(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 01/06/2026, Surveyor conducted a standard survey at Ziesmer AFH. Additional information was collected through 01/15/2026. As a result of the survey, 3 deficient practices were identified. Census: 3	M 000		
M 230	88.04(2)(f) CONDITION WHICH REPRESENTS RISK OR HARM The licensee may not permit the existence or continuation of a condition in the home which places the health, safety or welfare of a resident at substantial risk of harm. This Rule is not met as evidenced by: Based on observation and interview, the provider allowed for a significant condition of risk within the home that directly affected Resident 1's health safety and welfare. When Resident 1 used his/her "sensory room" in the basement, the provider locked him/her in the room with no mean of egress or evacuation in the event of an emergency. The provider is licensed to serve up to 3 residents who made have diagnoses including physical and developmental disability. Findings Include: On 01/06/2026, Surveyor reviewed Resident 1's record, including his/her, Managed Care Organization (MCO) Member Centered Plan (MCP) dated 12/11/2025, Behavioral Plan (BP) dated 12/18/2025, and Individual Client review and Treatment Plan dated 09/21/2005. Resident	M 230		

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

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M 230	Continued From page 1	M 230		

1 was admitted on 11/28/2005 and had a guardian (Guardian D.) Resident had diagnoses including autism, moderate mental retardation, and receptive and expressive language disorder. Resident 1's records noted s/he required, "Level of Supervision: Constant ... During non-sleep hours [Resident 1] needs one-on-one supervision at all times." Resident 1's record noted s/he had limited verbal communication and did not have access to a lockable door and key to his/her room due in part to his/her inability to verbally communicate with staff to grant them permission to enter his/her room. The records noted Resident 1 could become agitated with stimuli and changes to the environment and had a room apart from his/her bedroom allocated to be a place for him/her to calm in the basement of the home.

Surveyor reviewed the last completed evacuation evaluation for Resident 1 was conducted in 2022. During an interview with Administrator A on 01/06/2026 at 11:45 AM, Administrator A stated the last evacuation evaluation was completed in 2022 when s/he became the Licensee and s/he stated s/he was unaware a review of the evacuation evaluation had to be completed annually.

On 01/06/2026 at 12:45, Surveyor toured the basement while interviewing Administrator A. Surveyor observed a room with a locked door that was fitted with an alarm that would sound if the door was opened. Administrator A stated the room was Resident 1's "sensory room" where s/he could go if s/he was overstimulated. Administrator A stated s/he needed to disengage the door alarm. After the alarm was disengaged, Surveyor attempted to open the door and discovered the door was locked. The hardware

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M 230	Continued From page 2	M 230		

was fitted with a device to unlock the door with the use of a tool which Administrator A had readily available and used to unlock the door. (Photo 4.) When the door opened Surveyor observed Resident 1 was in the room. Surveyor observed the room had 1 window that did not egress to the outside. (Photo 3.) Surveyor observed the hardware on the inside of the door by closing the door with Surveyor inside and Administrator A outside. The door was fitted with hardware that was equipped with a doorknob that had a non-removable metal outer cover that spun around when Surveyor attempted to grip it to open the door. (Video 1, Picture 2.) The hardware had a finger twist latch in the middle of the knob. The latch appeared to be modified as it receded into the metal cover which posed limited access to the latch and required excess strength to attempt to move it to an unlocked position. Surveyor was only able to move the latch to the unlocked position for a moment before it snapped back into a locked position as if modified by a spring to automatically go back into a locked position. Surveyor checked the door three times and had to have Administrator A open the door 2 out of 3 times because to open the door required both hands to leverage the spinning knob, and strength enough to strain Surveyors fingers to get the latch to move enough to unlock the door.

Surveyor attempted to interview Resident 1 and was unable to elicit a verbal response. The resident made some gestures but the intention, if any, was not clear.

Administrator A stated Resident 1 would be in the room for a few hours each day. Administrator A acknowledged Resident 1 had been locked in the room and stated the resident did not have the ability to negotiate the hardware on the door as it

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M 230	Continued From page 3 presently was. Administrator A stated s/he did not know the door was locked but had the pin tool ready to unlock the door when Surveyor had asked to enter. Administrator A stated the hardware had been the same since s/he became the owner in 2022 and offered no explanation for the resident being locked in the room with no path of egress. Resident 1 was locked inside the room with no ability to unlock the door, no means of egress out of the room in an emergency and limited to no ability to call out for assistance. Cross Reference: M0428 DHS 88.07(1)(b) Autonomy And Choices M0574 DHS 88.10(3)(n)1 Freedom From Seclusion And Restraints	M 230		
M 428	88.07(1)(b) AUTONOMY AND CHOICES The licensee shall encourage a resident's autonomy, respect a resident's need for physical and emotional privacy and take a resident's preferences, choices and status as an adult into consideration while providing care, supervision and training. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure residents had continual supervision from awake staff to meet their assessed needs and did not consider the resident's right for privacy within the home when determining how to meet the residents supervision needs. Three out of three residents required 24-hour supervision. Resident 1 was	M 428		

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assessed as an elopement risk, had limited means of communication, and was assessed as being sensitive to stimuli and requiring 1 to 1 supervision. The provider allowed for sleep staff while relaying on an alarm system within the home to alert sleeping staff of the resident's movements without care planning or seeking Department approval via waiver for the alarms. The provider disregarded the resident's right to privacy and to freely move within their own home for the provider's convenience to have sleeping staff.

The provider is licensed to serve up to 3 residents who made have diagnoses including physical and developmental disability.

Findings Include:

Chapter 88, "Continuous care" means the need for supervision, intervention or services on a 24-hour basis to prevent, control and ameliorate a constant or intermittent mental or physical condition which may break out or become critical during any time of the day or night."

On 01/06/2026, Surveyor reviewed Resident 1's record, including his/her, Managed Care Organization (MCO) Member Centered Plan (MCP) dated 12/11/2025, Behavioral Plan (BP) dated 12/18/2025, and Individual Client review and Treatment Plan dated 09/21/2005. Resident 1 was admitted on 11/28/2005 and had a guardian (Guardian D.) Resident had diagnoses including autism, moderate mental retardation, and receptive and expressive language disorder. Resident 1's records noted s/he required, "Level of Supervision: Constant ... During non-sleep hours [Resident 1] needs one-on-one supervision at all times." Resident 1's record noted s/he had

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limited verbal communication and did not have access to a lockable door and key to his/her room due in part to his/her inability to verbally communicate with staff to grant them permission to enter his/her room. The records noted Resident 1 could become agitated with stimuli.

Surveyor reviewed Resident 2 Individual Service Plan (ISP) dated 12/10/2025 and noted Resident 2 was admitted on 06/23/2003 with diagnoses including developmental delays and colpocephaly. Resident 2 had a guardian and was assessed as requiring 24-hour supervision.

Surveyor reviewed Resident 3 Individual Service Plan (ISP) dated 12/11/2025 and noted Resident 3 was admitted on 03/25/2012 with diagnoses including severe mental retardation. Resident 3 had an activated Power of Attorney for Healthcare and was assessed as requiring 24-hour supervision.

On 01/06/2026 at 12:30 PM, Surveyor observed Resident 1 and 2's shared bedroom on the second floor had an alarm on the door that would sound if the door was opened.

On 01/06/2025 at 11:40 AM Surveyor interviewed Administrator A. Administrator A stated s/he became the Licensee in 2022 but had been working in the home for "years" prior. Administrator A stated s/he and his/her family worked at the facility which was home to Administrator A and his/her sibling Caregiver B. Administrator A stated s/he and Caregiver B slept overnight at the home. Upon review of the resident's record which indicated all 3 residents required 24-hour supervision, Administrator A stated that an alarm bell was placed on Resident 1 and 2's shared bedroom door to alert him/her if

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they left their room at night. Upon review that the alarm had not been included in the resident's care plan and had the potential to be a violation or the resident's privacy and freedom to move throughout their home, Administrator A stated s/he would "look into it" as s/he still felt it was necessary for the resident's protection, as s/he stated they are frequent elopement risks. Surveyor reviewed Resident 1's record indicated s/he needed "constant ... one-on-one supervision at all times ... except during sleeping hours." Administrator A was unable to state why Resident 1 would not need supervision while the caregivers slept other than to say the resident was also sleeping. When asked about if the resident needed assistance at night, Administrator A reference the door alarm would let him/her know the resident was out of bed. Administrator A did not comment on if the alarm would cause Resident 1 distress as s/he had been assessed as easily overstimulated.

When discussing the requirement for awake staff to meet the resident's supervision needs instead of using an alarm, Administrator A stated his/her belief that their license was different because it was home for him/herself and Caregiver B. Administrator A stated both that the residents were safe enough that they did not require 24-hour supervision and sleep staff could be allowed, and at risk enough that they were assessed as requiring 24-hour supervision, bedroom door alarms, and were frequent elopement risks. The alarms were not care-planned for, had the potential to cause Resident 1 distress due to overstimulation, limited Resident 1 and 2's free access within the home and privacy, and were in use for the provider's convenience to allow for sleeping staff.

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M 428	Continued From page 7 Cross Reference: M0230 DHS 88.04(2)(f) Condition Which Represents Risk Or Harm M0574 DHS 88.10(3)(n)1 Freedom From Seclusion And Restraints	M 428		
M 574	88.10(3)(n)1 Freedom From Seclusion and Restraints Except as provided in subd. 2, to be free from seclusion and from all physical and chemical restraints, including the use of an as-necessary (PRN) order for controlling acute, episodic behavior. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure Resident 1 was free from seclusion. Resident 1 had limited means of communication and was assessed as being sensitive to stimuli and requiring 1 to 1 supervision. When Resident 1 used his/her "sensory room" in the basement, the provider locked him/her in the room with no mean of egress or evacuation in the event of an emergency. The room additionally was fitted with an alarm that the provider used to alert them if the resident opened the door and was aware deterred the resident from attempting to leave to the room. Resident 1 was unable to consistently express when s/he wanted to be let out of the room causing violations of his/her rights for freedom of self-direction, least restrictive environment, and seclusion. The provider is licensed to serve up to 3 residents	M 574		

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M 574	Continued From page 8 who made have diagnoses including physical and developmental disability. Findings Include: On 01/06/2026, Surveyor reviewed Resident 1's record, including his/her, Managed Care Organization (MCO) Member Centered Plan (MCP) dated 12/11/2025, Behavioral Plan (BP) dated 12/18/2025, and Individual Client review and Treatment Plan dated 09/21/2005. Resident 1 was admitted on 11/28/2005 and had a guardian (Guardian D.) Resident had diagnoses including autism, moderate mental retardation, and receptive and expressive language disorder. Resident 1's records noted s/he required, "Level of Supervision: Constant ... During non-sleep hours [Resident 1] needs one-on-one supervision at all times." Resident 1's record noted s/he had limited verbal communication however the assessments were conflicting ranging from stating the resident had no communication skills, to noting s/he could communicate with gestures, could call out/ shout, could indicate his/her feelings and had limited verbal skills but would communicate when willing and or/ with assistance. Resident 1 did not have access to a lockable door and key to his/her room due in part to his/her inability to verbally communicate with staff to grant them permission to enter his/her room. The records noted Resident 1 could become agitated with stimuli and changes to the environment and had a room apart from his/her bedroom allocated to be a place for him/her to calm in the basement of the home. On 01/06/2026 at 12:30 PM, Surveyor interviewed Administrator A while touring the facility. Surveyor observed Resident 1 and Resident 2's shared bedroom on the 2nd floor did	M 574		

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M 574	Continued From page 9	M 574		

not have a door fitted with hardware to provide the resident's a key. Administrator A stated Resident 1 could not have a key for safety purposes and that Resident 1 was unable to consistently verbally communicate which would not allow him/her to grant permission for staff to use their key to enter if the door was locked. The assessment determined if Resident 1 was in a locked room they would not be able to consistently communicate when they wanted assistance or to leave.

Surveyor toured the basement and observed a room with a locked door that was fitted with an alarm. Administrator A stated the room was Resident 1's "sensory room" where s/he could go if s/he was overstimulated. Administrator A stated s/he needed to disengage the door alarm before opening the door because the alarm was loud. After the alarm was disengaged Surveyor attempted to open the door and discover the door was locked. The hardware was fitted with a device to unlock the door with the use of a tool which Administrator A had readily available and used to unlock the door. (Photo 4.) When the door opened Resident 1 sat up from couch where s/he had been laying down. Surveyor observed the room had 1 window that did not egress to the outside. Surveyor observed the hardware on the door by closing the door with Surveyor inside and Administrator A outside. The door was fitted with hardware that was equipped with a doorknob that had a non-removeable metal outer cover that spun around when Surveyor attempted to grip it to open the door. The hardware was a pushpin lock from the outside and a latch on the inside. The latch appeared to be modified as it required excess strength to attempt to move it to the unlocked position. Surveyor was only able to move the latch to the unlocked position for a

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M 574	Continued From page 10	M 574		

moment before it snapped back into a locked position as if modified by a spring. (Video 1, Photo 2.) Surveyor checked the door three times and had to have Administrator A open the door 2 out of 3 times because to open the door required both hands to leverage the spinning knob, and strength enough to strain Surveyors fingers to get the latch to move enough to unlock the door.

Surveyor attempted to interview Resident 1 and was unable to elicit a verbal response. The resident made some gestures but the intention, if any, was not clear.

Administrator A acknowledged Resident 1 had been locked in the room and stated the resident did not have the ability to negotiate the hardware on the door as it presently was. Administrator A stated s/he did not know the door was locked but had the pushpin ready to unlock the door when Surveyor had asked to enter. Administrator A stated the hardware had been the same since s/he became the owner in 2022 and offered no explanation for the resident being locked in the room. Administrator A stated the door alarm was installed because the resident "used to get out" and was an elopement risk. Administrator A stated the alarm rarely went off anymore as the resident did not like the sound of the alarm and learned not to try to open the door. Administrator A was aware Resident 1 had sensory sensitivity, hence the use of the sensory room, but kept the resident in the room by using his/her sensory fear of the alarm and locks. Administrator A repeated it was for Resident 1's own safety to keep him/her from eloping, though there were no instances of elopement documented, and s/he could only recall the resident exiting the home once to be redirected back inside. Administrator A offered no explanation for how the provider would know

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M 574	Continued From page 11 when the resident wanted to be let out of the room, as his/her ISP denied the resident a key to his/her bedroom in part because s/he was assessed as being unable to verbalize his/her wishes from behind a locked door. Administrator A was unable to state how long the resident had been in the room that day or how long the resident would typically be in the room during an average day but stated it would usually be for "a few hours" daily. Caregiver Misconduct: Administrator A stated it was Resident 1's choice to go to the sensory room and that Resident 1 would be in the room for hours each day. Administrator A denied knowing Resident 1 had been locked in the room and offered no comment on how s/he had the tool to unlock the door at hand. Administrator A stated in the past Resident 1 opened the door to exit the room and the alarm would sound, but that s/he could not recall the last time the alarm had gone off. Administrator A stated s/he did not think to assess the door to see if it was still accessible for the resident and stated the sound of the alarm deterred Resident 1 from leaving the room due to his/her sensitivity to loud sounds. Administrator A acknowledged using a door alarm, knowing that it deterred Resident 1 from exiting the room due to his/her diagnoses and fear of the alarm was inappropriate. Cross Reference: M0230 DHS 88.04(2)(f) Condition Which Represents Risk Or Harm M0428 DHS 88.07(1)(b) Autonomy And Choices	M 574		