STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	390225	A. BUILDING: _____ B. WING _____	C 10/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ORCHARD VIEW ADULT FAMILY HOME	W6429 HWY 12 FORT ATKINSON, WI 53538

(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 10/23/2025, Surveyor conducted an complaint investigation at Orchard View Adult Family Home, an AFH in Fort Atkinson, WI. One deficiency of Chapter DHS 88 was identified. The complaint was substantiated. Census: 4	M 000		
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 record review and interview, the provider did not ensure a written assessment was completed for 1 of 1 residents reviewed within 30 days of placement. Resident 1 did not have an assessment completed prior to, upon, or within 30 days after admission. The provider developed an individual service plan (ISP) 30 days after admission. The provider did not fully identify Resident 1's behavioral health needs on the ISP as there was no assessment completed. Findings include: On 09/15/2025 the Department received a	M 404		

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

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M 404	Continued From page 1	M 404		

complaint alleging residents from the provider were wandering from the home without supervision, resulting in residents repeatedly ringing neighbor's doors, peeking through windows, and attempting to open the doors of another home.

On 10/23/2025 Surveyor reviewed Resident 1's record and identified the following:

Resident 1 admitted to the provider on 07/31/2025 with diagnosis including cognitive impairment, outbursts of anger, and anxiety.

The record did not contain a written assessment from prior to, upon, or post admission to the provider's home. Resident 1's ISP was dated 08/30/2025, with signatures obtained on 09/02/2025. Resident 1's ISP did not include information of Resident 1's history of outbursts or anger or aggression and did not include interventions, supports, or coping techniques in place.

On 10/23/2025 at approximately 10:05 AM, Surveyor interviewed Licensee A. Licensee A confirmed Resident 1 had left the home on several occasions and was aware s/he would wander the neighborhood. Licensee A stated Resident 1 would leave the home without notifying staff when s/he was angry s/he couldn't visit with another resident in their room, when the other resident wanted alone time. Licensee A provided many records which documented the effort and changes made by the provider, managed care organization (MCO), and guardian, to enhance Resident 1's care and supervision. Surveyor requested a copy of Resident 1's pre-admission assessment from Licensee A, who stated s/he did not have documentation of an

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M 404	Continued From page 2 official assessment. S/he stated the provider does a "meet and greet" with potential residents but does not document an assessment. Licensee A recalled being told Resident 1 had thrown him/herself on the floor at his/her previous placement. Licensee A stated the hospital told him/her any behaviors Resident 1 had should be well controlled with the medication s/he was taking. Licensee A stated Resident 1 did not have a history of elopement and stated the elopement could not have been anticipated even with an assessment. Licensee A was aware Resident 1 had a history of aggression and attention seeking behavior. Licensee A did not have documentation of an assessment for Resident 1. Resident 1's ISP did not include details that should have been captured on an assessment, such as potential behavioral triggers, extent of behaviors, or behavioral interventions or de-escalation techniques.	M 404		