

Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0009032	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 09/25/2025
NAME OF PROVIDER OR SUPPLIER HICKORY HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 5915 67TH ST KENOSHA, WI 53142		
(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 09/25/2025, Surveyor attempted to conduct an abbreviated licensure survey at Hickory Home. Once deficiency was identified.	M 000		
M 206	88.03(8)(b) AGENCY MAY VISIT HOME A licensing agency and service coordinator may, without notice, visit a home at any time to evaluate the status of resident health, safety or welfare or to determine if the home continues to comply with this chapter. The licensee shall permit the licensing agency and service coordinator to enter the home. This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider did not permit the licensing agency to enter the home to conduct a licensing survey. Findings include: On 09/24/2025, Surveyor conducted an offsite review of the home. The home's file included an "Adult Family Home Biennial Report," dated "04/09/2024," including Administrator A's signature. The report included, "List the days and hours when residents are not in the facility." Administrator A's documentation included, "M-F [Monday through Friday] 8 AM [to] 3:30 PM" On 09/25/2025 at 7:10 AM, Surveyor arrived at the home to conduct an onsite licensing survey. Surveyor walked up to the home and was greeted by Caregiver D. Surveyor identified self, stated purpose of visit and handed Caregiver D his/her business card. Caregiver D stated, "Just a	M 206		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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M 206	Continued From page 1 minute" and shut the door. Caregiver D returned at approximately 7:15 AM and requested Surveyor's business card. Surveyor, still holding the business card, handed the card to Caregiver D who then proceeded to shut the door again. At approximately 7:20 AM, Program Coordinator C arrived at the home and informed Surveyor that Program Director B was on his/her way, s/he was coming from Burlington. Surveyor clarified purpose of visit and asked to be allowed to conduct the licensing survey. Program Director B stated, "Hold on a minute" and walked away to make a phone call. Surveyor emailed Administrator A at 7:27 AM stating that s/he was not being allowed to conduct the licensing survey. As Surveyor was typing the email, Caregiver D left with the residents in a van. On 09/25/2025 at 7:35 AM, Surveyor left the premises without being permitted to enter the home to conduct the licensing survey. On 09/25/2025 at 7:38 AM, Administrator A called Surveyor on the phone. Administrator A stated that Program Director B would meet the Surveyor at the home to review the paperwork, as that had always been the process during the survey process. Surveyor explained that Surveyors are required to observe the residents in their home environment which was why the Surveyor arrived at 7:10 AM, since the provider had reported the residents were not in the home from 8:00 AM to 3:30 PM. Administrator A stated there was a breakdown in communication. Surveyor asked for clarification as to why Program Director B and Program Coordinator C did not inform Caregiver D that the Surveyor was to be allowed into the home. Administrator A stated there was a breakdown in communication. Administrator A stated the provider had 13 homes and was aware	M 206		

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M 206	Continued From page 2 of the survey process.	M 206		