STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020152	A. BUILDING: _____ B. WING _____	C 04/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BUCKAROOS AFH 4A	1320 WAKOKA ST WATERTOWN, WI 53094

(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 04/08/2026, Surveyor conducted a complaint investigation at Buckaroos AFH 4A. One deficiency was identified. The complaint was substantiated. Census: 4	M 000		
M 384	88.06(2)(b) SERVICE AGREEMENT EXCEPT RESPITE 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 record review and interview, the provider did not ensure Resident 1 had a service agreement completed prior to admission. Findings include: On 04/07/2026, the department received a complaint alleging the provider was discharging a resident. On 04/08/2026, Surveyor conducted a complaint investigation. At approximately 3:00 p.m., Director B stated that s/he thinks that Resident 1 is respite	M 384		

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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BUCKAROOS AFH 4A	1320 WAKOKA ST WATERTOWN, WI 53094

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M 384	Continued From page 1	M 384		

because s/he goes home so often.

Surveyor asked to review the record of Resident 1. Resident 1 was admitted to the provider on 04/18/2024, but had been with the provider at another location since 2022. There was no admission agreement in Resident 1's record.

On 04/08/2026 at approximately 4:30 p.m., Licensee A stated that Resident 1 was not respite, that s/he is a part-time resident and that would be changing soon. Licensee A stated that s/he is waiting for department approval for a policy stating that residents are required to have a limit of 21 nights out of the facility per year. Licensee A stated that s/he can't bill if the residents are not at the facility and s/he cannot afford to have residents go home as much as Resident 1 does.

On 04/09/2026 at 2:54 p.m., Guardian C stated, "What is with the documents/admissions agreement? What is the reason for receiving those? I really believe I have not signed anything. But won't say that 100%. Is this from [provider] or [Managed Care Org D]? If from [provider], they had [Resident 1's] file there at the house."

On 04/09/2026 at 3:31 p.m., Director B stated, "So we have admission documents that have been in [Resident 1's] binder for some time, but [Guardian C] continuously refuses to sign them." Director B confirmed that the provider did not have an admission agreement for Resident 1.

On 04/10/2026 at 7:13 a.m., Managed Care Org D stated, "[Managed Care Org D] does not sign a contract or service agreement with the provider."