STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0010895	A. BUILDING: _____ B. WING _____	08/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY VIEW HOME II	19872 CTY HWY NN RICHLAND CENTER, WI 53581

(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 08/06/2025, the bureau of assisted living southern regional office conducted a standard survey at Valley View Home II an AFH located in Richland Center, WI. As a result of the survey, 3 violations of DHS Chapter 88 were issued. Census: 4	M 000		
M 282	88.05(3)(d) ANNUAL WELL WATER INSPECTIONS Where a public water supply is not available water samples shall be taken from the well and tested at the state laboratory of hygiene or other laboratory approved under ch. HSS 165 at least annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure water samples were taken from the well and tested at the state laboratory of hygiene or another laboratory approved under ch. HSS 165 at least annually. FINDINGS INCLUDE: On 08/06/2025, Surveyor arrived at facility for a standard survey. On 08/06/2025, Surveyor reviewed facilities environmental records. Surveyor could not find laboratory results of well water for the year of 2024 or 2025. On 08/06/2025 at 12:00 PM, Surveyor discussed the above concern with Manager C. Manager C	M 282		

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

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M 282	Continued From page 1 acknowledged the facility did not have documentation of laboratory well water testing in 2024 or 2025. Manager C stated if s/he found the well water test results s/he would email then to Surveyor by the end of the day. On 08/06/2025 at 2:27 PM, Manager C emailed Surveyor. Manager C stated s/he did not have well water tests results for 2024 or 2025. Manager C stated s/he would have the facilities well tested as soon as possible.	M 282		
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's service agreement was dated and signed by the licensee, Resident 1 or his/her guardian. FINDINGS INCLUDE: On 08/06/2025, Surveyor arrived at facility for a standard survey.	M 384		

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M 384	Continued From page 2 On 08/06/2025, Surveyor reviewed Resident 1's facility record. Resident 1 had a guardian and managed care organization (MCO). Surveyor could not locate a service agreement in Resident 1's record. On 08/06/2025 at 12:00 PM, Surveyor discussed the above concern with Manager C. Manager C attempted to locate Resident 1's service agreement in the record. Manager C acknowledged facility did not have a copy of Resident 1's signed service agreement. Manager C stated s/he would have a new service agreement signed by Resident 1's guardian as soon as possible.	M 384		
M 424	88.06(3)(f) REVIEW OF ISP The individual service plan shall be reviewed at least once every 6 months by the licensee, the resident or the resident's guardian, the service coordinator, if any, the designated representative, if any, the placing agency with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This review is to determine continued appropriateness of the plan and to update the plan as necessary. A plan shall be updated, in writing, whenever the resident's needs or preferences change substantially or when requested by the resident or the resident's guardian.	M 424		

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M 424	Continued From page 3 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 1's individual service plan (ISP) was reviewed at least once every 6 months by the licensee, Resident 1's guardian, the service coordinator, if any, the designated representative, if any, the placing agency with Resident 1 participating in a manner appropriate for his/her level of understanding and method of communication. FINDINGS INCLUDE: On 08/06/2025, Surveyor arrived at facility for a standard survey. On 08/06/2025, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 05/21/2023. Resident 1 had a guardian and managed care organization (MCO). Resident 1 was diagnosed with but not limited to autism and cerebral palsy. Surveyor reviewed Resident 1's ISP. Resident 1's ISP was signed by his/her guardian and dated with the year 2023. On 08/06/2025 at 12:00 PM. Surveyor discussed the above concern with Manager C. Manager C stated Resident 1's guardian lived outside of the state and it had been difficult to arrange consistent 6 month reviews. Manager C acknowledged s/he did not have an ISP signed by Resident 1 and/or Resident 1's guardian dated during 2024 and 2025. Manager C stated s/he would have Resident 1's ISP signed by Resident 1 and/or Resident 1's guardian as soon as possible.	M 424		