STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016128	A. BUILDING: _____ B. WING _____	C 03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREEN BAY ADULT FAMILY HOME LLC	1111 N GREEN BAY RD MOUNT PLEASANT, WI 53406

(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 03/26/2025 with information gathered through 03/27/2025, Surveyor conducted a standard survey and complaint investigation at Green Bay Adult Family Home, an Adult Family Home (AFH) in Mount Pleasant, WI. Two deficiencies identified. One of 2 was a repeat deficiency (see Statement of Deficiency PDTB11, dated 09/13/2022). Complaint unsubstantiated. Census: 3	M 000		
M 332	88.05(4)(a) FIRE SAFETY-FIRE EXTINGUISHERS Fire extinguishers. Every adult family home shall be equipped with one or more fire extinguishers on each floor. Each required fire extinguisher shall have a minimum 2A, 10-B-C rating. All required fire extinguishers shall be mounted. A fire extinguisher is required at the head of each stairway and in or near the kitchen except that a single fire extinguisher located in close proximity to the kitchen and the head of a stairway may be used to meet the requirement for an extinguisher at each location. Each required fire extinguisher shall be maintained in readily usable condition and shall be inspected annually by the authorized dealer or the local fire department and have an attached tag showing the date of the last dealer or fire department inspection.	M 332		

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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M 332	Continued From page 1 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 2 fire extinguishers was inspected annually by an authorized dealer or the local fire department for 1 of 1 year reviewed (2024). The basement fire extinguisher contained a tag dated October 2023 and should have been updated by October 2024. This is a repeat deficiency. See Statement of Deficiency (SOD) PDTB11, dated 09/13/2022. Findings include: On 03/26/2025 at approximately 10:00 AM, Surveyor conducted an onsite tour. Surveyor observed fire extinguishers in the kitchen and basement. The fire extinguisher in the kitchen was dated November 2024 and the basement fire extinguisher was dated October 2023. On 03/27/2025 at approximately 8:15 AM, Surveyor interviewed House Manager A. House Manager A stated s/he had contacted the vendor they use because s/he knows they were just there to service the fire extinguishers. House Manager A stated the technician had missed the fire extinguisher in the basement.	M 332		
M 458	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be securely stored, shall remain in its original container as received from the pharmacy and be stored as specified by the pharmacist.	M 458		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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M 458	Continued From page 2	M 458		

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure 1 of 3 resident's (Resident 1) prescription medication was securely stored. Resident 1's insulin pen was not securely stored in the kitchen refrigerator.

Findings include:

On 03/26/2025 at approximately 10:08 AM, Surveyor toured the kitchen and observed an unlocked red pouch that was unzipped and had a pass code to lock it.

The unlocked pouch contained the following medications for Resident 1:
-1 Levemir Flexpen 100 Unit

On 03/26/2025 at 10:15 AM, Surveyor interviewed House Manager A. House Manager A stated the red pouch is lockable and the staff know that the medication should be locked at all times. House Manager A zipped up the pouch and locked it and placed it back in the refrigerator.