STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	390199	A. BUILDING: _____ B. WING _____	04/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARTIN FAMILY CARE HOME	18328 SPRING ST UNION GROVE, WI 53182

(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 04/15/2026, Surveyor completed an abbreviated survey at Martin Family Care Home. Two deficiencies were identified. 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 other laboratory approved under ch. HSS 165 at least annually, for 2 of 2 calendar years (2024 and 2025). The provider did not have documentation the well was tested. Findings include: On 03/30/2026, Surveyor requested well water testing as part of a review of safety records for an abbreviated survey. Caregiver B was unable to provide documents showing the well had been tested. On 03/31/2026, at 12:45 PM, Surveyor interviewed Licensee A. Licensee A reported the water had not been tested. On 04/15/2026, at 2:30 PM, Surveyor interviewed	M 282		

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 282	Continued From page 1 Licensee A, and the following was reported: The well was tested on 04/13/2026. The well had not been tested in calendar years 2024 and 2025. Licensee A's spouse was responsible for having the testing done. When Surveyor initially requested the well testing, Licensee A checked the facility files and determined it had not been done. S/He confirmed the requirement of annual testing and reported s/he would stay compliant with the requirement in the future.	M 282		
M 354	88.05(5) TELEPHONE TELEPHONE. A home shall provide a non-pay phone for residents to make and receive telephone calls. The home may require that long distance calls be made at a resident's own expense. Emergency telephone numbers, including numbers for the fire department, police, hospital, physician, poison control center and ambulance, shall be located on or near each telephone. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a non-pay phone was provided for residents to make and receive phone calls, for 4 of 4 residents. A phone was not made available for residents' use. Findings include: On 03/30/2026, at approximately 2:45 PM, Surveyor toured the home and did not observe a phone. Surveyor verified the accuracy of information on the facility's face sheet with Caregiver B and Licensee A. Licensee A reported	M 354		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	390199	A. BUILDING: _____ B. WING _____	04/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MARTIN FAMILY CARE HOME	18328 SPRING ST UNION GROVE, WI 53182

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M 354	Continued From page 2 the phone number listed for the facility was her/his personal cell phone number. Licensee A was interviewed over the phone at the phone number provided on the facility face sheet for the facility. Licensee A was not present at the facility and had been traveling out of state. Licensee A reported s/he removed the landline from the facility because s/he did not think a landline was needed. Licensee A reported the residents used caregivers' cell phones if needed. On 04/15/2026, at 2:30 PM, Surveyor interviewed Licensee A, and the following was reported: The landline at the facility was removed 1-2 years ago and was not replaced with another phone for resident use. The residents in the home were not capable of using or having cell phones of their own. Providers, case managers, and others communicated with the residents through Licensee A on her/his cell phone. Licensee A confirmed the requirement to provide a phone for resident use. S/He was working on obtaining a house phone for resident use. Licensee A reported s/he would provide Surveyor with the facility phone number once s/he had that information.	M 354		