STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	590177	A. BUILDING: _____ B. WING _____	05/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHANY HOME I	21856 AGATE RD FREDERIC, WI 54837

(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 05/13/2026, Surveyor conducted an abbreviated licensure survey at Bethany Home I. Data was collected through 05/14/2026. Four violations were identified. Census: 4	M 000		
M 232	88.04(2)(g)1 HEALTH SCREENING FOR STAFF The licensee shall obtain documentation from a physician, a registered nurse or a physician's assistant indicating that the licensee and any service provider has been screened for illness detrimental to residents, including for tuberculosis. The documentation is to be completed within 90 days before the start of providing service. The documentation shall be kept confidential except that the licensing agency shall have access to the documentation for verification. This Rule is not met as evidenced by: Based on record review and interview, the licensee did not obtain documentation indicating all service providers had been screened for communicable illnesses, including tuberculosis (TB), within 90 days before the start of providing service. One of 2 employees sampled did not have required documentation of a communicable illness screen or TB screen. Findings include: On 05/13/2026, Surveyor reviewed records for	M 232		

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

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M 232	Continued From page 1 Caregiver B, hired 07/30/2023. Caregiver B's employee record did not include documentation of a communicable disease screen. Caregiver B's record did not include record of a TB test. At approximately 12:30 PM, Surveyor interviewed Caregiver B and Licensee A. Caregiver B stated s/he had a TB test done approximately 5 years prior but did not know how to retrieve the record. Licensee A stated s/he thought s/he had asked for the record but had never received it. The licensee did not ensure documentation of a communicable disease screen, including TB, was kept in Caregiver B's employee record.	M 232		
M 346	88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION Each resident shall be evaluated annually for evacuation time, using the departments form. All service providers who work on the premises shall be made aware of each resident having an evacuation time of more than 2 minutes. This Rule is not met as evidenced by: Based on interview and record review, the licensee did not ensure that each resident was evaluated annually for evacuation time. One of 2 residents sampled had not been evaluated for evacuation time upon admission or annually. Findings include: On 05/13/2026, Surveyor reviewed records for	M 346		

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M 346	Continued From page 2 Resident 1. Resident 1's record included an evacuation assessment, dated 11/25/2024. The evacuation assessment listed an address that was not the same as the home. At approximately 1:05 PM, Surveyor interviewed Licensee A. Licensee A stated Resident 1 had previously resided at another home which had once been licensed by Licensee A. Licensee A stated Resident 1 had been admitted to the current home on or around November 2024. Licensee A stated Resident 1 had never been assessed for evacuation time at his/her current home. Licensee A stated s/he had "neglected" to do an evacuation assessment for Resident 1. The licensee did not ensure all residents were assessed for evacuation time.	M 346		
M 360	88.05(6)(c) HOUSEHOLD PETS-HANDLED PROPERLY Pets shall be kept and handled in a manner which protects the well-being of both residents and pets. This Rule is not met as evidenced by: Based on record review and interview, the licensee did not ensure pets were kept in a manner which protected the well-being of both residents and pets. Two cats which lived in the home were not up to date on their rabies vaccines per veterinarian recommendations. Findings include: On 05/13/2026, Surveyor observed that there	M 360		

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M 360	Continued From page 3 were 2 cats being kept as pets in the home. Surveyor reviewed vaccination records for the cats. Records for both cats indicated their rabies vaccinations had expired. At approximately 1:00 PM, Surveyor interviewed Licensee A and Caregiver B. Caregiver B stated s/he would try to contact the veterinary clinic to obtain updated vaccination records for the cats. Licensee A stated s/he would send Surveyor any records once obtained. Surveyor requested the records be provided by 9:00 AM on 05/14/2026. Licensee A stated s/he did not think s/he would be able to obtain the records. As of 11:00 AM on 05/14/2026, Surveyor did not receive any further records. The licensee did not ensure pets were kept in a manner which protected the well-being of residents and pets.	M 360		
M 570	88.10(3)(l) Safe Physical Environment Individuals, except for correctional residents, have basic rights which they do not lose when they enter an adult family home. A resident shall have a safe environment in which to live. The adult family home shall safeguard residents who cannot fully guard themselves from environmental hazards to which they are likely to be exposed, including conditions which would be hazardous to anyone and conditions which would be or are hazardous to a particular resident because of the resident's condition or disability. This Rule is not met as evidenced by:	M 570		

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M 570	Continued From page 4 Based on observation and interview, the licensee did not ensure residents had the right to a safe environment. Resident 1 and Resident 2 had basement bedrooms with egress windows. The window-wells in both egress exits were cluttered with yard ornaments, and neither resident had been assessed for evacuation capabilities through the egress windows. The top of the window-well exit in Resident 1's room had a plastic covering over it that was obstructed, providing no access to the outside. The egress windows were the only exits in the basement besides the stairwell leading to the first floor. Findings include: On 05/13/2026, at approximately 12:30 PM, Surveyor observed Resident 1's and Resident 2's bedrooms, which were both in the home's basement. Surveyor observed that the window-well egress exit in Resident 1's room had approximately 7 yard ornaments decorating the bottom interior of the window well. Surveyor observed that there was a plastic cover on the top of the window well. Surveyor observed that the window-well egress exit in Resident 2's bedroom also had multiple yard ornaments decorating the bottom interior of the window well. Surveyor observed a plastic cover on the top of Resident 2's window-well exit as well. Surveyor observed these were the only exits in the basement besides the stairwell to the first floor. At approximately 12:45 PM, Surveyor interviewed Licensee A. Licensee A stated neither Resident 1 nor Resident 2 had practiced exiting through the window-well exits. At approximately 12:50 PM, Surveyor toured the outside of the home and observed the plastic	M 570		

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M 570	Continued From page 5 covers on top of each window-well exit. The plastic cover on Resident 1's exit was jammed underneath the home's backyard deck, so that it could not be opened. At approximately 1:30 PM, Surveyor interviewed Resident 1. Resident 1 stated s/he had thought about his/her egress window before and thought it was dangerous. Resident 1 stated s/he did not know if s/he would be able to exit the window in case of a fire, and it was "scary" to think about for him/her. At approximately 1:35 PM, Surveyor interviewed Resident 2. Resident 2 stated s/he thought about his/her egress window and fires sometimes. Resident 2 stated s/he thought s/he could exit his/her bedroom that way if s/he was "scared enough." Resident 2 stated s/he had been worried about the exit during fire drills. The licensee did not ensure residents had the right to a safe environment.	M 570		