STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014912	A. BUILDING: _____ B. WING _____	C 06/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HIL ARBOR	4570 S 117TH STREET GREENFIELD, WI 53228

(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 06/19/2025, Surveyors completed a standard survey and 1 complaint investigation at HIL Arbor. As a result, 3 deficiencies were identified. One complaint was 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. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 2 fire extinguishers were inspected annually by an authorized dealer. The fire extinguisher located in the basement was last	M 332		

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

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M 332	Continued From page 1 inspected September 2023. Findings include: On 06/11/2025, at 10:15 AM, Surveyors toured the facility and observed the following: -The fire extinguisher, located in the basement had an inspection tag which identified the fire extinguisher was last inspected in September 2023. On 06/19/2025, at 3:00 PM, Surveyors interviewed Regional Director B. Regional Director B confirmed the fire extinguishers were to be inspected annually. Regional Director B was unaware basement fire extinguisher was not inspected in 2024.	M 332		
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 2	M 424		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not obtain a written order from the physician who prescribed medications to the resident, stating who can administer the medications for 3 of 3 residents. Resident 1's, Resident 2's, and Resident 3's record did not contain a written order to administer medications prior to staff administering medications.

Findings include:

On 06/11/2025, at 10:42 AM, Surveyors reviewed resident records and identified the following:

Resident 1 was admitted on 07/17/2023 with diagnoses including autism, moderate intellectual disability, and intermittent explosive disorder. Resident 1's individual service plan (ISP), dated 10/17/2024, indicated Resident 1's medications were required to be administered by staff. Surveyors reviewed a form titled "Informed Consent/ Authorization For Medications". This form was signed by Resident 1's guardian. There was no evidence Resident 1's record contained a written order from a physician to administer medications prior to staff administering medications.

Resident 2 was admitted on 02/28/2014 with diagnoses including mood disorder, mild mental retardation, impulse control disorder, diabetes mellitus type II, and cluster D personality. Resident 2's ISP, dated 05/27/2025, indicated Resident 2's medications were administered by staff. Surveyors reviewed a form titled "Informed Consent/ Authorization For Medications". This

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M 424	Continued From page 3 form was signed by Resident 2's guardian. There was no evidence Resident 2's record contained a written order from a physician to administer medications prior to staff administering medications. Resident 3 was admitted on 02/28/2014 with diagnoses including schizoaffective disorder, mild mental retardation, and personality disorder with borderline features-bipolar type. Resident 3's ISP, dated 08/08/2024, indicated Resident 3's medications were administered by staff. Surveyors reviewed a form titled "Informed Consent/ Authorization For Medications". This form was signed by Resident 3's guardian. There was no evidence Resident 3's record contained a written order from a physician to administer medications prior to staff administering medications. On 06/11/2025, at 11:55 AM, Surveyor interviewed Service Coordinator A. Service Coordinator A reported s/he was aware of the code requirement. Service Coordinator A confirmed Resident 1, Resident 2, and Resident 3 required staff to administer all her/his medications. Service Coordinator A confirmed the medication order was to be signed prior to staff administering medications. Service Coordinator A reported s/he thought the informed consent/ authorization for medications signed by the resident's guardian was required. Service Coordinator A reported s/he thought signed physician orders met the code requirement.	M 424		
M 464	88.07(3)(d) MEDICATION- WRITTEN ORDER Before the licensee or service provider dispenses or administers a	M 464		

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M 464	Continued From page 4	M 464		

prescription medication to a resident, the licensee shall obtain a written order from the physician who prescribed the medication specifying who by name or position is permitted to administer the medication, under what circumstances and in what dosage the medication is to be administered. The licensee shall keep the written order in the resident's file.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 2 of 3 residents (Resident 1 and Resident 3) individual service plans (ISP) were reviewed at least once every 6 months. Resident 1's ISP was due to be reviewed in April 2025. Resident 3's ISP was due to be reviewed in February 2025.

Findings include:

On 06/11/2025, at 10:42 AM, Surveyors reviewed resident records and identified the following:

Resident 1 was admitted on 07/17/2023, with diagnoses including autism, moderate intellectual disability, and intermittent explosive disorder. Resident 1's ISP was dated 10/17/2024. Resident 1's ISP was due to be reviewed in April 2025. Resident 1's record did not contain any evidence Resident 1's ISP was reviewed or updated in April 2025.

Resident 3 was admitted on 02/28/2014, with diagnoses including schizoaffective disorder, mild mental retardation, and personality disorder with borderline features-bipolar type. Resident 3's ISP

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M 464	Continued From page 5 was dated 08/08/2024. Resident 3's ISP was due to be reviewed in February 2025. Resident 3's record did not contain any evidence Resident 3's ISP was reviewed or updated in February 2025. On 06/19/2025, at 3:00 PM, Surveyors interviewed Regional Director B. Regional Director B confirmed the code requirement. Regional Director B reported Resident 1's and Resident 3's ISPs were updated as required. Surveyors informed Regional Director B Resident 1's and Resident 3's updated ISPs were not located in Resident 1's and Resident 3's record during the survey.	M 464		