STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016414	A. BUILDING: _____ B. WING _____	C 04/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOOD ADULT FAMILY HOME LLC	**4406 WOOD RD MOUNT PLEASANT, WI 53403**

(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 04/11/2024, Surveyor completed a standard survey and complaint investigation at Wood Adult Family Home. As a result, 3 deficient practices were identified. The complaint was unsubstantiated. Census: 3	M 000		
M 246	88.04(5)(b) TRAINING-8 HOURS ANNUALLY Except as provided in pars. (c) and (d), the licensee and each service provider shall complete 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training is received. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each caregiver received annual training related to the rights of residents for 2 of 2 caregivers reviewed. House Manager C and Caregiver D did not have training in rights of residents in 2022 and 2023. Findings include: On 03/27/2023, at 11:15 AM, Surveyor reviewed caregiver records and identified the following: -House Manager C was hired 06/28/2016. House Manager C's record did not contain annual training in rights of residents in 2022 and 2023.	M 246		

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

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M 246	Continued From page 1 -Caregiver D was hired 07/05/2021. Caregiver D's record did not contain annual training in rights of residents in 2022 and 2023. On 04/11/2023, at 4:00 PM, Surveyor interviewed Licensee A. Licensee A confirmed all staff were required to have resident rights training. Licensee A reported s/he thought everyone had received all required trainings. Licensee A reported Caregiver D was a lead staff who may have been involved in the training other staff in resident rights. Licensee A reported House Manager C also trained staff on trainings. Licensee A reported s/he was unsure who trained the resident rights training in 2022 and 2023. Licensee A reported s/he would ensure all staff received all required trainings.	M 246		
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 an annual well water inspection was conducted for 2 of 2 years (2022 and 2023). Findings include: On 03/27/2024, at 11:30 AM, Surveyor requested the well water testing for 2022 and 2023.	M 282		

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M 282	Continued From page 2 Manager B reported s/he would need to email the reports to Surveyor. On 04/08/2024, at 2:09 PM, Surveyor reviewed the well water reports Manager B sent to Surveyor. The documents sent by Manager B indicated a well inspection was completed on 02/14/2022 and 01/12/2023. The invoice did not report any evidence water samples were taken from the well and tested at the state laboratory of hygiene or other laboratory approved under ch. HSS 165. "While most private water wells in Wisconsin provide safe drinking water, some may become contaminated with bacteria and other contaminants that are not filtered out when the water soaks into the ground ...There are a few essential tests that should be performed routinely on every private well: Bacteria: once a year and when you notice a change in taste, color or smell. Nitrate: once a year and before the well will be used by a woman who is or may become pregnant. Arsenic: every well should be tested once. Sample yearly if arsenic was present in previous tests." (Wisconsin Department of Natural Resources: https://dnr.wisconsin.gov/topic/Wells/privateWellTest.html, Retrieval date 04/09/2024) On 04/11/2024, at 4:00 PM, Surveyor interviewed Licensee A. Licensee A reported s/he was unsure if the well water was tested yearly. Licensee A reported s/he did not receive a report, but only an invoice of the well inspection. Licensee A reported s/he would ensure the water was tested yearly.	M 282		
M 424	88.06(3)(f) REVIEW OF ISP	M 424		

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M 424	Continued From page 3 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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each resident's Individual Service Plan (ISP) was reviewed at least every 6 months by the licensee, the resident, resident's guardian, and the service coordinator for 2 of 2 residents. Findings include: On 03/27/2024, at 11:00 AM, Surveyor reviewed resident records and identified the following: -Resident 1 was admitted on 10/06/2020. Resident 1 was her/his own person. Resident 1's ISP had a review date of 03/01/2024. Resident 1's ISP was not signed by Resident 1, provider's representative, or Resident 1's case manager.	M 424		

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M 424	Continued From page 4 -Resident 2 was admitted on 01/06/2023. Resident 2 had a court appointed guardian. Resident 2's ISP had a review date of 02/06/2024. Resident 2's ISP was signed by Manager B. Resident 2's ISP was not signed by Resident 2's guardian or Resident 2's case manager. On 03/27/2024, at 11:30 AM, Surveyor interviewed Manager B. Manager B reported s/he or House Manager C were responsible for the review of the ISPs. Manager B reported s/he or House Manager C ensured the reviews were completed every 6 months. Manager B reported s/he was not aware the reviews of the residents' ISPs needed to be conducted with the resident, the resident's guardian, and the service coordinator.	M 424		