STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0020551	A. BUILDING: _____ B. WING _____	01/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAMARITAN FIELDS CBRF	531 E WASHINGTON ST WEST BEND, WI 53095

(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
N 000	Initial Comments On 01/07/2026, Surveyor conducted a standard survey at Samaritan Fields CBRF, a Community-Based Residential Facility (CBRF) in West Bend, WI. Eight deficiencies identified. Census: 27	N 000		
N 219	83.17(1) Licensee conduct caregiver background check Caregiver background check. At the time of hire, employment or contract and every 4 years after, the licensee shall conduct and document a caregiver background check following the procedures in s. 50.065, Stats., and ch. DHS 12. A licensee shall not employ, contract with or permit a person to reside at the CBRF if the person has been convicted of the crimes or offenses, or has a governmental finding of misconduct, found in s. 50.065, Stats., and ch. DHS 12, Appendix A, unless the person has been approved under the department ' s rehabilitation process as defined in ch. DHS 12. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure caregiver background checks (CBC) were completed for 4 of 5 employees reviewed. Caregiver B, Caregiver D, Caregiver F and Caregiver G did not have a CBC on file. Findings include:	N 219		

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

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N 219	Continued From page 1 According to The Wisconsin Caregiver Program Manual (P-00038), Wis. Stat. ch. 50, and Wis. Admin. Code ch. 12, a complete CBC, at minimum, consists of: 1) A completed DHS form F-82064, Background Information Disclosure (BID). 2) A response from the Department of Justice (DOJ). 3) A "Response to Caregiver Background Check" letter from the Department of Health Service, also referred to as Governmental Findings Report. On 01/07/2026, Surveyor reviewed employee records and identified the following: -Caregiver B was hired on 07/23/2024. His/her record did not include a BID, DOJ, and Governmental Findings Report. -Caregiver D was hired on 04/24/2025. His/her record did not include a BID, DOJ, and Governmental Findings Report. -Caregiver F was hired on 08/21/2025. His/her record did not include a BID, DOJ, and Governmental Findings Report. -Caregiver G was hired on 07/10/2025. His/her record did not include a BID, DOJ, and Governmental Findings Report. On 01/07/2025 at approximately 1:00 PM, Surveyor interviewed Administrator A. Administrator A reported they were unable to find background checks for Caregiver B, Caregiver D, Caregiver F and Caregiver G.	N 219		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse	N 220		

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N 220	Continued From page 2 practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating 3 of 3 employees reviewed had been screened for clinically apparent communicable disease including tuberculosis (TB). Caregiver B, Caregiver C and Caregiver D did not have a screening or TB skin test within 90 days before the start of employment. Findings include: On 01/07/2026, Surveyor reviewed Caregiver B, Caregiver C and Caregiver D's record. -Caregiver B was hired on 07/23/2024. Caregiver B's record did not contain a communicable disease screening or TB test. -Caregiver C was hired on 09/18/2025. Caregiver C's record did not contain a communicable disease screening or TB test. -Caregiver D was hired on 04/17/2025. Caregiver D's record did not contain a communicable disease screening or TB test.	N 220		

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N 220	Continued From page 3 On 01/07/2026 at approximately 1:00 PM, Surveyor interviewed Administrator A. Administrator A stated s/he could not locate any of these documents on his/her computer or in the employee's files.	N 220		
N 230	83.19 Orientation Before an employee performs any job duties, the CBRF shall provide each employee with orientation training which shall include all of the following: (1) Job responsibilities; (2) Prevention and reporting of resident abuse, neglect and misappropriation of resident property; (3) Information regarding assessed needs and individual services for each resident for whom the employee is responsible; (4) Emergency and disaster plan and evacuation procedures under s. HFS 83.47(2); (5) CBRF policies and procedures; (6) Recognizing and responding to resident changes of condition. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 (Caregiver C and Caregiver D) caregivers reviewed had orientation training including job responsibilities, prevention and reporting of resident abuse, neglect and misappropriation of resident property, emergency and disaster plan and evacuation procedures, Community Based Residential Facility policies and procedures and recognizing and responding to resident changes of condition. Findings include:	N 230		

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N 230	Continued From page 4 On 01/07/2026, Surveyor reviewed Caregiver C and Caregiver D's record. Caregiver C was hired on 09/18/2025. Caregiver D was hired on 04/24/2025. Surveyor could not locate orientation training for Caregiver C and Caregiver D. On 01/07/2026 at approximately 1:00 PM, Surveyor interviewed Administrator A. Administrator A reported Caregiver C and Caregiver D were hired prior to his/her employment but stated they should have had orientation training upon hire but could not confirm they did. Administrator A confirmed s/he could not locate any documentation Caregiver C and Caregiver D completed orientation training upon hire.	N 230		
N 243	83.21(1)-(3) All employee training. The CBRF shall provide, obtain or otherwise ensure adequate training for all employees in all of the following: Resident rights. Training shall include general rights of residents including rights as specified under s. DHS 83.32(3). Training shall be provided as applicable under ss. 50.09 and 51.61 and chs. 54, 55, and 304, Stats., and ch. DHS 94, depending on the legal status of the resident or service the resident is receiving. Specific training topics shall include house rules, coercion, retaliation, confidentiality, restraints, self-determination, and the CBRF ' s complaint and grievance procedures. Residents ' rights training shall be completed within 90 days after starting employment. Client Group. Training shall be specific to the client group served and shall include the physical,	N 243		

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N 243	Continued From page 5 social and mental health needs of the client group. Specific training topics shall include, as applicable: characteristics of the client group served, activities, safety risks, environmental considerations, disease processes, communication skills, nutritional needs, and vocational abilities. Client group specific training shall be completed within 90 days after starting employment. Client Group. In a CBRF serving more than one client group, employees shall receive training for each client group. Recognizing, preventing, managing, and responding to challenging behaviors. Specific training topics shall include, as applicable: elopement, aggressive behaviors, destruction of property, suicide prevention, self-injurious behavior, resident supervision, and changes in condition. Challenging behaviors training shall be completed within 90 days after starting employment. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 employees reviewed (Caregiver B, Caregiver C and Caregiver D), obtained all training as required within 90 days after starting employment. Caregiver B, Caregiver C and Caregiver D did not have training in resident rights, recognizing, preventing, managing and responding to challenging behaviors, and client groups training within 90 days after starting employment.	N 243		

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N 243	Continued From page 6 Findings include: The facility was licensed on 05/28/2025 to serve clients with irreversible dementia and advanced aged. On 01/07/2026, at approximately 1:00 PM, Surveyor conducted a review of employee records to verify compliance with all employee training requirements. Surveyor identified the following: -Caregiver B was hired on 07/23/2024. There was no evidence Caregiver B received training in resident rights, recognizing, preventing, managing and responding to challenging behaviors, and client groups training. -Caregiver C was hired on 09/18/2025. There was no evidence Caregiver C received training in resident rights, recognizing, preventing, managing and responding to challenging behaviors, and client groups training. -Caregiver D was hired on 04/24/2025. There was no evidence Caregiver D received training in resident rights, recognizing, preventing, managing and responding to challenging behaviors, and client groups training. On 01/07/2026, at approximately 1:00 PM, Administrator A stated Caregiver B, Caregiver C and Caregiver D did not have training in resident rights, recognizing, preventing, managing and responding to challenging behaviors, and client groups training within 90 days after starting employment.	N 243		

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N 308	Continued From page 7	N 308		
N 308	83.29(1)(b) Written information on services, charges Services and charges. Written information regarding services and charges. Before or at the time of admission, the CBRF shall provide written information regarding services available and the charges for those services to each resident, including persons admitted for respite care, or the resident ' s legal representative,. This information shall include any charges for services not covered by the daily or monthly rate, any entrance fees, assessment fees and security deposit. This Rule is not met as evidenced by: Based on record review and interview, the provider did not provide written information regarding services available and the charges for those services to 1 of 2 residents (Resident 1). Findings include: On 01/07/2026, Surveyor reviewed resident records and identified the following: Resident 1 - Resident 1 was admitted on 06/06/2025 and his/her record did not contain evidence of written information regarding charges for services. On 01/07/2026, at approximately 1:00 PM, Surveyor interviewed Administrator A. Administrator A stated s/he was not able to find documentation in Resident 1's file to ensure resident records contain written information regarding services available and charges for those services.	N 308		

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N 310	Continued From page 8	N 310		
N 310	83.29(2) Admission agreement include services, charges The admission agreement shall be given in writing and explained orally in the language of the prospective resident or legal representative. Admission is contingent on a person or that person ' s legal representative signing and dating an admission agreement. The admission agreement shall include all of the following: (a) An accurate description of the basic services provided, the rate charged for those services and the method of payment; (b) Information about all additional services offered, but not included in the basic services. The CBRF shall provide a written statement of the fees charged for each of these services; (c) The method for notifying residents of a change in charges for services; (d) Terms for resident notification to the CBRF of voluntary discharge. This paragraph does not apply to a resident in the custody of a government correctional agency; (e) Terms for refunding charges for services paid in advance, entrance fees, or security deposits in the case of transfer, death or voluntary or involuntary discharge; (f) A statement that the amount of the security deposit may not exceed one month ' s fees for services, if security deposit is collected; (g) Terms for holding and charging for a resident ' s room during a resident ' s temporary absence. This paragraph does not apply to a resident in the custody of a government correctional agency; (h) Reasons and notice requirements for involuntary discharge or transfer, including transfers within the CBRF. This paragraph does not apply to a resident in the custody of a government correctional agency.	N 310		

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N 310	Continued From page 9 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 residents (Resident 1) admission agreement was signed by the resident or the resident's legal representative. Findings include: On 01/07/2026, Surveyor reviewed Resident 1's record. Surveyor identified the following: -Resident 1 was admitted on 06/06/2025. Resident 1 was his/her own decision maker. Resident 1's record did not contain an admission agreement. On 01/07/2026, at approximately 1:00 PM, Surveyor interviewed Administrator A. Administrator A confirmed Resident 1 was his/her own decision maker and acknowledged the admission agreement should have been signed by Resident 1.	N 310		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement	N 389		

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N 389	Continued From page 10 with the individual service plan. This Rule is not met as evidenced by: Based on record review and interview, the facility did not have 1 of 2 residents reviewed (Resident 2) or resident's legal representative sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. Findings include: On 01/07/2026, Surveyor reviewed Resident 2's record and identified the following: -Resident 2 was admitted on 11/14/2025 and was his/her own person. -Resident 2's current Individual Service Plan (ISP) was dated for 12/05/2025 and did not have a facility representative or resident signature. On 01/07/2026 at approximately 1:00 PM, Surveyor interviewed Administrator A. Administrator A stated the Housing Manager is typically the one who goes over the ISP with the residents or resident's legal representative. Administrator A stated Housing Manager did not go over the ISP with Resident 2 because s/he is his/her own person and did not sign off on it.	N 389		
N 504	83.46(1)(c) Heating system maintenance. Heating. The CBRF shall maintain the heating system in a safe and properly functioning condition. The CBRF shall ensure that a heating contractor or local utility company completes all of the following maintenance and makes available	N 504		

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N 504	Continued From page 11 to the facility documentation of the maintenance performed: 1. An oil furnace shall be serviced at least once each year. 2. A gas furnace shall be serviced at least once every 3 years. 3. The CBRF shall have a chimney inspected at intervals corresponding with the heating system service under subd. 1. or 2. This Rule is not met as evidenced by: Based on record review and interview, the provider could not provide documentation to show that the heating system has been maintained in a safe and properly functioning condition for 2 of 2 boilers. The boiler permit had expired and not been serviced/inspected. Findings include: On 01/07/2026, Surveyor requested most recent documentation of the boiler being inspected. The boiler inspection permit expired on 12/09/2025. Maintenance Director E stated the boilers are very old and not working the best so they were currently working with vendors to get quotes for a new furnace system and to get rid of the boilers. On 01/07/2026, at approximately 1:00 PM, Surveyor interviewed Administrator A. Administrator A stated the boiler permit did expire and they did not have a new inspection completed. Administrator A acknowledged a new inspection should be completed or a new furnace system needs to be put into place if the boilers are getting too old.	N 504		