STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016550	A. BUILDING: _____ B. WING _____	C 06/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOME CARE SOLUTIONS AT HOME	341 E SUMNER STREET HARTFORD, WI 53027

(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 05/29/2025 with information gathered through 06/02/2025, Surveyor conducted a complaint investigation and standard survey at Home Care Solutions at Home LLC, an Adult Family Home (AFH) in Hartford, WI. Five deficiencies were identified. Complaint unsubstantiated. Census: 4	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.	M 332		

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

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M 332	Continued From page 1 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 2 of 2 fire extinguishers were inspected annually by an authorized dealer or the local fire department for 1 of 1 year reviewed (2024). Findings include: On 05/29/2025 at approximately 09:45 AM, Surveyor conducted an onsite tour. Surveyor observed fire extinguishers in the kitchen and top of staircase dated September 2023. On 05/29/2025, at approximately 10:00 AM, Surveyor interviewed Licensee B. Licensee B stated someone had come out to look at them and s/he had the receipt for it. Surveyor requested the documentation. As of 06/06/2025, Surveyor did not receive any additional information regarding the fire extinguisher's being tagged annually in 2024.	M 332		
M 420	88.06(3)(d)5 SIGNED STATEMENT OF AGREEMENT A statement of agreement with the plan, dated and signed by all persons involved in developing the plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 individual service plans (ISP) reviewed included a statement of agreement with the plan, dated and signed by all persons involved with developing the plan. Resident 1's and Resident 2's ISPs did not	M 420		

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M 420	Continued From page 2 include a signed statement of agreement with all parties involved. Findings include: On 05/29/2025, at approximately 11:00 AM, Surveyor reviewed resident records and identified the following concerns: - Resident 1 was admitted to the provider's home on 10/17/2023. Resident 1 had a guardian. Surveyor reviewed Resident 1's ISP dated 12/01/2023. The signature page was blank and not signed by any parties involved. - Resident 2 was admitted to the provider's home on 10/10/2020. Resident 2 was his/her own person. Surveyor reviewed Resident 2's ISP dated 08/01/2023. The signature page was blank and not signed by any parties involved. On 05/29/2025 at approximately 11:30 AM, Surveyor interviewed Licensee A. Licensee A stated s/he would have his/her manager of the house send the most recent ISPs on 05/30/2025 because s/he did not have them in the record. As of 06/02/2025, Surveyor did not receive any additional information regarding Resident 1 and Resident 2's ISP.	M 420		
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	M 424		

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M 424	Continued From page 3 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 update the Individual Service Plan (ISP) every 6 months for 2 of 2 residents (Resident 1 and Resident 2). Findings include: On 05/29/2025 at approximately 11:00 AM, Surveyor reviewed Resident 1 and Resident 2's record and identified the following: -Resident 1 was admitted to the provider's home on 10/17/2023 and had a guardian. Resident 1's current ISP was dated for 12/01/2023 and had no guardian signature indicating the ISP was reviewed every 6 months as required. -Resident 2 was admitted to the provider's home on 10/10/2020 and was his/her own person. Resident 2's current ISP was dated for 08/01/2023 and had no resident signature indicating the ISP was reviewed every 6 months as required. On 05/29/2025 at approximately 11:00 AM, Surveyor interviewed Licensee A. Licensee A stated s/he would have his/her manager of the	M 424		

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M 424	Continued From page 4 house send the most recent ISPs, indicating the ISPs were reviewed every 6 months as required, on 05/30/2025 because s/he did not have them in the record. As of 06/02/2025, Surveyor did not receive any additional information regarding Resident 1 and Resident 2's ISPs.	M 424		
M 550	88.10(3)(b) Privacy Privacy. To have physical and emotional privacy in treatment, living arrangements and in caring for personal needs, including toileting, bathing and dressing. The resident, the resident's room, any other area in which the resident has reasonable expectation of privacy, and the personal belongings of a resident shall not be searched without the resident's permission or permission of the resident's guardian except when there is reasonable cause to believe that the resident possesses contraband. The resident shall be present for the search. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 4 (Residents 1, 2, 3 and 4) of 4 residents had physical and emotional privacy in living arrangements. A camera was observed inside the house by the front door pointing at the staircase going upstairs to all resident bedrooms, a camera in the corner of the front patio outside, a camera on the back porch where residents smoke and a camera in the kitchen pointing to the door.	M 550		

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M 550	Continued From page 5 Findings include: On 05/29/2025 at approximately 10:30 AM, Surveyor conducted an onsite tour with Caregiver A. Surveyor observed 3 white recording cameras. A camera was observed inside the house by the front door pointing at the staircase going upstairs to all resident bedrooms, a camera in the corner of the front patio outside, a camera on the back porch where residents smoke and a camera in the kitchen pointing to the door. On 05/29/2025 at approximately 10:45 AM, Surveyor interviewed Licensee B. Licensee B stated s/he could have them and did not see an issue. Surveyor explained cameras can not be in areas where residents can commingle and have conversations. Licensee B acknowledged the comment and stated someone from the state told him/her that s/he could have those cameras there. Surveyor requested to review the information that was sent to Licensee B regarding cameras. As of 06/06/2025, Surveyor did not receive any additional information granting permission for the cameras in those areas of the home.	M 550		
M 582	88.10(3)(q) Medications Medications. To receive all prescribed medications in the dosage and at the intervals prescribed by the resident's physician, and to refuse medications unless there has been a court order under s. 51.61(1)(g), Stats., with a court finding of incompetency.	M 582		

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M 582	Continued From page 6	M 582		

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure 1 of 1 resident (Resident 1) received all prescribed medications in the dosage and at the intervals prescribed by the resident's physician. Resident 1 missed a dose of his/her Quetiapine tablet 25 milligrams (mg) on 05/28/2025 at noon.

Findings include:

On 05/29/2025 at 10:17 AM, Surveyor toured Resident 1's room. Surveyor observed Resident 1 having a pill punch card on his/her night stand. There was one pill. The pill pack stated Quetiapine tablet 25 mg on 05/28/2025 at noon. Surveyor asked Resident 1 if staff help him/her take his/her medications and Resident 1 said yes and that s/he could take the medication right now. Surveyor stated s/he would give the medication to Licensee A so that s/he could contact Resident 1's physician to see what they should do with it.

On 05/28/2025 at 10:25 AM, Surveyor interviewed Licensee A. Licensee A stated Resident 1's medication should not be in his/her room and it meant Resident 1 did not receive his/her Quetiapine tablet on 05/28/2025 at noon. Licensee A stated staff are to assist Resident 1 with his/her medications and they know to watch Resident 1 take his/her medications.