| 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 _____ | R-C 10/22/2025 |

| 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<br><br>On 10/20/2025 with information gathered through 10/22/2025, Surveyors conducted a verification visit at Home Care Solutions at Home LLC, an Adult Family Home (AFH) in Hartford, WI.<br><br>Two deficiencies identified.<br><br>One deficiency is a repeat deficiency. See Statement of Deficiency (SOD) W0SR11, dated 06/02/2025.<br><br>Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed.<br><br>Census: 4 | {M 000} | | |
| M 446 | 88.07(2)(b)4 RECORD OF MEDICAL VISITS AND REPORTS<br><br>Keeping a current record of all medical visits, reports and recommendations for a resident.<br><br>This Rule is not met as evidenced by:<br>Based on record review and interview, Licensee A did not ensure record was kept of all reports and recommendations for 1 of 1 resident (Resident 2) requested.<br><br>Findings include:<br><br>On 10/20/2025, Surveyor requested Resident 2's record and identified the following:<br>-Resident 2 was admitted on 10/10/2020.<br>-Resident 2's most current protective placement orders (which are reviewed annually) were from 2021.<br>-Resident 2's ISP dated 07/2025 stated Resident 2 is his/her own decision maker. | M 446 | | |

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

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| M 446 | Continued From page 1<br><br>On 10/20/2025 at approximately 10:30 AM, Surveyors interviewed Licensee A and requested Resident 2's current protectiv placement orders. Licensee A stated s/he does not receive the court paperwork after Resident 2 has his/her court dates due to his/her protective placement orders. Licensee A stated his/her court appointments are through Milwaukee County and Resident 2's guardian's receives the paperwork after the appointments. Licensee A stated the only paperwork s/he has is from Resident 2's admission paperwork. Licensee A stated s/he would reach out to Milwaukee County and Resident 2's guardian to get copies for Resident 2's record. | M 446 | | |
| {M 550} | 88.10(3)(b) Privacy<br><br>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.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not ensure 4 (Residents 1, 2, 3 and 4) of 4 | {M 550} | | |

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|---|---|---|---|---|
| {M 550} | Continued From page 2 | {M 550} | | |

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, a camera in the laundry/med room where residents do their own laundry and a camera in the kitchen pointing to the door.

This is a repeat deficiency. See Statement of Deficiency (SOD) W0SR11, dated 06/02/2025.

Findings include:

On 10/20/2025 at approximately 09:45 AM, Surveyors conducted an onsite tour with Caregiver A. Surveyor observed 5 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, a camera in the laundry/medroom where residents do their own laundry and a camera in the kitchen pointing to the door.

On 10/20/2025 at approximately 10:45 AM, Surveyors interviewed Licensee B. Licensee B stated s/he had moved some of them and thought s/he had fixed the deficiency. Surveyors explained cameras can not be in areas where residents can commingle and have conversations. Surveyors asked Licensee B what the purpose of the cameras were. Licensee B stated there was a specific resident that had behaviors and s/he used the cameras to monitor the resident because s/he would not have as many behaviors if the cameras were up monitoring the facility. Surveyors explained

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| {M 550} | Continued From page 3<br>cameras could not be in those common areas where residents commingle and can not be used to monitor residents in the home. Surveyors sent Licensee B the newest memo publication from the Department regarding electronic recording devices. Licensee B acknowledged the cameras could not be there and said s/he would take them down. | {M 550} | | |