| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0020132 | A. BUILDING: _____ B. WING _____ | C 04/03/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| HONOR AT 1872 SUITES 1 AND 2 | 1872 SOUTHRIDGE AVE STE 1 AND 2 MENOMONIE, WI 54751 |

| (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 04/03/2025, Surveyor conducted a complaint investigation at Honor at 1872 Suites 1 and 2.<br><br>The complaint was unsubstantiated.<br><br>Two violations were identified.<br><br>Census: 4 | M 000 | | |
| M 342 | 88.05(4)(d)1 FIRE SAFETY EVACUATION PLAN<br><br>The licensee shall have a written plan for the immediate and safe evacuation of all occupants of the home in the event of a fire. The plan shall identify an external meeting place.<br><br>This Rule is not met as evidenced by:<br>Based on observation and interview, the provider did not have a plan for the immediate and safe evacuation of all occupants of the home in the event of a fire. Resident 1 was considered a point of rescue (POR).<br><br>Findings include:<br><br>This provider is licensed to care for up to 4 residents in the client groups of: traumatic brain injury, irreversible dementia/Alzheimer's disease, physically disabled, emotionally disturbed/mental illness, developmentally disabled, and alcohol/drug dependent.<br><br>On 04/03/2025 at 1:10 PM, Surveyor observed Resident 1's room to have a large sign on his/her door indicating s/he was a POR.<br><br>At approximately 2:30 PM, Surveyor interviewed Administrator A. Administrator A discussed the | M 342 | | |

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

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| HONOR AT 1872 SUITES 1 AND 2 | 1872 SOUTHRIDGE AVE STE 1 AND 2 MENOMONIE, WI 54751 |

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| M 342 | Continued From page 1<br>provider's emergency procedures, stating Resident 1 was a POR. Administrator A stated POR meant that if there was a fire, staff would close Resident 1's door and the fire department would evacuate him/her. Administrator A stated s/he was not aware POR was prohibited in adult family homes. | M 342 | | |
| Y3009 | 50.03 LICENSING, POWERS AND DUTIES<br><br>(1) PENALTY FOR UNLICENSED OPERATION.<br><br>No person may conduct, maintain, operate or permit to be maintained or operated a community?based residential facility or nursing home unless it is licensed by the department. Any person who violates this subsection may, upon a first conviction, be fined not more than $500 for each day of unlicensed operation or imprisoned not more than 6 months or both. Any person convicted of a subsequent offense under this subsection may be fined not more than $5,000 for each day of unlicensed operation or imprisoned not more than one year in the county jail or both.<br><br>(1m) DISTINCT PART OR SEPARATE LICENSURE FOR INSTITUTIONS FOR MENTAL DISEASES.<br><br>Upon application to the department, the department may approve licensure of the operation of a nursing home or a distinct part of a nursing home as an institution for mental diseases, as defined under 42 CFR 435.1009. Conditions and procedures for | Y3009 | | |

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| HONOR AT 1872 SUITES 1 AND 2 | 1872 SOUTHRIDGE AVE STE 1 AND 2 MENOMONIE, WI 54751 |

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|---|---|---|---|---|
| Y3009 | Continued From page 2 | Y3009 | | |

application for, approval of and operation under this subsection shall be established in rules promulgated by the department.

This Rule is not met as evidenced by:
Based on observation and interview, the provider routinely exceeded capacity when Resident 2 (a resident from a neighboring facility) was sent to the home while his/her staff was occupied.

Findings include:

On 04/03/2025 at 1:00 PM, Surveyor entered the facility and observed Resident 2 seated at the kitchen table.

At approximately 1:05 PM, Surveyor interviewed Personal Care Worker (PCW) B. PCW provided a list of 4 residents who lived at the facility. Resident 2 was not included.

At 1:26 PM, Surveyor interviewed Resident 3. Resident 3 stated Resident 2 was "very flirtatious and touches me." Resident 3 stated Resident 2 lived in the neighboring facility owned by the licensee. Resident 3 said Resident 2 cannot be left alone because of behaviors and seizures, so whenever there was no staff at his/her house, Resident 2 was sent to Resident 3's house.

At 1:34 PM, Surveyor interviewed PCW B. PCW B stated Resident 2 went back to his/her house. PCW B confirmed Resident 2 was at the house for lunch because his/her staff was at an appointment. PCW B confirmed there were 5 residents at the house for lunch (the 4 that lived at the facility and Resident 2). PCW B was

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| Y3009 | Continued From page 3<br>unaware that having 5 residents at the facility meant they were operating above their licensed capacity.<br><br>At 1:35 PM, Surveyor interviewed Resident 4. Resident 4 stated s/he did not feel comfortable around Resident 2. Resident 4 stated that when staff was not looking, Resident 2 tried to touch him/her. Resident 4 stated Resident 2 would try to hold Resident 4's hand, touch his/her arm, and grab his/her feet. Resident 2 came to the house frequently because Resident 2 could not be left alone.<br><br>At approximately 2:30 PM, Surveyor interviewed Administrator A and Case Manager (CM) C. CM C stated PCW D was one of the provider's transport drivers. PCW D was working at Resident 2's house today, but needed to leave for a transport, so Resident 2 went to the facility for a short time. PCW D stated Resident 2 could not be left unsupervised. Administrator A stated s/he was not aware that the facility was operating above licensed capacity when they had 5 residents receiving services in the home. | Y3009 | | |