STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	199059	A. BUILDING: _____ B. WING _____	06/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREENCO HOUSE III	2520 16TH AVE MONROE, WI 53566

(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 06/12/2025, with information gathered through 06/18/2025, Surveyor conducted a standard licensure survey at Greenco House III. Three deficiencies were identified. Census: 4	M 000		
M 276	88.05(3)(a) Homelike Environment An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observations and interview, the provider did not maintain a safe, clean, and homelike environment. Findings include: On 06/12/2025, at approximately 4:20 PM, Surveyor toured facility and observed: Resident Bathroom: -7 tile pieces were missing on the wall, next to the bathtub, with another 4 tiles loosely attached to the wall. Common Area: -Carpeting was covered in brownish black coloring where foot traffic would occur and dark circular stains near chairs.	M 276		

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

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M 276	Continued From page 1 -Carpeting covering the stairs going to the upper level showed significant brownish black coloring where foot traffic would occur. Resident 1's Bedroom: -Carpeting was loosely attached to the floor causing the carpet to bunch up, causing a tripping hazard. On 06/12/2025, at approximately 5:00 PM, Surveyor interviewed House Manager A. House Manager A stated s/he would discuss the concerns with corporate.	M 276		
M 406	88.06(3)(b) PERSONS INVOLVED WITH ISP & ASSESSMENT The individual service plan and written assessment shall be developed by the placing agency, if any, the service coordinator, if any, the licensee, the resident and the resident's guardian, if any and designated representative, if any, with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the Individual Service Plan (ISP) for 2 out of 2 resident records (Resident 1 and Resident 2) reviewed were developed together with the placing agency, the guardian, if applicable, and the provider. Findings include:	M 406		

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M 406	Continued From page 2 On 06/12/2025, Surveyor reviewed Resident 1's and Resident 2's record. Example 1: Resident 1 Resident 1 moved into the home 08/18/2015 and was represented by Guardian D and managed care organization (MCO) CM E. Resident 1's ISP, dated 02/20/2025, did not contain the provider's or Guardian D's signature to verify the ISP was developed together. Example 2: Resident 2 Resident 2 moved into the home on 07/30/2007, and was represented by Guardian B and managed care organization (MCO) CM C. Resident 2's ISP, dated 02/20/2025, did not contain the provider's, Guardian B's and CM C's signature to verify the ISP was developed together. On 06/12/2025, at approximately 5:00 PM, Surveyor interviewed Program Manager A. Program Manager A stated s/he would check with corporate to determine if there were emails documenting that Resident 1's and Resident 2's care team had been invited to the care conference and if they were unable to attend, that the ISP had been forwarded to them for their review and signature.	M 406		
M 424	88.06(3)(f) REVIEW OF ISP The individual service plan shall be reviewed at least once every 6 months	M 424		

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M 424	Continued From page 3 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 observation, record review and interview, the provider did not ensure the individual service plan (ISP) was updated to reflect the change in needs for 1 of 2 residents reviewed. Resident 1's ISP did not reflect that s/he was nonverbal. Findings include: On 06/12/2025, at approximately 4:00 PM, Surveyor arrived at the home and interacted with Resident 1. Resident 1 did not respond to Surveyor but wanted to stand next to Surveyor. Surveyor observed Caregiver F interact with Resident 1. Resident 1 would respond with a grunt like sound. Caregiver F stated, "You learn what s/he probably wants and read [his/her] body language. Sometimes, you can understand a	M 424		

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M 424	Continued From page 4 word [s/he] is trying to say." On 06/12/2025, Surveyor reviewed Resident 1's record. Resident 1 moved into the home 08/18/2015. Resident 1's ISP, dated 02/20/2025, did not document his/her communication style or provide guidance for staff members on how to communicate with him/her. On 06/12/2025, at approximately 5:00 PM, Surveyor interviewed Program Manager A. Program Manager A stated s/he would ensure Resident 1's ISP was reviewed and updated accordingly.	M 424		
M 548	88.10(3)(a) Fair Treatment Fair treatment. To be treated with courtesy, respect and full recognition of the resident's dignity and individuality. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure residents were treated with courtesy, respect and full recognition of the resident's dignity and individuality. Resident 2 was awoken during sleep hours to be toileted, which was not a concern identified in his/her individual service plan (ISP). Findings include: On 06/12/2025, Surveyor reviewed Resident 2's	M 548		

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M 548	Continued From page 5 record. Resident 2 moved into the home on 07/30/2007. Resident 2's daily notes documented: 05/06/2025 - Toileted at 12:30 AM - dry, voided - they could hardly walk! 05/07/2025 - Toileted at 12:00 AM - dry; Toileted at 2:00 AM - wet. Refused to go back to bed. Staff let him/her wander till 3:00 AM. 05/13/2025 - Toileted at 2:50 AM - dry, voided - refused to go back to bed so s/he wandered til 5:00 AM! 05/16/2025 - Checked at 4:10 AM - wet brief, changed and back to bed. 05/18/2025 - Toileted at 2:10 AM, voided, back to bed. 05/23/2025 - Toileted at 2:00 AM check, voided, then back to bed. Dry and still sleeping at 4AM check. Last toileted at 6:05 AM, voided, then back to bed. 05/26/2025 - Checked every 2 hours. Toileted last at 7:00 AM. 06/03/2025 - Toileted at 12:00 AM, dry and no results. 06/06/2025 - Toileted at 12:10 AM, voided, back to bed. Dry and sleeping at 2 AM check. Toileted at 4:25 AM, voided and had voided in pull up, back to bed. Last toileted at 6:10 AM, nothing, back to bed. 06/07/2025 - Woke up at 4AM stayed awake, thought it was morning every time I took him/her to bathroom. 06/10/2025 - Toileted at 1:00 AM, dry, voided and back to bed. Resident 2's ISP, dated 02/20/2025, documented: (Resident 2) is nonverbal and can communicate (his/her) basic needs through American Sign Language and nonverbal communication.	M 548		

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M 548	Continued From page 6 Staff shall monitor (Resident 2) while in the bathroom to make sure (s/he) is not engaging in rectal digging and if (s/he) attempts to do so (s/he) shall be redirected. Due to (Resident 2's) incontinence, (s/he) shall use disposable undergarments. The ISP did not identify a toileting routine On 06/12/2025, at approximately 5:15 PM, Surveyor interviewed Program Manager A and Caregiver F. Surveyor asked for clarification on what Resident 2's toileting routine was during sleeping hours. Caregiver F stated s/he does 2-hour checks and will attempt to have him/her use the bathroom. Caregiver F stated, "Otherwise, if [s/he] sleeps through the night, [his/her] bed will be soaked." Program Manager A stated, "I let [him/her] sleep through the night, unless [s/he] wakes up on [his/her] own, then I will toilet [him/her]. Yes, there are times I have to change his/her sheets, but I do not think [s/he] should be awakened during the night." Surveyor asked Program Manager A if waking Resident 2 through the evening to be toileted was a violation of his/her rights since a toileting routine had not been identified by his/her care team. Program Manager A explained to Surveyor that it could be a dignity concern when Resident 2 was awakened during the sleeping hours and at times s/he often thought it was time to get up. Program Manager A stated s/he would discuss the concern with Resident 2's care team. On 06/16/2025, Surveyor reviewed Resident 2's managed care organization (MCO) assessment, dated 12/09/2024 to 06/30/2025, provided by his/her MCO provider that documented: Health Plan: [Resident 2] requires grab bars, medication management, shower bench and incontinence products for [his/her] health and	M 548		

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M 548	Continued From page 7 safety. Residence Support Assessment: [S/He] is given choices about [his/her] daily schedule, such as wakeup times, showering and evening routines. Toileting Assessment: [Resident 2] has intermittent incontinence of both bowel and bladder. [Resident 2] wears incontinence products and is toileted by staff. Resident 2's MCO assessment did not define that s/he needed to be awakened during sleep state to be toileted.	M 548		