STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017340	A. BUILDING: _____ B. WING _____	02/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BUCKAROOS ADULT FAMILY HOME LLC 2	N6424 S FARMINGTON RD HELENVILLE, WI 53137

(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 02/05/2025, Surveyor conducted a standard survey at Buckaroos Adult Family Home LLC 2. Four (4) deficiencies were identified. Census: 3	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. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure fire extinguishers were inspected annually by the authorized dealer or the local fire department for 1 of 1 fire extinguishers. The fire	M 332		

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

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M 332	Continued From page 1 extinguishers in the kitchen, was not inspected annually. The tag attached indicated the date of the last inspection was May 2022. Findings include: On 02/05/2025, at approximately 9:45 a.m., Surveyor toured the home. Surveyor observed a fire extinguisher in the kitchen with a tag indicating the date of the last inspection was May 2022. On 02/05/2025 at approximately 12:00 p.m., Surveyor interviewed Licensee A. Licensee A stated that Cintas had taken over the contract but must have forgotten about this facility. Licensee A acknowledged that the fire extinguisher had not been inspected and stated s/he would schedule the inspection right away.	M 332		
M 556	88.10(3)(e) Self-Direction Self-direction. To have opportunities to make decisions relating to care, activities and other aspects of life in the adult family home. No curfew, rule or other restrictions on a resident's freedom of choice shall be imposed unless specifically identified in the home's program statement or the resident's individual service plan. An adult family home shall help any resident who expresses a preference for more independent living to contact any agency needed to arrange it. This Rule is not met as evidenced by: Based on observation, record review, and	M 556		

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M 556	Continued From page 2	M 556		

interview, the provider did not ensure 3 of 3 resident rights to self-determination. Resident's access to food and drinks were limited when the refrigerator/freezer were locked. The kitchen pantry had a pin pad lock on the door and 4 of 5 upper kitchen cabinets that contained cups and plates had child locks on them.

Findings include:

The adult family home (AFH) was licensed on 11/09/2018, to serve up to 4 ambulatory residents within the client group of developmentally disabled.

On 02/05/2025, Surveyors conducted a standard survey. At 9:48 a.m., Surveyor conducted a tour of the kitchen and observed the following:

-A refrigerator lock securing the right and the left side of the refrigerator as well as a metal chain and padlock to secure the freezer shut.

-A pin pad locked door to the kitchen pantry. Surveyor attempted to open the pantry and confirmed that it was locked.

-4/5 upper kitchen cabinets were shut and secured with a U-shaped cabinet lock. The cabinets contained plates, cups, seasoning and cooking spices.

At 9:55 a.m., Surveyor interviewed Caregiver B and asked why there were locks on the refrigerator. Caregiver B stated they were for Resident 1, who was pacing in the kitchen, stating that s/he would take everything out.

Surveyor reviewed the record of Resident 1. Resident 1 was admitted to the provider on

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M 556	Continued From page 3	M 556		

01/21/2022 with diagnoses including autism, cerebral palsy and epilepsy. Resident 1 has a guardian that makes decisions on his/her behalf. Resident 1's individual service plan (ISP), dated 09/13/2024, his/her current status of eating is, "below normal" and the desired outcome is, "3 meals, 2 snacks" daily. The ISP does not acknowledge or document a rational and/or protocol for locking the refrigerator or panty.

At 10:52 a.m., Surveyor interviewed Licensee A and asked why there were locked on the refrigerator and pantry. Licensee A stated various reasons. S/he stated that Resident 2 would eat too much and would eat food whole. That Resident 2 should be on a pureed diet, although chooses not to due to quality of life, and s/he would steal an entire bag of chicken nuggets or waffles and eat them all if s/he had access to it.

Surveyor reviewed the record of Resident 2. Resident 2 was admitted to the provider on 05/05/2024 with diagnoses including intellectual disability, autism, and reactive attachment disorder. Resident 2 has a guardian that makes decisions on his/her behalf. Resident 2's ISP, dated 11/08/2024, states, "[Resident 2] eats a well-balanced diet. If given the chance, [s/he] will sneak food and eat until [s/he] pukes. ... Medically, [Resident 2] need a pureed diet, but guardians have opted out of it and take full responsibility if [s/he] should choke." The ISP does not acknowledge or document a rational and/or protocol for locking the refrigerator or panty.

A review of the provider's program statement documented:
"The caregiver will be responsible to prepare delicious homemade meals. All residents receive

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M 556	Continued From page 4 3 meals and snacks daily. Special dietary requirements are applied. Meals are served to residents in family style. Mealtimes are 8am, 12noon, and 5pm. For residents who do not wish to have their meals at the mealtimes listed in the program statement, Caregiver will ensure their meals are kept for them until they are ready to have their meals. All residents have the choice of when to have their meals - with no restrictions whatsoever." The program statement did not include information regarding locking up food. At 11:20 a.m., Surveyor reviewed the above concerns with Licensee A. Licensee A stated s/he doesn't deny that the locks are wrong and that it has been an ongoing concern that s/he does not know how to address. Licensee A stated that the previous manager was supposed to take the locks off.	M 556		
M 570	88.10(3)(l) Safe Physical Environment Individuals, except for correctional residents, have basic rights which they do not lose when they enter an adult family home. A resident shall have a safe environment in which to live. The adult family home shall safeguard residents who cannot fully guard themselves from environmental hazards to which they are likely to be exposed, including conditions which would be hazardous to anyone and conditions which would be or are hazardous to a particular resident because of the resident's condition or disability. This Rule is not met as evidenced by:	M 570		

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M 570	Continued From page 5 Based on observation and interview, the provider did not ensure a safe physical environment for 3 of 3 residents; the provider did not securely store cleaning compounds and toxic substances throughout the home. Findings include: The adult family home (AFH) was licensed on 11/09/2018, to serve up to 4 ambulatory residents within the client group of developmentally disabled. On 02/05/2025, Surveyors conducted a standard survey. At 9:48 a.m., Surveyor conducted a tour of the kitchen and observed a bottle of Lysol, Draino, Fabuloso, Odor Bully, Natural Care, Raid, Purple Power, and Bissel floor cleaner stored in a kitchen cabinet under the sink. The cabinet was open and did not have a means of securing the cleaning compounds or toxic substances. At 10:40 a.m., Surveyor observed toilet bowl cleaning, Clorox bleach, and disinfectant spray in the cabinet under the sink in the bathroom. During the survey, Surveyors observed 3 of 3 residents ambulating through the house with independent access to the kitchen and bathroom, which included the cleaning compounds and toxic substances. At 11:20 a.m., Surveyor reviewed the above concerns with Licensee A. Licensee A stated s/he understands the concern and will take care of it. Cross Reference N0556 DHS 88.10(e)(3) Self-Direction	M 570		

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Z 019	Continued From page 6	Z 019		
Z 019	50.065(6)(am) Four Year Caregiver Background Requirement Every 4 years an entity shall require its caregivers and nonclient residents to complete a background information form that is provided to the entity by the Department. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a complete background check was completed every 4 years for 1 of 3 caregivers reviewed. The provider had not completed a background check for Caregiver B since 04/17/2019. Findings include: On 02/05/2025 at approximately 9:00 a.m., Surveyor requested 3 staff records from Licensee A. On 02/05/2025 at approximately 11:00 a.m., Surveyor reviewed Caregiver B's record. The record documented Caregiver B was hired on 03/24/2021 and his/her most recent background check was completed on 04/17/2019, greater than 4 years ago. Caregiver B was the only staff working at the facility at the time of the survey. On 02/05/2025 at approximately 12:00 p.m., Surveyor shared concern with Licensee A that	Z 019		

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Z 019	Continued From page 7 Caregiver B's background check had not been completed in greater than 4 years. Licensee A contacted HR Assistant C and requested an updated background check. HR Assistant C stated that the background check dated 04/17/2019 was the only background check in the employee record. Licensee A acknowledged that the background check was overdue and stated s/he would make sure a background check was completed.	Z 019		