STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013473	A. BUILDING: _____ B. WING _____	C 09/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MILL POND ONE	507 MARKET ST WESTFIELD, WI 53964

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N 000	Initial Comments On 09/22/2025, Surveyor conducted a complaint investigation at Mill Pond One. The complaint was substantiated, and 2 deficient practices were identified. Census: 6	N 000		
N 320	83.29(4) Admission agreement not in conflict Conflict with this chapter. No statement of the admission agreement may be in conflict with any part of this chapter, unless the department has granted a waiver or variance of a provision of this chapter. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the admission agreement was not in conflict with Chapter 83. Areas of the admission agreement were noted to be in conflict with resident rights, were not respectful of the resident's dignity as individual adults, contained limitations and specifications beyond what the provider is allowed to require, and noted punative measures for non-compliance. Findings include: The provider is licensed to serve up to 8 residents who may have/ be physically disabled, emotionally disturbed/ mentally ill, traumatic brain injury, developmental delay, and/ or alcohol/ drug dependent. On 09/22/2025, as a part of a complaint investigation, Surveyor reviewed the provider's admission agreement including the "Resident and Family Handbook" which was revised in July	N 320		

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

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N 320	Continued From page 1 2023. Surveyor discovered areas within the agreement were in conflict with Chapter 83 regulations. Additionally, the document included statements that was not in full recognition of the resident's dignity and individuality. Areas identified as not in compliance with Chapter 83 also noted punitive measures such as limiting community activities, taking away personal items, having to "earn" back privileges with compliant "behavior" and language threatening discharge for noncompliance. Examples of areas in conflict with Chapter 83 include: "Food items are not allowed in the bedrooms ... Increasing independence is one of the primary goals. Therefore, you will also be involved in meal preparations regularly." " ...If not removed we will dispose of personal property left at the facility after fifteen (15) days ..." "Millpond House 1 is tobacco-free except for vape pens/E cigarettes or similar items ..." The discharge policy noted, "We will notify you and your legal representative/responsible party with at least 48 hours' notice of intent to terminate services except in a medical emergency or unless your continued presence endangers the health safety or welfare of your or other residents ..." The document addressed the pharmacy agreement the provider has with one particular pharmacy and does not discuss the resident's right to choose their own pharmacy. Under Resident Rights, the provider noted, "A right is not the same as a privilege a resident can	N 320		

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N 320	Continued From page 2	N 320		

never earn or lose a right, but your physician could restrict it if you demonstrate dangerous behavior to yourself or others. For example we do not read your mail but if you were getting weapons we may ask that you open it in front of us. A privilege can be earned or lost depending upon the resident's behavior ..."

The document described residents' responsibilities such as requiring residents to be "respectful to cultural diversity," and to label "all clothing and personal belongings" with their name.

The document included a reminder to residents to treat "staff with dignity and respect and courtesy you expect from them. For example a little thanks goes a long way ..."

The document noted physical restraint use, "There are times when physical illness changes our emotions and behaviors causing turmoil and unrest at times this is manifested in lashing out at others to cause harm to them or yourself. For these reasons Millpond House follows an active restraint reduction program for residents ..." The document goes on to describe, "the need to use physical restraint is only to keep residents and others safe and is never imposed for discipline or convenience not required to treat medical symptoms. We believe that physical restraint is only correctly used when a resident is causing harm to themselves or others and have developed strict policies on the use of physical restraints ... physical restraints may be used in an emergency when necessary to protect you or other person from injury or to prevent physical harm to the resident or another person resulting from the destruction of property ..."

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N 320	Continued From page 3 The document referenced a grievance policy that requires a written form be filled out. Under "Facility rules and Regulations" the following examples were noted: "No use of alcohol ..." Residents who "have illicit substances in their possession or have consumed illicit substances" "will be subjected to the actions in the substance abuse policy and procedure which may include an assessment by psychology services and/or nurse" and "a room search ... failure to abide by the facility policy of no substance abuse and resident failure to address substance abuse issues and treatment actively may results in immediate discharge." "No sexual activity with other residents ..." " ...No verbally aggressive statements. These actions may result in a 48-hour restriction from community based activities including restrictions from any outings in the community, supervision in the dining room, and access to shared/public areas in the facility except for scheduled therapies ... telephone use may be limited ... requirements may be set for residents to earn these items again (e.g., attendance in all therapies, no aggression for one week) ... residents who demonstrate unsafe behaviors in the facility may have increased supervision and changed their treatment plan. Residents who refuse to maintain safe behavior outside the facility will have limited access to the community (to be determined by the treatment team.)" "Refusal to negotiate or abide by clinically acceptable and appropriate treatment plan. This	N 320		

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N 320	Continued From page 4 includes lack of attendance and participation in therapies, refusal to follow instructions that impact safety, refusal to follow facility rules, and refusal of medical orders. Clinicians, nurses, and direct care staff will monitor compliance with the treatment plan and report any refusals to the treatment team and attending physician ..." "Lack of cooperation with evacuation in the event of a fire drill or other simulated or actual emergency failure to cooperate in an emergency is considered a risk to oneself and others and may result in discharge from the facility." "No sleeping, eating, or smoking in unauthorized areas. Residents who engage in these activities may be escorted from the area. Residents observed smoking in unauthorized areas will be asked to relinquish their smoking material." "Please check with staff before using beepers or cellular in the building." "No operating automobiles while in residence at Millpond unless specified in the resident's Individual Service Plan." "Gambling is not permitted on premises." "No possession of any items that could be used as a weapon (i.e. knives, guns etc.) Any such items will be relinquished immediately upon admission room searches will be completed as necessary to protect residents and staff." "No food is to be kept in resident rooms any snacks etcetera should be stored in a designated area." The document goes on to list expectations of	N 320		

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N 320	Continued From page 5 residents: "Residents are expected to comply with the following facility rules for failure to comply may result in limited privileges, supervision level change, treatment plan change or limited access to certain areas:" " ...Adult residents must be in the house by 10:00 PM and in their rooms by 11:00 PM. Visits end when residents must be in their rooms ..." "When a resident visits another resident, visits end when the resident has scheduled therapy (whether the resident attends or not,) at 10:00 PM, or when the staff determines that the resident's behavior is disruptive to other residents. The door must remain open when residents visit each other in their rooms." "When residents have outside visitors or family members in their rooms from outside the facility the door must be open at minimum of 6 inches ... residents are to attend all scheduled therapies during a visit." "Gift giving is one aspect of normal social behavior. Generally, any social behaviors, especially giving gifts, may be monitored to ensure consistency with the resident's treatment plan. Suppose a resident who is their own guardian wants to give another resident a gift. In that case, they must meet with at least one of the treatment team members to determine whether any inappropriate factors are involved in the gift giving (e.g. coercion, manipulation, or exchange of favors) the case coordinator must approve the gift and discuss it with the treatment team before giving it ..."	N 320		

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N 320	Continued From page 6 "If a resident who is not their own guardian wishes to give another resident a gift it must be approved by the resident's legal guardian the program director or designee and treatment team must approve the gift ..." "Throughout the house residents are required to wear at minimum a buttoned or pullover shirt, shoes, slippers or other foot coverings, and pants, shorts, or a skirt. If pants shirts or shorts are made of a stretchy material such as spandex, lycra, or other tight fitting material, shirts or sweaters should be worn to the mid-thigh level. Mesh transparent shirts may only be worn over a non-transparent shirt. Shirts must cover the mid drift area ... residents may wear their own choice of clothing in their bedroom as long as the resident can evacuate the house with decency in the event of an emergency." "Room searches may be made based on suspicion of possession of alcohol or other drugs, as a part of suicide precautions, or to maintain resident safety ... residents are not permitted to secure entrances or access to and from their rooms in any way that impedes the staff's ability to maintain a safe environment." Regarding the volume of television or radios, "Millpond House reserves the right to remove the equipment after noncompliance with repeated requests to turn the volume down." "Adults without a guardian may withdraw money during banking hours residents with the guardian may withdraw money in amounts approved by the guardian and case coordinator during banking hours." On 09/22/2025 at 2:00 PM, Surveyor interviewed	N 320		

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N 320	Continued From page 7 Administrator A with Supervisor B present. Administrator A and Supervisor B reviewed parts of the admission agreement in relation to Chapter 83 regulations. Administrator A and Supervisor B stated areas of the admission agreement were in conflict with Chapter 83 regulations. Administrator A stated s/he believed the admission agreement was a standard document the provider used for its facilities regardless of license type. Supervisor B stated the admission agreement appeared to be written for a different type of licensure. Both Administrator A and Supervisor B stated the current admission agreement was restrictive, included limitations and specifications beyond what the provider is allowed to require, contained verbiage that could be viewed as "talking down" to residents, and included areas that were in direct conflict with Chapter 83. Administrator A and Supervisor B stated they understood the examples reviewed during the survey did not constitute a comprehensive list, as not all of the admission agreement had been reviewed. Administrator A and Supervisor B acknowledged the provider would need to review the admission agreement entirely and stated they would take steps to bring the admission agreement into compliance.	N 320		
N 326	83.31(4)(a) Notice of facility initiated discharges Discharge or transfer initiated by CBRF. Notice and discharge requirements. 1. Before a CBRF involuntarily discharges a resident, the licensee shall give the resident or legal representative a 30 day written advance notice. The notice shall explain to the resident or legal representative the need for and possible alternatives to the discharge. Termination of placement initiated by a government correctional agency does not	N 326		

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N 326	Continued From page 8 constitute a discharge under this section. 2. The CBRF shall provide assistance in relocating the resident and shall ensure that a living arrangement suitable to meet the needs of the resident is available before discharging the resident. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Resident 1 had a living arrangement suitable to meet his/her needs before involuntarily discharging the resident. Resident 1 was admitted to the hospital for mental health/behavioral needs and upon discharge from the hospital, was not accepted back into the facility. Findings include: The provider is licensed to serve up to 8 residents who may have/ be physically disabled, emotionally disturbed/ mentally ill, traumatic brain injury, developmental delay, and/ or alcohol/ drug dependent. On 09/15/2025, the Department received a complaint alleging the provider would not allow a resident to return home from the hospital. On 09/22/2025, Surveyor reviewed Resident 1's record and noted Resident 1 was admitted on 11/03/2022 with diagnoses including: schizoaffective disorder, bipolar disorder; manic severe with psychotic features, auditory and visual hallucinations, unspecified intellectual disability, and generalized anxiety disorder. Resident 1 had a Power of Attorney (POA C) who was given a 30-day discharge notice by the provider on 09/08/2025 listing inability to meet	N 326		

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resident needs and safety concerns as reasons for the involuntary discharge. Resident 1's observation notes and incident reports spanning 07/07/2025- 09/12/2025 detailed Resident 1's escalating behaviors resulting in emergency room visits for psychological evaluation and police intervention on 09/09/2025 and 09/11/2025. Resident 1's observations note dated 09/12/2025 written by Supervisor B noted Resident 1 was "discharged from the system" and "Notes: Hospital (unlikely to return) - - Notes: Resident has been transported via EMS to the hospital." Surveyor reviewed e-mail correspondence from 09/08/2025- 09/15/2025 between Administrator A, Adult Protective Services (APS D,) County Social Worker (CSW E,) and Managed Care Organization (MCO F.) The e-mails note correspondence where the parties could not find a suitable place for Resident 1 to go after s/he would be discharged from the hospital on 09/16/2025 and questioned Administrator A why the resident received a 30-day discharge and if she would be allowed to return home to the facility after the hospital discharged him/her. There was not a clear response from Administrator A in the documentation.

On 09/22/2025 at 2:45 PM, Surveyor interviewed Administrator A and Supervisor B. Administrator a stated a 30-day discharge had been issued to POA C due to Resident 1's behaviors. Both discussed Resident 1 having increasingly unmanageable behaviors that resulted in the need for psychological evaluation at the hospital 09/09/2025 and 09/12/2025 (with police intervention on 09/12/2025.) Administrator A stated s/he did not submit a self-report to the Department regarding the instance of police intervention on 09/12/2025 as is required. Administrator A stated after Resident 1 was taken

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N 326	Continued From page 10 to the hospital on 09/12/2025 s/he was admitted for a 72-hour hold. Administrator A stated s/he was aware Resident 1 was to be discharged from the hospital on 09/16/2025 (verified by the e-mail correspondence.) Administrator A stated, "I told Fond Du Lac Health Center I'm not taking [him/her] back." Administrator A stated s/he was aware if no other appropriate living arrangement had been found the provider was required to let the resident come back to the facility. Administrator A stated s/he did not go to the hospital to re-assess the resident prior to discharge. Administrator A stated despite being discharged from the hospital, s/he did not believe Resident 1's behaviors would be manageable by the provider and therefore did not allow the resident to return to the facility on 09/16/2025.	N 326		