Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019121	A. BUILDING: _____ B. WING _____	C 08/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DENMARK FAMILY LIVING HOUSE 1	N1142 IRISH RD DENMARK, WI 54208

(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 A standard survey and a complaint investigation were conducted at Denmark Family Living House 1 on 08/18/2025 with information gathered through 08/19/2025. As a result of this survey the complaint was unsubstantiated. One deficient practice was identified related to the survey. Census: 4	M 000		
M 246	88.04(5)(b) TRAINING-8 HOURS ANNUALLY Except as provided in pars. (c) and (d), the licensee and each service provider shall complete 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training is received. This Rule is not met as evidenced by: Based on record review and staff interview the provider did not ensure 1 of 2 staff reviewed for training had completed 8 hours of training in the calendar year after the year of hire and initial training. Caregiver - C had no evidence of any training for 2024. Findings include: On 08/18/2025, Surveyor reviewed employee records for training. Caregiver - C's record showed a date of hire on 03/01/2023. There was no evidence of any training in 2024 and only one training for Resident Rights on 05/19/2025.	M 246		

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

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M 246	Continued From page 1 In an interview with Surveyor on 08/18/2025 at approximately 12:00 PM, Licensee - A and Manager - B said they changed the portals used for training in 2023 and have not been able to access some of the training that had been done. Licensee - A provided Surveyor documentation of Caregiver - C completing orientation in 2023 but no documentation of any training in 2024 for Caregiver - C and only 1 training done so far on 05/19/2025 for Resident Rights. Licensee - A said they would continue to search for further evidence of training. On 08/19/2025 at 12:15 PM, Licensee - A sent Surveyor an email confirming they were unable to find written evidence of training for Caregiver - C for 2024. Licensee - A said some staff had kept copies of their training when completed but Caregiver - C had not and was not able to go back into the old portal to retrieve trainings that had been completed. The provider did not ensure 8 hours of continuing education for Caregiver - C had been completed as required.	M 246		