STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014983	A. BUILDING: _____ B. WING _____	C 08/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW WINDS LIVING III	N346 TWINKLING STAR ROAD WHITEWATER, WI 53190

(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 08/07/2024, with information gathered through 08/08/2024, Surveyor conducted a monitoring visit at Willow Winds III. One deficiency was identified. Census: 0	M 000		
M 230	88.04(2)(f) CONDITION WHICH REPRESENTS RISK OR HARM The licensee may not permit the existence or continuation of a condition in the home which places the health, safety or welfare of a resident at substantial risk of harm. This Rule is not met as evidenced by: Based on interviews and record review, the provider permitted an existence of a condition in the home which placed the health, safety, and welfare for 2 of 3 residents at substantial risk of harm. This is a repeat deficiency. See Statement of Deficiency (SOD) MOHM11, dated 08/02/2018. Caregiver C, who was under the influence of an illegal substance, transported Resident 1 and Resident 2 in a transport van; drove through a stop sign at a controlled intersection, which resulted in a vehicular crash involving other vehicles and the death of Resident 1 and serious injury of Resident 2. Findings include: The provider is licensed to provide care for 4 residents within the client groups emotionally	M 230		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014983	A. BUILDING: _____ B. WING _____	C 08/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW WINDS LIVING III	N346 TWINKLING STAR ROAD WHITEWATER, WI 53190

(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 230	Continued From page 1	M 230		

disturbed/mental illness, traumatic brain injury, and/or developmentally disabled.

On 04/14/2024, the Department received a written report, written by Administrator B, which documented:
"Traffic accident on [highway] on the way to a shopping trip. [Caregiver C] was driving the van and there was a verbal confrontation between [residents]. [Caregiver C] failed to stop at a stop sign in the township of [name] per [County] Sheriff Department. Multiple Deaths ([Resident 1], ... and four more in the hospital [Resident 2] ..."

On 08/07/2024, Surveyor conducted a monitoring visit.

On 08/07/2024, at approximately 9:40 AM, Surveyor interviewed Caregiver D. Caregiver D stated s/he did not work that day, but Caregiver C should not have transported 7 residents at one time and residents are to always have their seatbelt on. Caregiver D stated, "Sometimes residents will argue about wearing a seatbelt, but it is the law and staff are to pull the van over until everyone is seat belted." Caregiver D stated s/he did not remember who was working that day, but if s/he had been, s/he would have told Caregiver C that some of the residents would have to wait. Caregiver D stated, "If I had thought [Caregiver C] was under the influence, I would have reported it to [Administrator B]." Caregiver D stated Caregiver C had been charged with four counts of homicide due to having THC in his/her system at the time of the crash.

On 08/07/2024, at approximately 9:50 AM, Surveyor interviewed Licensee A. Licensee A stated when the background and driving records

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014983	A. BUILDING: _____ B. WING _____	C 08/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW WINDS LIVING III	N346 TWINKLING STAR ROAD WHITEWATER, WI 53190

(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 230	Continued From page 2	M 230		

were checked on Caregiver C, there were no concerns. Licensee A stated s/he was not onsite when Caregiver C made the decision to transport 7 residents with THC in his/her system.

On 08/07/2024, at approximately 10:10 AM, Surveyor interviewed Caregiver E. Caregiver E stated s/he was to take the residents for their shopping trip that afternoon when s/he arrived at work, second shift. Caregiver E stated Caregiver C contacted him/her and said s/he would take the residents. Caregiver E stated that when s/he transported the residents, one had to determine how many 1:1 residents you were taking, along with the independent residents. Caregiver E stated, "The residents are to always be buckled, but maybe with 7 residents in the minivan, it was too crowded." Caregiver E stated Caregiver C was new to being a driver, so there was a possibility s/he did not know all of the rules when transporting residents.

On 08/07/2024, at approximately 10:30 AM, Surveyor interviewed Administrator B. Administrator B stated there were two residents that should not have been in the van due to their shopping schedule/requirements. Administrator B stated Caregiver C had contacted him/her about transporting the residents for their shopping trip because the residents had been asking. Administrator B stated s/he had given Caregiver C permission to transport residents for a shopping trip after s/he dropped one resident off at work. Administrator B stated, "I did not now s/he was going to try to take 7 residents in the minivan. We were talking about the residents who lived at [address]." Administrator B stated s/he had been informed by Caregiver C that s/he had been distracted due to residents arguing but a resident, who had been in the front seat of the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014983	A. BUILDING: _____ B. WING _____	C 08/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW WINDS LIVING III	N346 TWINKLING STAR ROAD WHITEWATER, WI 53190

(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 230	Continued From page 3	M 230		

van, told him/her that the residents were not fighting, Caregiver C was on his/her handheld phone. Administrator B stated s/he had been informed by law enforcement that Caregiver C had been charged with vehicular homicide due to intoxication; s/he had THC in his/her system. Administrator B stated Caregiver C should never have come to work under the influence of any illegal drug, let alone drive a company vehicle with residents in it. Administrator B stated s/he did not know if Resident 2 would return to the home due to his/her injuries; s/he was still in a rehabilitative unit.

On 08/08/2024, at approximately 5:20 PM, Surveyor interviewed Caregiver F. Caregiver F stated s/he did not work that weekend. Caregiver F explained there were 4 houses and each house homed 4 residents. When the shopping trips were scheduled, residents from a specific house were taken. Caregiver F stated, "If all the residents did not want to go on their scheduled shopping trip and there was room in the van, [Administrator B] or myself, would determine who could go along. You had to consider which residents are independent, which ones are dependent. There shouldn't have been 7 residents in the van." Caregiver F stated Caregiver C should never have come to work under the influence of any illegal drug, let alone drive a company vehicle with residents in it. Caregiver F s/he had heard that Caregiver C had been distracted due to residents arguing but a resident, who had been in the front seat of the van, told him/her that the residents were not fighting, Caregiver C was on his/her handheld phone.

On 08/08/2024 at 8:02 PM, Licensee A emailed Surveyor. Licensee A stated Caregiver C had

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014983	A. BUILDING: _____ B. WING _____	C 08/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WILLOW WINDS LIVING III	N346 TWINKLING STAR ROAD WHITEWATER, WI 53190

(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 230	Continued From page 4 been terminated when charges were filed by the sheriff's office. Licensee A provided Surveyor with a copy of Caregiver C's termination notice, dated 04/26/2024, which documented: "Date of violation: 04/13/2024" "[Name] County Sheriff Department-9 traffic violations: 4 deaths, 3 injured. Subject: ___x___ Wisconsin State violations: Failure to yield right of way, operated vehicle in inattentive, careless or erratic manner, THC positive blood test and pot/vape pen found by deputy, causing death of 4 disabled residents. ____x__ [Provider] Policy and procedure violations per signed handbook: Use extreme care while driving. Timeline/details: 4-13-24 per police report. ___x__ Neglect, Failure to follow laws, seat belts not secured on multiple disabled residents thrown from vehicle. 4-13-24 per police department.	M 230		