STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	200003	A. BUILDING: _____ B. WING _____	C 08/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY GARDEN ADULT FAMILY HOME	2916 S. 72ND STREET GREENFIELD, WI 53219

(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 07/14/2025 with information gathered through 08/04/2025, Surveyors completed a complaint investigation at Serenity Garden Adult Family Home. As a result, 4 deficiencies were identified. One complaint was substantiated. Census: 3	M 000		
M 114	88.03(3)(b) CRIMINAL RECORDS CHECK Criminal records check. Prior to an initial license the licensing agency shall ask the Wisconsin department of justice to conduct a criminal records check on the license applicant and on any other adult household member. The licensee shall arrange for a criminal records check of all service providers. At least every second year following issuance of an initial license the licensing agency shall request a criminal records check on the licensee and all other adult household members and the licensee shall arrange for a criminal records check on any service provider. In addition, during the period of the licensure, the licensee shall arrange for a criminal records check on any new service provider. If any of these persons has a conviction record or a pending criminal charge which substantially relates to the care of a dependent population, the funds or property of adults or minors or activities of the adult family home, the licensing agency may deny, revoke, refuse to renew or suspend a license, initiate other enforcement action	M 114		

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

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M 114	Continued From page 1 provided in this chapter or in ch. 50, Stats., or place conditions on the license. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 4 of 4 service providers (Caregiver B, Caregiver C, Caregiver C, and Caregiver M) reviewed had complete background checks. A complete background check consists of the following: - A completed Background Information Disclosure (BID) form - A response from the Department of Justice (DOJ) - A Governmental Findings Report (IBIS) from the Department of Health Services (DHS) Findings include: On 07/01/2025, the Department received a complaint alleging service providers were allowed to work in the adult family home (AFH) without background checks. On 07/14/2025, at 8:30 AM Surveyors conducted an onsite survey at Serenity Garden Adult Family Home. At approximately 9:00 AM, Licensee A provided a staff roster to Surveyors, which included dates of hire (DOH). The below information includes DOH from the staff roster provided at the onsite survey.	M 114		

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M 114	Continued From page 2 On 07/14/2025, at approximately10:30 AM, Surveyors reviewed staff files and identified the following: Caregiver B: - Completed an application for employment on 06/21/2023 - DOH: 07/24/2023 - BID completed on 06/21/2023 - A DOJ and IBIS was requested on 10/30/2023, 98 days after Caregiver B's hire date. Caregiver C: - Completed an application for employment on and unknown date and signed it on 07/02/2025 - DOH: 05/20/2025 - Volunteer Contract Agreement created on 05/21/2025, signed on 07/02/2025 - Completed BID on 07/02/2025. - Disclosed s/he was convicted of "issuring [sic] a worthless check, Milwaukee, WI 1980." - Included 3 other names in which s/he had been known by (Alias J, Alias K, Alias L) - DOJ and IBIS requested on 07/17/2025 - Misspelled Caregiver C's last name on the DOJ/IBIS requests - Did not include Alias J, Alias K, Alias L, which were disclosed on her/his BID Caregiver D: - Completed an application for employment on 05/09/2025 - DOH: 06/18/2025 - Completed BID on 06/16/2025 - Did not answer question 3 on the BID form ("Has any government or regulatory agency	M 114		

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M 114	Continued From page 3 (other than the police) ever found that you committed child abuse or neglect?") Caregiver M: - Completed application for employment on 05/14/2025 - DOH: 06/29/2025 - BID was dated 05/14/2024 - DOJ and IBIS requested on 06/23/2025 - Caregiver M's date of birth was entered incorrectly, using the wrong year Wis. Stat. § 50.065(1)(ag)1a defines employees as caregivers as the following: "A caregiver is a person who meets all of the following: - Is employed by or under contract with an entity - Has regular, direct contact with the entity's clients or the personal property of the clients; and - Is under the entity's control This includes employees who provide direct care and may also include housekeeping, maintenance, dietary, and administrative staff, if those persons are under the entity's control and have regular, direct contact with clients served by the entity." The Wisconsin Background Check and Misconduct Investigation Program Manual states, " . . . The entity must ensure that all relevant personal identifying information is submitted to DOJ including the individual's full name, all disclosed aliases, date of birth, and social security number (if provided). Each piece of information provided helps in returning accurate, complete results." (2.2.3 - DOJ Internet	M 114		

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M 114	Continued From page 4 Background Checks, page 14) On 08/04/2025, at 1:00 PM, Surveyors interviewed Licensee A and the following was reported: Licensee A was responsible for and completed background checks for the facility's service providers. Her/His process was to have any potential new hires complete an application, a form giving consent to run a background check, and a BID. Once Licensee A made a decision on hiring a service provider, s/he would then run a DOJ and IBIS report. Licensee A was unfamiliar with Department of Health Services (DHS) Chapter 12 - Caregiver Background Checks, and the offenses affecting eligibility. S/He was unaware of when background checks were required to be completed. S/He was unaware of any errors made when running background checks for any of her/his staff.	M 114		
M 216	88.04(2)(a) RESPONSIBILITIES The licensee shall ensure that the home and its operation comply with this chapter and with all other laws governing the home and its operation. This Rule is not met as evidenced by: Based on record review, observation, and interview, the provider did not ensure the home, and its operation complied with this chapter and all other laws governing the home and its operations, potentially affecting 3 of 3 residents. The provider has been unable to maintain compliance with Chapter 88 of the Department of Health Services (DHS) - Licensed Adult Family	M 216		

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M 216	Continued From page 5 Home (AFH) regulations. The provider admitted 3 residents (Resident 1, Resident 2, and Resident 3) after being issued an Order by the Department not to admit new or additional residents (NNAO). Findings include: On 07/14/2025, with information gathered through 08/04/2025, Surveyors completed a complaint investigation at Serenity Garden Adult Family Home. As a result of the survey, the complaint was substantiated, and the provider was issued 4 deficiencies. 88.03(3)(b) - Criminal Records Check 88.04(2)(a) - Responsibilities 88.06(2)(b) - Service Agreement Except Respite 88.06(3)(a) - Individual Service Plan & Assessment On 01/07/2025, the Department issued Statement of Deficiency (SOD) 1FC311, which included the following Order from the Notice and Order Letter: " . . . ORDER NOT TO ADMIT NEW OR ADDITIONAL RESIDENTS Based on the results of the Department's investigation and pursuant to authority provided in Wis. Stat. § 50.02(2)(am)2., and Wis. Admin. Code § DHS 88.03(6)(g)2.f., EFFECTIVE UPON RECEIPT OF THIS NOTICE and ORDER, the Department of Health Services HEREBY ORDERS that Serenity Gardens Adult Family Home NOT ADMIT ANY NEW OR ADDITIONAL RESIDENTS. . . . " On 07/14/2025, at 8:30 AM, Surveyors conducted an onsite complaint survey at Serenity Garden	M 216		

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M 216	Continued From page 6 Adult Family Home. Caregiver C and Caregiver D answered the door and reported they were the caregivers on duty. Licensee A came to the door and let Surveyors in. Surveyors inquired how many residents were living in the home and Licensee A reported 3. Surveyors requested a resident roster with dates of admission (DOA), and their funding sources. Licensee A provided a resident roster which included the following: - Resident 1 - DOA: 02/23/2025, My Choice Wisconsin (MCW) - Resident 2 - DOA: 04/09/2025, MCW - Resident 3 - DOA: 04/20/2025, MCW On 07/10/2025, at approximately 2:00 PM, Surveyors reviewed Department files and confirmed on 01/07/2025, at 4:21 PM, the Department sent SOD 1FC311 and the Notice and Order Letter to the provider at the email address on file for electronic statement of deficiency (e-SOD) delivery. On 01/07/2025, at 4:21 PM, the Department received a relayed email which confirmed delivery to Licensee A. Three of 3 residents were admitted after the NNAO was issued on 01/07/2025. On 08/04/2025, at 1:00 PM, Surveyors interviewed Licensee A and s/he confirmed receipt of SOD 1FC311 and the Notice and Order Letter. Licensee A reported s/he was not clear about admissions of new residents. S/He called the Southeastern Regional Office and read through the Notice and Order Letter with the unknown employee who answered the phone. Licensee A reported s/he did not intentionally violate the NNAO.	M 216		

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M 384	Continued From page 7	M 384		
M 384	88.06(2)(b) SERVICE AGREEMENT EXCEPT RESPITE An adult family home shall have a service agreement with each person to be admitted to the home except a person being admitted for respite care. The service agreement shall be completed prior to admission and revised at least 30 days prior to any change. The service agreement shall be dated and signed by the licensee and the person being admitted or the persons guardian or designated representative. Copies shall be provided to all parties and to the placing agency, if any. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each resident had a service agreement which was dated and signed by the licensee and the person being admitted or the persons guardian or designated representative prior to admission, for 2 of 3 residents (Resident 1 and Resident 2) reviewed. Resident 1's and Resident 2's admission agreements were not signed by all required parties. Findings include: The facility was licensed as a non-ambulatory adult family home (AFH), serving up to 3 residents in the client groups traumatic brain injury, irreversible dementia/Alzheimer's, emotionally disturbed/mental illness, terminally ill, public funding, advanced age, physically disabled, and developmentally disabled. On 07/14/2025, at approximately 9:00 AM,	M 384		

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M 384	Continued From page 8 Surveyors reviewed resident records and identified the following: Resident 1: Resident 1 was admitted to the AFH on 02/23/2025. S/He had an activated Power of Attorney (POA) for health care and finances. S/He had a case manager (CM) through My Choice Wisconsin (MCW). The service agreement in Resident 1's record included the incorrect address for the AFH. The address for a different licensed AFH, operated by Licensee A was listed throughout Resident 1's service agreement. Resident 1's service agreement identified Resident 1 as the resident, POA F and POA G as the legal representatives, and CM E as the case manager. The service agreement was dated to begin services on 02/23/2025. The service agreement included a section on payments and documented, "Payments may be made in the form of a check or money order made out to . . . ;" This area was left blank, which did not provide the party responsible for payment with information where payments could be made. Resident 1's file did not contain any evidence of a signed service agreement between Licensee A and Resident 1. Resident 3: Resident 3 was admitted to the AFH on 04/09/2025. S/He had a guardian, and a CM through MCW. The service agreement identified Resident 3 as the resident, Guardian H as the legal representative/guardian, and the CM was not identified. Underneath the signatures section of the service agreement, Licensee A's signature was the only signature, which was dated 04/09/2025. Resident 3's file did not contain any	M 384		

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M 384	Continued From page 9 evidence of a signed service agreement between Licensee A and Resident 3. On 08/04/2025, at 1:00 PM, Surveyors interviewed Licensee A, and s/he confirmed the code requirement. Licensee A confirmed the resident records provided during survey were a complete record of the residents' information, including all state required admission documentation and service agreements. Licensee A reported s/he recalled all residents' service agreements having been signed by the responsible parties. Licensee A stated, "I'm wondering if it's just something that you just kind of missed because you were the one flipping through pages . . . You took a picture of every page . . . And then you turned around and asked me to send it to you again . . . "	M 384		
M 404	88.06(3)(a) INDIVIDUAL SERVICE PLAN & ASSESSMENT The licensee shall ensure that a written assessment and individual service plan is completed and developed for each resident within 30 days after placement. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure individual service plans (ISP) were developed for 3 of 3 residents within 30 days after placement. Resident 1, Resident 2, and Resident 3 did not have an ISP completed within 30 days.	M 404		

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M 404	Continued From page 10 Findings include: On 07/14/2025, at approximately 9:00 AM, Surveyors reviewed resident records and identified the following: Resident 1: Resident 1 was admitted to the adult family home (AFH) on 02/23/2025, with diagnoses including attention deficit hyperactivity disorder, autistic disorder, dermatitis, gastro-esophageal reflux disease without esophagitis, generalized anxiety disorder, and genetic related intellectual disability. S/He had an activated Power of Attorney (POA) for health care and finances. S/He had a case manager (CM) through My Choice Wisconsin (MCW). Resident 1's ISP included her/his name, date of birth, admission date, the AFH name and address, and the names of 2 guardians. The remainder of Resident 1's ISP was blank, including the signature lines for all parties. Resident 2: Resident 2 was admitted to the AFH on 04/12/2025, with unknown diagnoses. S/He had a guardian, and a CM through MCW. Resident 2's file did not contain an ISP Resident 3: Resident 3 was admitted to the AFH on 04/09/2025 with unknown diagnoses. S/He had a guardian, and a CM through MCW. Resident 3's records did not contain evidence of an ISP. On 08/04/2025, at 1:00 PM, Surveyors interviewed Licensee A, and s/he confirmed the code requirement. Licensee A reported in the last	M 404		

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M 404	Continued From page 11 2 months s/he started using Synkwise to create ISPs, as well as utilizing the MCW care plans. S/He reported ISPs were printed and placed in the residents' files. Licensee A reported it was possible the ISPs were not printed.	M 404		