STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014393	A. BUILDING: _____ B. WING _____	03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TEAMS AFH II	**6562 N 107TH ST MILWAUKEE, WI 53224**

(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 03/19/2026, Surveyor completed a standard licensure survey at Teams Afh II. Two deficiencies were identified. Census: 3	M 000		
M 346	88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION Each resident shall be evaluated annually for evacuation time, using the departments form. All service providers who work on the premises shall be made aware of each resident having an evacuation time of more than 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents were evaluated annually for evacuation time, using the Department's form (Resident 1 and Resident 2). Findings include: On 03/19/2026 at approximately 10:40 AM., Surveyor reviewed residents' complete records. The following was identified: -Resident 1 was admitted to the home on 09/05/2023. Surveyor observed resident evacuation assessment form dated 10/02/2023. On the last page of Resident 1's assessment evacuation form there was a typed note reading, "Resident is capable of evacuation and following directions when necessary. Will monitor within the next 6 months." Resident 1's record did not	M 346		

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

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M 346	Continued From page 1 contain an updated evacuation assessment form for year 2024 and 2025. -Resident 2 was admitted to the facility on 07/08/2014. Surveyor observed resident evacuation assessment form dated 06/04/2016. On the last page of Resident 2's evacuation assessment form there were handwritten notes dated 06/10/2017, 06/10/2018, 06/24/2019, 06/11/2020, 06/08/2021, 06/01/2022 and 06/04/2023 reading, "no changes." Resident 2's record did not contain an updated evacuation assessment form for year 2024 and 2025. On 03/18/2026 at approximately 11:45 AM., Surveyor interviewed Licensee A. Licensee A, reported s/he was responsible for completing the annual resident evacuation assessment. Licensee A reported s/he would complete the annual resident evacuation assessments. Licensee A did not provide a reason as to why the annual resident evacuation assessments were not completed.	M 346		
M 406	88.06(3)(b) PERSONS INVOLVED WITH ISP & ASSESSMENT The individual service plan and written assessment shall be developed by the placing agency, if any, the service coordinator, if any, the licensee, the resident and the resident's guardian, if any and designated representative, if any, with the resident participating in a manner appropriate for the resident's level of understanding and method of communication.	M 406		

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M 406	Continued From page 2	M 406		

This Rule is not met as evidenced by:
Based on record review and interview, the facility did not ensure 2 of 2 residents' individual service plans (ISPs) were developed, signed, and dated by all persons involved in developing the plan. Resident 1's and Resident 2's ISPs were not signed by each resident's guardian or the placement agencies.

Findings include:

On 03/19/2026, at approximately 10:40AM, Surveyor reviewed resident records and identified the following:

- Resident 1 was admitted to the facility on 09/05/2023. Resident 1 was enrolled in a managed care organization and had a guardian appointed. Resident 1's ISP, dated 10/25/2025, was signed by Licensee A with a date of 10/26/2025. Resident 1's ISP was not signed by Resident 1's guardian or placing agency.

-Resident 2 was admitted on 07/08/2014. Resident 2 was enrolled in a managed care organization and had a guardian appointed. Resident 2's ISP, dated 01/22/2026. Resident 2's ISP did not contain the correct signature page. The signature page contained Licensee A's signature dated 06/18/2025. Resident 2's ISP was not signed by Resident 2's guardian or placing agency.

On 03/19/2026, at approximately 11:45 AM, Surveyor interviewed Licensee A. Licensee A reported s/he would obtain the proper signatures for Resident 1 and Resident 2. Licensee A reported s/he was believed Resident 2's signature

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M 406	Continued From page 3 was lost and Resident 2's ISP was recently done. Licensee A reported s/he was aware of the Departments code to obtain signatures from all parties involved.	M 406		