STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013099	A. BUILDING: _____ B. WING _____	08/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORGANS WAY HOMES	4338 N 91ST ST MILWAUKEE, WI 53222

(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 08/11/2025 with information gathered through 08/15/2025, Surveyor conducted a standard licensing survey at Morgans Way Homes, an AFH located in Milwaukee, WI. As a result of the survey, 2 violations of Chapter DHS 88 were issued. Census: 4	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 that 3 of 3 residents reviewed were evaluated annually for evacuation time. Resident 1, Resident 2 and Resident 3 had resident evacuation forms that were out of date. Findings include: On 08/11/2025 at 2:00 PM, Surveyor reviewed Resident 1's medical record. Resident 1 was admitted 04/20/2012. The most current documented resident evacuation assessment for Resident 1 was dated 03/24/2012. On 08/11/2025 at 2:00 PM, Surveyor reviewed Resident 2's medical record. Resident 2 was	M 346		

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

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M 346	Continued From page 1 admitted 03/01/2011. The most current documented resident evacuation assessment for Resident 2 was dated 02/01/20211. On 08/11/2025 at 2:00 PM, Surveyor reviewed Resident 3's medical record. Resident 3 was admitted 03/10/2017. The most current documented resident evacuation assessment for Resident 3 was dated 02/13/2017. On 08/12/2025 at 2:30 PM, Surveyor interviewed Licensee A via phone. Licensee A stated that the most up to date resident evacuation forms for Residents 1, 2 and 3 were provided to Surveyor. Licensee A stated that s/he did not realize that resident evacuation forms needed to be updated annually.	M 346		
M 464	88.07(3)(d) MEDICATION- WRITTEN ORDER Before the licensee or service provider dispenses or administers a prescription medication to a resident, the licensee shall obtain a written order from the physician who prescribed the medication specifying who by name or position is permitted to administer the medication, under what circumstances and in what dosage the medication is to be administered. The licensee shall keep the written order in the resident's file. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that a written order from the physician who prescribed the medication	M 464		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013099	A. BUILDING: _____ B. WING _____	08/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MORGANS WAY HOMES	4338 N 91ST ST MILWAUKEE, WI 53222

(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 464	Continued From page 2	M 464		

specifying who by name or position is permitted to administer medications. Resident 1, 2 and 3 did not have a signed authorization from their Primary Care Physician (PCP) giving the facility permission to administer medications.

Findings include:

On 08/11/2025 at 10:00 AM, Surveyor reviewed Resident 1's medical record. Resident 1 was admitted 03/21/2012. Resident 1 is prescribed the following medications by his/her PCP:

Rispiridone
Vitamin E
Acetaminaphine
Vitamin D-3
Diphenhydramine
Pantoprazole
Ranitidine
Atorvastatin

There was no documented medication administration authorization from Resident 1's PCP in Resident 1's medical record.

On 08/11/2025 at 10:20 AM, Surveyor reviewed Resident 2's medical record. Resident 2 was admitted 02/01/2011. Resident 2 is prescribed the following medications by his/her PCP:

Ferrous Sulfate
Risperidone
Divalproex
Vitamin D

There was no documented medication administration authorization from Resident 1's PCP in Resident 1's medical record.

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M 464	Continued From page 3 On 08/12/2025 at 2:00 PM, Surveyor interviewed Licensee A via phone. Licensee A stated, "There is no authorization form in their records, I didn't I needed to have that." Surveyor discussed the requirement to have written authorization by Residents' PCP to administer medications at the facility. Licensee A stated s/he understood.	M 464		