STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019186	A. BUILDING: _____ B. WING _____	11/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELITE ADULT FAMILY HOME INC 3	N88 W17630 CHRISTMAN RD MENOMONEE FALLS, WI 53051

(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
N 000	Initial Comments On 11/04/2025, with information obtained through 11/05/2025, the Bureau of Assisted Living, Southern Regional Office, conducted an abbreviated licensing survey at Elite Adult Family Home Inc 3, a community-based residential facility (CBRF) located in Menomonee Falls, WI. As a result of the survey, 10 deficiencies were identified. Census: 8	N 000		
N 191	83.13(3)(d) Posting activity schedule. The CBRF shall post all of the following: Activity schedule as required under s. DHS 83.38(1)(c). This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure an activity schedule was posted as required. Findings include: On 11/04/2025, at approximately 2:03 p.m. Surveyor toured the facility with Licensee A. Surveyor did not observe a posting showing the provider's daily activity programming. At approximately 2:16 p.m., Surveyor interviewed Licensee A and asked where the provider's activity schedule was posted. Licensee A showed Surveyor a calendar posted on the wall in the kitchen. Surveyor observed the posted calendar with Licensee A, which showed the month of November. Three activities were identified as occurring for the month, including the following:	N 191		

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N 191	Continued From page 1 - 11/10/2025: "Bible class" from "6:30 - 8:00" - 11/18/2025: "Worship at the cross" from "6:30 - 7:30" - 11/24/2025: "Bible class" from "6:30 - 8:00" Surveyor reviewed the calendar for October, which also identified 3 activities as occurring for the month, including the following: - 10/13/2025: "Bible class" from "6:30 - 8:00" - 10/21/2025: "Worship at the cross" from "6:30 - 7:30" - 10/27/2025: "Bible class" from "6:30 - 8:00" Surveyor reviewed the calendar for September, which also identified 3 activities as occurring for the month, including the following: - 09/08/2025: "Bible class resumes" from "6:30 - 8:00" - 09/16/2025: "Worship at the cross" from "6:30 - 7:30" - 09/22/2025: "Bible class" from "6:30 - 8:00" While observing the calendars, Surveyor interviewed Licensee A about activity programming. Licensee A reported that sometimes staff took the residents out for dinner or bowling, but confirmed this was not documented.	N 191		
N 230	83.19 Orientation Before an employee performs any job duties, the CBRF shall provide each employee with orientation training which shall include all of the following: (1) Job responsibilities; (2) Prevention and	N 230		

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N 230	Continued From page 2	N 230		

reporting of resident abuse, neglect and misappropriation of resident property; (3) Information regarding assessed needs and individual services for each resident for whom the employee is responsible; (4) Emergency and disaster plan and evacuation procedures under s. HFS 83.47(2); (5) CBRF policies and procedures; (6) Recognizing and responding to resident changes of condition.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure that 3 of 3 employees reviewed obtained orientation training that included all the required topics before they performed any job duties.

Caregiver B, Caregiver C, and Caregiver D did not complete training in any of the required orientation topics.

Findings include:

On 11/04/2025, Surveyor conducted a review of 3 employees to verify compliance with orientation training requirements. Surveyor requested training records from Licensee A for Caregiver B, Caregiver C, and Caregiver D.

Example 1 - Caregiver B

The record for Caregiver B, hired 07/25/2023, did not contain evidence of training in any of the required orientation topics.

Example 2 - Caregiver C

The record for Caregiver C, hired 02/07/2025, did

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N 230	Continued From page 3 not contain evidence of training in any of the required orientation topics. Example 3 - Caregiver D The record for Caregiver D, hired 02/13/2025, did not contain evidence of training in any of the required orientation topics. INTERVIEW: On 11/04/2025, at approximately 2:46 p.m., Surveyor interviewed Licensee A. Licensee A asked Surveyor for a list of what training was missing from the above employees' files. After Surveyor provided the information, Licensee A was observed to look through employee records. At approximately 3:15 p.m., Surveyor confirmed with Licensee A that orientation training records were still not provided. Licensee A was observed again to look through employee records. At approximately 3:45 p.m. Surveyor checked in with Licensee A about the orientation training records. Licensee A confirmed s/he had no other training records to provide to Surveyor that showed training in the required orientation topics.	N 230		
N 243	83.21(1)-(3) All employee training. The CBRF shall provide, obtain or otherwise ensure adequate training for all employees in all of the following: Resident rights. Training shall include general rights of residents including rights as specified under s. DHS 83.32(3). Training shall be provided as applicable under ss. 50.09 and 51.61 and chs. 54, 55, and 304, Stats., and ch. DHS 94, depending on the legal status of the resident or service the resident is receiving. Specific training	N 243		

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N 243	Continued From page 4 topics shall include house rules, coercion, retaliation, confidentiality, restraints, self-determination, and the CBRF ' s complaint and grievance procedures. Residents ' rights training shall be completed within 90 days after starting employment. Client Group. Training shall be specific to the client group served and shall include the physical, social and mental health needs of the client group. Specific training topics shall include, as applicable: characteristics of the client group served, activities, safety risks, environmental considerations, disease processes, communication skills, nutritional needs, and vocational abilities. Client group specific training shall be completed within 90 days after starting employment. Client Group. In a CBRF serving more than one client group, employees shall receive training for each client group. Recognizing, preventing, managing, and responding to challenging behaviors. Specific training topics shall include, as applicable: elopement, aggressive behaviors, destruction of property, suicide prevention, self-injurious behavior, resident supervision, and changes in condition. Challenging behaviors training shall be completed within 90 days after starting employment. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure Caregiver B obtained all training as required within 90 days after starting employment.	N 243		

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N 243	Continued From page 5 Caregiver B did not have training in required client groups within 90 days after starting employment. Findings include: The facility is licensed to provide care and services to residents within the client groups of emotionally disturbed/mental illness, irreversible dementia/Alzheimer's, developmentally disabled, advanced aged, and traumatic brain injury. On 11/04/2025, Surveyor conducted a review of 1 employee to verify compliance with all employee training requirements. Surveyor requested training records from Licensee A for Caregiver B. The record for Caregiver B, hired 07/25/2023, did not contain evidence of training or evidence of meeting an exemption for client group training. On 11/04/2025, at approximately 2:46 p.m., Surveyor interviewed Licensee A. Licensee A asked Surveyor for a list of what training was missing from employees' files. After Surveyor provided the information, Licensee A was observed to look through employee records. At approximately 3:15 p.m., Surveyor confirmed with Licensee A that client group training for Caregiver B was still not provided. Licensee A was observed again to look through employee records. At approximately 3:45 p.m. Surveyor checked in with Licensee A about Caregiver B's client group training. Licensee A confirmed s/he had no other records to provide to Surveyor that showed that Caregiver B completed or met an exemption for client group training specific to emotionally disturbed/mental illness, irreversible dementia/Alzheimer's, developmentally disabled,	N 243		

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N 243	Continued From page 6 advanced aged, and traumatic brain injury.	N 243		
N 247	83.22(1)-(4) Task specific training. The CBRF shall provide, obtain or otherwise ensure adequate training for employees performing job duties in all of the following: Assessment of residents. All employees responsible for resident assessment shall successfully complete training in the assessment of residents prior to assuming these job duties. Specific training topics shall include: assessment methodology, assessment of changes in condition, sources of assessment information, and documentation of the assessment. Individual service plan development. All employees responsible for service plan development shall successfully complete training in individual service plan development prior to assuming these job duties. Specific training topics shall include: identification of the resident ' s needs and desired outcomes, development of goals and interventions, service plan evaluation and review of progress. Provision of personal care. All employees responsible for providing assistance with activities of daily living shall successfully complete training prior to assuming these job duties. Specific training topics shall include, as appropriate: bathing, eating, dressing, oral hygiene, nail and foot care, toileting and incontinence care, positioning and body alignment, and mobility and transferring. Dietary training. All employees performing dietary duties shall complete dietary training within 90 days after assuming these job duties. Specific training topics shall include: determining nutritional needs, menu planning, food preparation and food sanitation.	N 247		

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This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 3 of 3 employees reviewed obtained all task-specific training as required.

Caregiver B, who had responsibilities for providing assistance with activities of daily living, did not have training in the provision of personal care prior to assuming these duties.

Caregiver C, who performed dietary duties, did not have training in dietary services within 90 days after assuming these job duties.

Caregiver D, who performed dietary duties, did not have training in dietary services within 90 days after assuming these job duties.

Findings include:

On 11/04/2025, Surveyor conducted a review of 3 employees to verify compliance with task-specific training requirements. Surveyor requested training records from Licensee A for Caregiver B, Caregiver C, and Caregiver D.

Provision of Personal Care

On 11/04/2025, at approximately 3:10 p.m., Surveyor interviewed Caregiver C about residents' personal care needs. Caregiver C confirmed that staff assisted residents with activities of daily living. Caregiver C reported that Resident 5 required physical assistance by staff

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N 247	Continued From page 8	N 247		

to shower. Caregiver C reported that Resident 1 and Resident 5 required assistance by staff for some aspects of dressing, such as verbal cuing to ensure correct clothing wear and physical assistance with socks.

The record for Caregiver B, hired 07/25/2023, did not contain evidence of training or evidence of meeting an exemption for personal care training.

On 11/04/2025, at approximately 3:15 p.m., Surveyor interviewed Licensee A. Licensee A confirmed Caregiver B was responsible for providing personal cares. Surveyor requested evidence that Caregiver B was trained in the provision of personal cares.

At approximately 3:45 p.m., Surveyor interviewed Licensee A again. Licensee A confirmed s/he did not have evidence that Caregiver B completed or met an exemption for provision of personal care training prior to assuming these job duties.

Dietary

On 11/04/2025, at approximately 1:15 p.m., Surveyor interviewed Licensee A. Licensee A reported that all residents were at day programming Monday through Friday, approximately 7:30 a.m. - 2:30 p.m.

On 11/04/2025, at approximately 2:15 p.m., Surveyor observed the staff schedule for October and November 2025 posted on the wall. The schedule showed each day broken into 2 shifts: 3:00 p.m. - 9:00 p.m. and 9:00 p.m. - 7:00 a.m. (of the following day), with 1 staff identified per shift. Caregiver B was identified as being the sole caregiver who worked from 9:00 p.m. - 7:00 a.m. from 10/01/2025 to the morning of 10/02/2025,

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N 247	Continued From page 9 10/02/2025 to the morning of 10/03/2025, daily from 10/07/2025 through the morning of 10/11/2025, daily from 10/14/2025 through the morning of 10/17/2025, daily from 10/21/2025 through the morning of 10/25/2025, daily from 10/27/2025 through the morning of 10/31/2025, and 11/03/2025 to the morning of 11/04/2025. On 11/04/2025, at approximately 3:10 p.m., Surveyor interviewed Caregiver C about caregiver tasks. Caregiver C confirmed that caregivers were responsible for preparing residents' meals when residents were at the home, including breakfast, before residents left for day programming, and dinner. Caregiver C reported that breakfast was individualized to whatever residents wanted. Caregiver C reported this sometimes included staff preparing eggs, pancakes, and sausage. The record for Caregiver C, hired 02/07/2025, did not contain evidence of training or evidence of meeting an exemption for dietary training. The record for Caregiver D, hired 02/13/2025, did not contain evidence of training or evidence of meeting an exemption for dietary training. At approximately 3:15 p.m., Surveyor interviewed Licensee A. Licensee A confirmed Caregiver C and Caregiver D performed dietary tasks. Surveyor requested any evidence that Caregiver C and Caregiver D completed dietary training. At approximately 3:45 p.m., Surveyor interviewed Licensee A again. Licensee A confirmed the provider did not have evidence that Caregiver C and Caregiver D completed or met an exemption for dietary training within 90 days after assuming these job duties.	N 247		

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N 277	83.25 Continuing education The administrator and resident care staff shall receive at least 15 hours per calendar year of continuing education beginning with the first full calendar year of employment. Continuing education shall be relevant to the job responsibilities and shall include, at a minimum, all of the following: (1) Standard precautions; (2) Client group related training; (3) Medications; (4) Resident rights; (5) Prevention and reporting of abuse, neglect and misappropriation; (6) Fire safety and emergency procedures, including first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that Caregiver B completed at least 15 hours per calendar year of continuing education in all the required topics in 2024. Findings include: On 11/04/2025, Surveyor conducted a review of 1 employee to verify compliance with continuing education requirements. Surveyor requested training records from Licensee A for Caregiver B. The record for Caregiver B, hired 07/25/2023, showed 1 certificate of training completed in 2024. The certificate identified that Caregiver B completed 1.5 hours of training in challenging behaviors and resident rights. There was no other evidence of training completed by Caregiver B in 2024.	N 277		

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N 277	Continued From page 11 At approximately 1:55 p.m., Surveyor interviewed Licensee A about Caregiver B's 2024 training. Licensee A reported s/he believed Caregiver B completed more training in 2024. At approximately 2:46 p.m., Surveyor interviewed Licensee A. Licensee A asked Surveyor for a list of what training was missing from employees' files. After Surveyor provided the information, Licensee A was observed to look through employee records. At approximately 3:15 p.m., Surveyor confirmed with Licensee A that any other continuing education records for training completed in 2024 by Caregiver B was still not provided. Licensee A was observed again to look through employee records. At approximately 3:45 p.m. Surveyor checked in with Licensee A about Caregiver B's 2024 continuing education. Licensee A confirmed s/he had no other training records to provide to Surveyor that showed additional training completed by Caregiver B in 2024.	N 277		
N 481	83.43(1) Environment safe, clean, and comfortable Environment. The CBRF shall provide a living environment that is safe, clean, comfortable, and homelike. All common dining and living areas shall contain furnishings appropriate to the intended use of the room. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that the living environment was safe.	N 481		

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N 481	Continued From page 12 Findings include: On 11/04/2025, at approximately 2:03 p.m., Surveyor toured the environment with Licensee A. While in the living area, Surveyor observed a stain on the ceiling above the vicinity of the television's entertainment center that appeared consistent with water damage (Photo 4). Surveyor interviewed Licensee A about the stain. Licensee A reported that the provider had historic issues with the water pipe in that area leaking and that it recently started leaking again. Licensee A reported that the leak was coming from the upstairs tub. Licensee A reported that s/he believed the tub was going to have to get taken out but that work hadn't started yet to address the most recent leak. Surveyor observed and heard drops dripping from the area. Surveyor observed the area behind the entertainment center, where the water drops were dripping down (Photo 5). Surveyor observed a bucket on the floor, where a layer of liquid consistent with water filled the bottom of the bucket and the drops appeared to drip down into. Next to the bucket, an electrical power strip was on the floor. Five of the outlets were used, with cords extending towards the entertainment center. Surveyor discussed the concern about the leak near the electrical devices with Licensee A, who reported s/he would call to ensure work began to address the leak.	N 481		
N 525	83.47(2)(d) Fire drills. Fire drills. 1. Fire evacuation drills shall be conducted at least quarterly with both employees and residents. Drills shall be limited to the employees scheduled to work at that time. Documentation shall include the date and time of the drill and the CBRF ' s total evacuation time.	N 525		

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N 525	Continued From page 13 The CBRF shall record residents having an evacuation time greater than the time allowed under s. HFS 83.35(5) and the type of assistance needed for evacuation. Fire evacuation drills may be announced in advance. 2. At least one fire evacuation drill shall be held annually that simulates the conditions during usual sleeping hours. Fire evacuation drills may be announced in advance. Drills shall be limited to the employees scheduled to work during the residents ' normal sleeping hours. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that 2 of 7 quarterly fire drills that were due from 01/01/2024 - 11/04/2025 were conducted. Findings include: On 11/04/2025, Surveyor conducted a review of fire evacuation drill records to verify compliance with fire evacuation drill compliance. Surveyor requested fire evacuation drill records for 2024 and 2025 from Licensee A. The records showed 4 of 4 quarterly fire evacuation drills completed in 2024 and 1 of 3 quarterly fire evacuation drills completed in 2025, on 05/13/2025. At approximately 1:32 p.m., Surveyor interviewed Licensee A. Licensee A confirmed s/he had no other fire evacuation drill records for 2025 and reported s/he knew s/he had been short on conducting the required drills.	N 525		

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	0019186	A. BUILDING: _____ B. WING _____	11/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ELITE ADULT FAMILY HOME INC 3	N88 W17630 CHRISTMAN RD MENOMONEE FALLS, WI 53051

(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
N 526	Continued From page 14	N 526		
N 526	83.47(2)(e) Other evacuation drills. Other evacuation drills. Tornado, flooding, or other emergency or disaster evacuation drills shall be conducted at least semi-annually. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that emergency or disaster evacuation drills were conducted semi-annually in 2024 and 2025. Findings include: On 11/04/2025, Surveyor conducted a review of emergency and disaster evacuation drill records to verify compliance with semi-annual emergency or disaster evacuation drill compliance. Surveyor requested emergency and disaster evacuation drill records for 2024 and 2025 from Licensee A. The records showed 1 of 2 semi-annual emergency or disaster evacuation drills completed in 2024, on 02/10/2024, and 1 of 2 semi-annual emergency or disaster evacuation drills completed in 2025, on 10/10/2025. At approximately 1:33 p.m., Surveyor interviewed Licensee A. Licensee A confirmed s/he had no other emergency or disaster evacuation drill records for 2024 and 2025 and reported s/he knew s/he had been short on conducting the required drills.	N 526		
N 612	83.55(3) Bath and toilet areas: hand drying. Hand drying. All sink areas shall have dispensers for single use paper towels, cloth towel	N 612		

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N 612	Continued From page 15 dispensing units that are enclosed for protection against being soiled or electric hand dryers. This requirement does not apply to sink areas located in toilet rooms accessed directly from a resident bedroom. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that the sink area for a resident communal bathroom in the facility had a dispenser for single use paper towels, a cloth towel dispensing unit that was enclosed for protection against being soiled, or an electric hand dryer. Findings include: On 11/04/2025, at approximately 2:03 p.m., Surveyor toured the environment with Licensee A. Surveyor observed the communal resident bathroom located on the second floor with 7 resident bedrooms. The sink area had an empty paper towel dispenser on the wall. On the counter next to the sink was a plastic container with a stack of paper towels laying horizontally (Photo 3). While observing the sink area, Surveyor discussed the paper towel concern with Licensee A. Licensee A reported s/he would obtain a roll of paper towel to fill the dispenser.	N 612		
N 639	83.59(2)(a) One-hand, one-motion door operation All doors shall have latching hardware to permit opening from the inside with a one-hand, one-motion operation without the use of a key or special tool.	N 639		

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N 639	Continued From page 16 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure that at least 2 exit doors leading to the facility's exterior were able to be opened from the inside with a one-hand, one-motion operation. Findings include: On 11/04/2025, at approximately 2:03 p.m., Surveyor toured the environment with Licensee A. Surveyor observed one of the home's 3 exits, which was located in the living room and went out to a patio. The door had a barrel bolt lock installed in the top corner of the door, with the bolt in the locked position. The door required Licensee A to rotate the barrel lock and slide it in order to open the lock. With the lock disengaged, Surveyor could then open the door by using the door's handle. While observing the door, Surveyor interviewed Licensee A. Licensee A reported that the lock was in place due to a resident that was known to wander. Licensee A acknowledged Surveyor's concern that the lock prevented the door's accessibility. While touring the environment, Surveyor observed the home's evacuation diagram. The diagram identified routes through 3 different exit doors - one exit each on either side of the building and the exit outside the living room. At approximately 3:05 p.m., Surveyor toured the environment again. Surveyor again observed the living area door, which had the barrel bolt lock in the locked position again (Photo 1). At approximately 3:10 p.m., Surveyor interviewed Caregiver C about the door locks. Caregiver C reported that the provider's doors were locked with the barrel bolt locks in order to prevent	N 639		

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N 639	Continued From page 17 Resident 5 from wandering outside. At approximately 3:53 p.m., Surveyor went to leave the facility out the door near the provider's office. Surveyor observed the door with a barrel bolt lock installed in the top corner of the door with the bolt in the locked position (Photo 2). The door required Surveyor to rotate the barrel lock and slide it in order to open the lock. With the lock disengaged, Surveyor could then open the door by using the door's handle.	N 639		