STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016521	A. BUILDING: _____ B. WING _____	R-C 01/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
FLAGG STREET MANOR III	**8608 WEST BENDER ROAD 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 01/27/2026, Surveyors conducted a verification visit and complaint investigation at Flagg Street Manor III. One complaint was unsubstantiated Three deficiencies were identified. Two of 3 deficiencies were repeat violations (see Statement of Deficiency 86Y011, dated 05/28/2025). Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 3	{M 000}		
{M 276}	88.05(3)(a) Homelike Environment An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the adult family home (AFH) was well-maintained and provided a homelike environment. This is a repeat deficiency. See Statement of Deficiency 86Y011, dated 05/08/2025. Findings include:	{M 276}		

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

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{M 276}	Continued From page 1 On 01/27/2026 between approximately 9:05 AM and 12:00 PM, Surveyor toured the AFH. The following was observed: Living room: On the north wall, near the ceiling, substance consistent with dust build-up was observed. (Photo 1). On the south wall, near the ceiling, substance consistent with dust build-up and cobwebs were observed. (Photo 2). On the east wall, a floor register was observed to be dented and rusted. (Photo 3). A wall vent on the north wall, near the floor was covered in substance consistent with dust build-up. (Photo 8). Dining room: A wall vent, located near the floor and medication closet was observed to have a thick layer of substance consistent with dust. (Photo 4). Wall vent near the kitchen table was observed to be rusted and had substance consistent with dust on it. The bottom right corner of the wall vent was not secured to the wall. (Photo 5). Hallway leading to residents' rooms: On the west wall, near the baseboard, substance consistent with dried-up liquid was observed on the wall. The top of the baseboard was covered in a thick, brown/yellow substance. (Photo 6). On the west wall, near the restroom, a baseboard was missing. (Photo 7). Resident 1's bedroom: Resident 1 had a white metal closet organizer kit in his/her bedroom closet. The closet organizer consisted of 4 shelves. Two of the 4 shelves were detached from the wall. The two supporting brackets were bent. (Photo 9). On 01/27/2026 at approximately 11:20 AM,	{M 276}		

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{M 276}	Continued From page 2 Surveyor interviewed Manager A. Manager A acknowledged the above environmental concerns and stated he/she would address the environmental concerns.	{M 276}		
{M 424}	88.06(3)(f) REVIEW OF ISP The individual service plan shall be reviewed at least once every 6 months by the licensee, the resident or the resident's guardian, the service coordinator, if any, the designated representative, if any, the placing agency with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This review is to determine continued appropriateness of the plan and to update the plan as necessary. A plan shall be updated, in writing, whenever the resident's needs or preferences change substantially or when requested by the resident or the resident's guardian. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 residents' (Resident 1) individual service plan (ISP) updated when s/he had outside agencies providing services. This is a repeat deficiency. See Statement of Deficiency 86Y011, dated 05/08/2025.	{M 424}		

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{M 424}	Continued From page 3 Findings include: On 01/27/2026, Surveyors reviewed Resident 1's records. Resident 1 was admitted on 7/26/2017. Resident 1 is their own person. Resident 1 has an open wound to his/her lower back. The wound care is managed by an outside agency. Resident 1 has pressure-relieving boots and a pressure-relieving mattress. The outside agency and pressure relieving devices were not mentioned in the ISP. On 01/27/2026 at approximately 11:00 AM, Surveyors interviewed Manager A. Manager A stated s/he was aware of the regulation requirement to have ISPs updated with changes in needs and when services are provided by outside agencies. Per Manager A Resident 1 has had pressure-reliving boots and pressure relieving mattress since before Christmas. Manager A stated s/he will update the ISP	{M 424}		
Z 024	50.065(4m)(c) COMPLETE BACKGROUND INFORMATION DISCLOSURE If the background information form completed by a person under sub. (6) (am) indicates that the person is not ineligible to be employed or contracted with for a reason specified under par. (b) 1. to 5., an entity may employ or contract with the person for not more than 60 days pending the receipt of the information sought under sub. (2) (b). If the background information form completed by a person under sub. (6) (am) indicates that the person is not ineligible to be permitted to reside at an entity for a reason	Z 024		

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Z 024	Continued From page 4 specified in par. (b) 1. to 5. and if an entity otherwise has no reason to believe that the person is ineligible to be permitted to reside at an entity for any of these reasons, the entity may permit the person to reside at the entity for not more than 60 days pending receipt of information sought under sub. (2) (am). An entity shall provide supervision for a person who is employed or contracted with or permitted to reside as permitted under this paragraph. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 employees (Caregiver D and Caregiver E) reviewed had Background Information Disclosure (BID) at the time of hire. Findings include: According to The Wisconsin Caregiver Program Manual (P-00038), Wis. Stat. ch. 50, and Wis. Admin. Code ch. 12, a complete Caregiver Background Check, at minimum, consists of: 1) A completed Department of Health Services (DHS) form F-82064, BID. 2) A response from the Department of Justice (DOJ). 3) A Governmental Findings Report (GFR) from the Department of Health Service, previously referred to as the Integrated Background Information System (IBIS).	Z 024		

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Z 024	Continued From page 5 On 01/27/2026 at approximately 10:30 AM, Surveyors reviewed Caregiver D's record and identified the following: -Caregiver D was hired on 03/15/2025. -Caregiver D's DOJ response and GFR were dated 03/15/2025. -Caregiver D's record did not contain a BID. On 01/27/2026 at approximately 10:30 AM, Surveyors reviewed Caregiver E's record and identified the following: -Caregiver E was hired on 07/08/2025. -Caregiver E's DOJ response and GFR were dated 07/07/2025. -Caregiver E's record did not contain a BID. On 01/27/2026 at approximately 11:00 AM, Surveyors interviewed Manager A. Manager A was asked about Caregiver D's and Caregiver E's records not containing BIDs. Manager A stated the provider does not have caregivers fill out a BID, they only run the background checks. Manager A was informed about the requirement to have employees complete a BID. Manager A stated they will have BIDs completed going forward.	Z 024		