STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016594	A. BUILDING: _____ B. WING _____	05/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
A BETTER WAY ADULT FAMILY HOME LLC	1512 S UNION ST MILWAUKEE, WI 53204

(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 05/15/2025 with information gathered through 05/16/2025, Surveyor conducted a standard survey at A Better Way Adult Family Home LLC, an Adult Family Home (AFH) in Milwaukee, WI. Ten deficiencies were identified. Census: 4	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,	M 114		

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

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M 114	Continued From page 1 initiate other enforcement action 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 1 of 1 employee (Caregiver C) reviewed had a background check. Caregiver C did not have a background check. A complete background check consists of the following: - A completed Background Information Disclosure (BID) form. - A report of findings from the Department of Justice (DOJ). - Integrated Background Information System (IBIS) letter from the Department of Health Services (DHS). Findings include: On 05/15/2025, Surveyor reviewed Caregiver C's record and identified the following: -Caregiver C was hired on 08/13/2024. -Caregiver C's record did not contain evidence of a BID. -Caregiver C's record included a DOJ, dated 05/15/2025 (Day of Survey).	M 114		

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M 114	Continued From page 2 -Caregiver C's record included a IBIS, dated 05/15/2025 (Day of Survey). On 05/15/2025, at approximately 12:41 PM, Surveyor interviewed Licensee A. Licensee A confirmed Caregiver C's record did not contain a BID. Licensee A stated s/he was aware of this requirement. Licensee A stated moving forward s/he would ensure background checks are completed.	M 114		
M 232	88.04(2)(g)1 HEALTH SCREENING FOR STAFF The licensee shall obtain documentation from a physician, a registered nurse or a physician's assistant indicating that the licensee and any service provider has been screened for illness detrimental to residents, including for tuberculosis. The documentation is to be completed within 90 days before the start of providing service. The documentation shall be kept confidential except that the licensing agency shall have access to the documentation for verification. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 employee (Caregiver C) reviewed was screened for communicable disease, including tuberculosis (TB). Caregiver C did not have a communicable disease screen or TB skin test completed within 90 days prior to start of service.	M 232		

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M 232	Continued From page 3 Findings include: On 05/15/2025, Surveyor reviewed Caregiver C's record and identified the following: -Caregiver C was hired on 08/13/2024. -Caregiver C's record did not contain evidence of a communicable disease screen or TB skin test. On 05/15/2025 at approximately 12:41 PM, Surveyor interviewed Licensee A. Licensee A confirmed Caregiver C's record did not contain documentation of a communicable disease screen or TB skin test. Licensee A stated s/he was aware of this requirement. Licensee A stated moving forward s/he will ensure staff are screened for communicable disease, including TB.	M 232		
M 244	88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS The licensee and each service provider shall complete 15 hours of training approved by the licensing agency related to health, safety and welfare of residents, resident rights and treatment appropriate to residents served prior to or within 6 months after starting to provide care. This training shall include training in fire safety and first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 service providers	M 244		

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M 244	Continued From page 4 (Caregiver B and Caregiver C) received training within 6 months after starting to provide care related to health, safety and welfare of residents, resident rights and treatment appropriate to residents, and first aid. Findings include: On 05/15/2025, Surveyor reviewed records and identified the following: -Caregiver B was hired on 05/05/2021. Caregiver B's employee record did not contain evidence of training related to health, safety and welfare of residents, resident rights and treatment appropriate to residents, and first aid. -Caregiver C was hired on 08/13/2024. Caregiver C's employee record did not contain evidence of training related to health, safety and welfare of residents, resident rights and treatment appropriate to residents. On 05/15/2025 at approximately 12:41 PM, Surveyor interviewed Licensee A. Licensee A confirmed Caregiver B's and Caregiver C's records did not contain evidence of the above training. Licensee A stated s/he was aware of this requirement. Licensee A stated moving forward s/he will ensure service providers receive training.	M 244		
M 246	88.04(5)(b) TRAINING-8 HOURS ANNUALLY Except as provided in pars. (c) and (d), the licensee and each service provider shall complete 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents every year beginning with	M 246		

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M 246	Continued From page 5 the calendar year after the year in which the initial training is received. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure each employee completed 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights, and treatment of residents for 1 of 1 service provider (Caregiver B) who required annual training. Caregiver B did not receive annual training in 2023 and 2024. Findings include: On 05/15/2025, Surveyor reviewed Caregiver B's record. Caregiver B was hired on 05/05/2021. Caregiver B's record did not contain evidence of him/her receiving annual training in 2023 and 2024. On 05/15/2025 at approximately 12:41 PM, Surveyor interviewed Licensee A. Licensee A confirmed Caregiver B's record did not contain evidence of receiving annual training in 2023 and 2024. Licensee A stated moving forward s/he will ensure each employee completed 8 hours of annual training related to the health, safety, welfare, rights, and treatment of residents.	M 246		
M 290	88.05(3)(e)2.b INSPECTIONS-GAS FURNACE A gas furnace shall be inspected and serviced every 3 years by a heating contractor or local utility company.	M 290		

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M 290	Continued From page 6 This Rule is not met as evidenced by: Based on record review and interview the facility did not ensure the gas furnace was inspected and serviced every 3 years by a heating contractor or local utility company for 1 of 1 furnace. Findings include: On 05/15/2025, Surveyor requested to review facility's most recent furnace inspection from Licensee A. On 05/15/2025, at approximately 10:27 AM, Surveyor interviewed Licensee A. Licensee A stated s/he was aware of this requirement. Licensee A stated s/he did not have documentation of the most recent furnace inspection. Licensee A stated s/he would arrange for a furnace inspection soon.	M 290		
M 344	88.05(4)(d)2.a FIRE SAFETY EVACUATION PLAN REVIEW The licensee shall review the fire safety evacuation plan with each new resident immediately following placement and shall evaluate the resident using a form provided by the department to determine whether the resident is able to evacuate the home without any help within 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident (Resident 4) reviewed was evaluated within 3 days of	M 344		

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M 344	Continued From page 7 admission for evacuation time, using the department's form, for evacuation. Findings include: On 05/15/2025, Surveyor reviewed Resident 4's record and identified the following: -Resident 4 was admitted to the provider's home on 01/03/2025. -Resident 4 fire evacuation evaluation was dated, 09/30/2024 (94 days prior to admission). -Resident 4's record did not have evidence of a fire evacuation evaluation completed within 3 days of admission. On 05/15/2025, at approximately 12:41 PM, Surveyor interviewed Licensee A. Licensee A confirmed Resident 4's fire evacuation evaluation was completed 94 days prior to admission. Licensee A stated s/he was aware of the requirement and moving forward s/he would ensure all residents had a fire evacuation plan completed within 3 days of admission.	M 344		
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	M 346		

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M 346	Continued From page 8 provider did not ensure 1 of 1 resident (Resident 1) reviewed was evaluated annually for evacuation time, using the Department's form. Resident 1 had not been evaluated for evacuation for calendar years 2022, 2023, and 2024 using the Department's form. Findings include: The facility is licensed to provide services for up to 4 residents with client groups of emotionally disturbed/mental illness, irreversible dementia/Alzheimer's, physically disabled, traumatic brain injury, developmentally disabled, and advanced aged. On 05/15/2025, Surveyor reviewed Resident 1's record. Resident 1's record indicated the following: -Resident 1 was admitted to the provider's home on 10/09/2019. Resident 1's record did not contain evidence of an evacuation assessment for calendar years 2022, 2023, and 2024 using the Department's form. On 05/15/2025, at approximately 12:41 PM, Surveyor interviewed Licensee A. Licensee A stated s/he was aware of this requirement to complete the evacuation assessments annually. Licensee A stated moving forward s/he will ensure residents were evaluated annually for evacuation time, using the Department's form. CROSS REFERENCE M 0344 88.05(4)(d)2.a Fire Safety Evacuation Plan Review	M 346		

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M 420	Continued From page 9	M 420		
M 420	88.06(3)(d)5 SIGNED STATEMENT OF AGREEMENT A statement of agreement with the plan, dated and signed by all persons involved in developing the plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents (Resident 3, and Resident 4) individual service plan (ISP) reviewed included a statement of agreement with the plan, dated and signed by all persons involved with developing the plan. Resident 3's and Resident 4's ISPs did not include a signed statement of agreement with all parties involved. Findings include: On 05/15/2025, Surveyor reviewed residents' records and identified the following: -Resident 3 was admitted to the provider's home on 02/05/2024. -Resident 3 had a legal guardian. -Resident 3's ISP dated 01/19/2024, was not signed by his/her legal guardian. -Resident 4 was admitted to the provider's home on 01/03/2025. -Resident 4 had a legal guardian. -Resident 4's ISP dated 09/23/2024, was not signed by his/her legal guardian. On 05/15/2025, at approximately 12:41 PM, Surveyor interviewed Licensee A. Licensee A confirmed residents ISPs needed to be signed by his/her legal guardian. Licensee A stated moving	M 420		

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M 420	Continued From page 10 forward s/he will ensure all ISPs were signed by all parties.	M 420		
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 3 of 3 resident (Resident 1, Resident 2, and Resident 3) reviewed had his/her individual service plan (ISP) reviewed every 6 months to determine continued appropriateness of the plan and to update the plan as necessary. Findings include: On 05/15/2025, Surveyors reviewed residents' records and identified the following:	M 424		

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M 424	Continued From page 11 -Resident 1 was admitted to the provider's home on 10/09/2019. -Resident 1 was his/her own person. -There was no evidence Resident 1's ISP was reviewed and updated after 10/06/2023. At minimum, Resident 1's ISP should have been reviewed and updated in April 2024, October 2024, and April 2025. -Resident 2 was admitted to the provider's home on 08/12/2020. -Resident 2 was his/her own person. -There was no evidence Resident 2's ISP was reviewed and updated after 07/19/2024. At minimum, Resident 2's ISP should have been reviewed and updated in January 2025. -Resident 3 was admitted to the provider's home on 02/05/2024. -Resident 3 had a legal guardian. -There was no evidence Resident 3's ISP was reviewed and updated after 01/19/2024. At minimum, Resident 3's ISP should have been reviewed and updated in July 2024 and January 2025. On 05/15/2025 at approximately 12:41 PM, Surveyor interviewed Licensee A. Licensee A stated s/he was the one who completed the ISP updates. Licensee A confirmed s/he was aware residents ISPs should have been reviewed at least once every 6 months to determine continued appropriateness of the plan and to update the plan as necessary. Licensee A stated moving forward s/he will ensure residents ISPs were reviewed at least once every 6 months to determine continued appropriateness of the plan and to update the plan as necessary.	M 424		

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M 570	Continued From page 12	M 570		
M 570	88.10(3)(l) Safe Physical Environment Individuals, except for correctional residents, have basic rights which they do not lose when they enter an adult family home. A resident shall have a safe environment in which to live. The adult family home shall safeguard residents who cannot fully guard themselves from environmental hazards to which they are likely to be exposed, including conditions which would be hazardous to anyone and conditions which would be or are hazardous to a particular resident because of the resident's condition or disability. This Rule is not met as evidenced by: Based on observation and interview, the provider did not safeguard residents who cannot fully guard themselves from environmental hazards. The provider's water temperature was not kept at a safe temperature. The hot water in the shared bathrooms 4 of 4 residents used measured 140.2° F and 137.8° F. The provider did not ensure the dryer vent was constructed of hard rigid metal for 1 of 2 dryers. Findings include: The facility is licensed to provide services for up to 4 residents with client groups of emotionally disturbed/mental illness, irreversible dementia/Alzheimer's, physically disabled, traumatic brain injury, developmentally disabled, and advanced aged.	M 570		

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M 570	Continued From page 13 Example 1 On 05/15/2025, at approximately 9:30 AM, Surveyor toured the facility and tested the water temperature in the main floor bathroom, and second-floor bathroom, used by 4 of 4 residents. The water temperature in the main floor bathroom reached 140.2° F, and the water temperature in the second-floor bathroom reached 137.8° F. On 05/15/2025, at approximately 9:44 AM, Surveyor interviewed Caregiver B. Caregiver B stated s/he was not aware of the water temperatures. Caregiver B reported s/he was never told to check water temperatures in bathrooms. On 05/15/2025, at approximately 10:07 AM, Surveyor interviewed Licensee A regarding the temperatures of the water. Licensee A stated s/he was not aware of the water temperatures. Licensee A stated s/he will have the maintenance person adjust the water temperatures. "Exposure to hot water is a potential environmental danger for residents. Elderly residents and residents with mental and physical disabilities may have neurological conditions that prevent instant recoil from hot water. Because these individuals do not instantly react to dangerous temperature levels, they are at particular risk for injury. Hot water can cause scalding; e.g., second and third degree burns in which the skin blisters and swells. In such instances, skin does not return to normal and forms scar tissue upon healing. These burns may lead to permanent disability." (Source: Publication DHS P-01942 - 08/2017). Example 2	M 570		

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M 570	Continued From page 14 On 05/15/2025, at approximately 10:14 AM, Surveyor observed the second-floor dryer venting was made of a flexible material rather than rigid metal. On 05/15/2025, at approximately 10:14 AM, Surveyor interviewed Licensee A. Licensee A confirmed the dryer venting was made of a flexible material. Licensee A stated s/he would have the maintenance person switch dryer venting to rigid metal.	M 570		