STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017852	A. BUILDING: _____ B. WING _____	R-C 04/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIV WELL ADULT FAMILY HOMES LLC	8543 W LAWRENCE AVE MILWAUKEE, WI 53225

(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 04/11/2025, with information gathered through 04/29/2025, Surveyor conducted a standard survey, a complaint investigation and verification visit for SOD DGU911, dated 06/20/2023, at Liv Well Adult Family Homes LLC, an Adult Family Home (AFH) in Milwaukee, WI. Nineteen deficiencies were identified. Two of nineteen were repeat deficiencies. See Statement of Deficiency (SOD) DGU911, dated 06/20/2023. Complaint substantiated. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 3	{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	M 114		

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

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M 114	Continued From page 1 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, 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 3 of 3 employees (Caregiver B, Caregiver D, and Caregiver E) reviewed had a background check. Caregiver B, Caregiver D, and Caregiver E 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:	M 114		

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M 114	Continued From page 2 On 04/16/2025, Surveyor reviewed Caregiver B's record and identified the following: -Caregiver B was hired on 01/13/2025. -Caregiver B's record included an incomplete BID, dated 01/13/2025. -Caregiver B's record included an incomplete DOJ, dated 01/14/2025. -Caregiver B's record included an IBIS, dated 01/14/2025. On 04/16/2025, Surveyor reviewed Caregiver D's record and identified the following: -Caregiver D was hired on 01/08/2025. -Caregiver D's record included a BID, dated 01/03/2025. -Caregiver D's record included a DOJ, dated 04/16/2025 (5 days after the start of this survey). -Caregiver D's record included an IBIS, dated 04/16/2025 (5 days after the start of this survey). On 04/16/2025, Surveyor reviewed Caregiver E's record and identified the following: -Caregiver E was hired on 09/11/2023. -Caregiver E's record included a BID, dated 10/19/2023. -Caregiver E's record included an incomplete DOJ, dated 10/24/2023. -Caregiver E's record did not include an IBIS.	M 114		

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M 114	Continued From page 3 On 04/25/2025, at approximately 10:05 AM, Surveyor interviewed Licensee A. Licensee A stated s/he ran background checks upon hire. Licensee A stated that Caregiver B's, Caregiver D's, and Caregiver E's record should have contained their complete background check. Licensee A stated s/he would double check Caregiver B's, Caregiver D's, and Caregiver E's record and email their complete background check by the end of day. As of 04/29/2025 at 6:30 AM, Surveyor did not receive evidence of Caregiver B's and Caregiver E's complete background check.	M 114		
M 134	88.03(5)(e)1 SIGNIFICANT CHANGE TO THE RESIDENT Within 24 hours, a significant change in resident status, such as but not limited to an accident requiring hospitalization, missing from the home or a reportable death. A death shall be reported if there is reasonable cause to believe the death was related to use of a physical restraint or psychotropic medications, was a suicide or was accidental. This Rule is not met as evidenced by: Based on record review and interview, the provider did not report to the Department, within 24 hours, when 1 of 1 resident (Resident 1) eloped and was reported missing. Resident 1 eloped from the facility on 4 occasions and the provider did not report to the department.	M 134		

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M 134	Continued From page 4 Findings include: On 04/16/2025, Surveyor reviewed Resident 1's record and identified the following: -Resident 1 was admitted to the provider's home on 12/11/2024 with diagnoses including bipolar disorder and autistic disorder. -Resident 1 had a guardian. On 04/14/2025, Surveyor reviewed Milwaukee Police Department (MPD) reports for incidents involving Resident 1 at the facility and identified the following: Incident on 01/26/2025 -On 01/26/2025, at approximately 8:13 PM, MPD officers were dispatched to facility for a missing person. -Staff reported to MPD officer that Resident 1 left the facility at 7:09 PM on 01/26/2025 in an unknown direction. -Staff stated s/he could not leave the facility due to other residents inside the house. -On 01/27/2025, at 12:10 AM MPD officers were dispatched to facility regarding a missing return call. -Resident 1 returned to the facility on 01/27/2025. Incident on 03/05/2025 -On 03/05/2025, MPD officers were dispatched to facility for a missing person complaint. -Caregiver D reported to MPD officers that Resident 1 left the facility at 8:50 PM on 03/04/2025. -Resident 1 returned to the facility on 03/05/2025,	M 134		

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M 134	Continued From page 5 at approximately 6:45 AM. Incident on 03/22/2025 -On 03/22/2025, MPD officers responded to facility for a missing person. -Upon arrival MPD officers spoke to Caregiver B, who stated Resident 1 had not gotten attention from staff and left facility. Incident on 03/26/2025 -On 03/26/2025, MPD officers responded to Covenant Lutheran Church and Daycare regarding a shooting where Resident 1 was shot and killed. While at the scene MPD officer was made aware of a pending call at facility where the caller was reporting Resident 1 as missing. The caller stated that one of his/her residents just ran away officers responded to the facility to speak with the caller. -Upon MPD officers arrival at facility, Caregiver B stated that Resident 1 lives at the facility and left the residence around 8:20-8:30 AM on 03/26/2025. Caregiver B stated that s/he did not know where Resident 1 would have been going and was not allowed to leave the residence on his/her own. Caregiver B stated Resident 1 has been reported missing numerous times in the past and most recently a couple days ago. Caregiver B stated s/he was making the other resident's breakfast when Resident 1 left. Caregiver B stated Resident 1 did not want to eat. -MPD officers notified Caregiver B about the shooting incident, and s/he identified a scene photo of Resident 1. -Caregiver B reported to MPD officers that Resident 1 does play with Lego's and s/he made a Lego gun a couple weeks ago.	M 134		

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M 134	Continued From page 6 On 04/14/2025, Surveyor completed a review of the Department facility folder. Surveyor did not observe any self-reports submitted to the Department in 2025. On 04/25/2025, at approximately 10:05 AM, Surveyor interviewed Licensee A. Licensee A stated s/he did not know DHS (Department of Health Services) Chapter 88 regulations.	M 134		
M 216	88.04(2)(a) RESPONSIBILITIES The licensee shall ensure that the home and its operation comply with this chapter and with all other laws governing the home and its operation. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure the home and its operation complied with this chapter and all other laws governing the home and its operations potentially affecting 3 of 3 residents. The provider has been unable to maintain compliance with Chapter 88 of the Department of Health Services-Licensed Adult Family Home regulations. Findings include: On 04/11/2025, Surveyor conducted a standard survey, complaint investigation and verification visit at Liv Well Adult Family Homes LLC. As a result of the survey, the provider was issued 19 deficiencies. Two of the 19 were repeat deficiencies. The following 19 deficiencies, which includes this violation, were identified:	M 216		

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M 216	Continued From page 7 88.03(3)(b) - Criminal Records Check 88.03(5)(e)1 - Significant Change To The Resident 88.04(2)(a) - Responsibilities 88.04(2)(g)(1) - Health Screening For Staff 88.05(3)(a) - Home Environment 88.05(4)(a) - Fire Safety-Fire Extinguishers 88.05(4)(d)2.a - Fire Safety Evacuation Plan Review 88.05(4)(d)2.b - Fire Evacuation Annual Evaluation 88.05(4)(d)2.c - Semi-Annual Fire Drills - This is a repeat deficiency. 88.06(2)(a) - Admission Health Exam 88.06(2)(b) - Service Agreement Except Respite 88.06(3)(a) - Individual Service Plan & Assessment 88.06(3)(d)5 - Signed Statement Of Agreement 88.06(3)(f) - Review Of Isp 88.07(3)(a) - Prescription Medications 88.07(3)(d) - Medication - Written Order 88.09(1)(a) - Resident Records 88.10(3)(b) - Privacy 88.10(3)(l) - Safe Physical Environment - This is a repeat deficiency. On 04/25/2025, at approximately 10:05 AM, Surveyor interviewed Licensee A. Licensee A acknowledged the identified noncompliance. Licensee A stated s/he did not know DHS (Department of Health Services) Chapter 88 regulations.	M 216		
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	M 232		

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M 232	Continued From page 8 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 4 of 4 employees (Caregiver B, Caregiver C, Caregiver D, and Caregiver E) reviewed were screened for communicable disease, including tuberculosis (TB). Caregiver B, Caregiver C, Caregiver D, and Caregiver E did not have a communicable disease screen or TB skin test completed within 90 days prior to start of service. Findings include: On 04/15/2025, Surveyor requested Caregiver B's record from Licensee A. On 04/16/2025, at approximately 12:23 PM, Surveyor received Caregiver B's record via email from Licensee A. On 04/16/2025, Surveyor reviewed Caregiver B's record and identified the following: -Caregiver B was hired on 01/13/2025. -Caregiver B's record contained a communicable disease/tuberculosis screening questionnaire that was not signed by a physician, a registered nurse or a physician's assistant indicating that	M 232		

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M 232	Continued From page 9 Caregiver B has been screened for illness detrimental to residents, including for tuberculosis. -Caregiver B's record did not contain evidence of a communicable disease screen or TB skin test. On 04/15/2025, Surveyor requested Caregiver C's record from Licensee A. On 04/16/2025, at approximately 1:29 PM, Surveyor received Caregiver C's record via email from Licensee A. On 04/16/2025, Surveyor reviewed Caregiver C's record and identified the following: -Caregiver C was hired on 03/20/2025. -Caregiver C's record contained a communicable disease/tuberculosis screening questionnaire that was not signed by a physician, a registered nurse or a physician's assistant indicating that Caregiver C has been screened for illness detrimental to residents, including for tuberculosis. -Caregiver C's record did not contain evidence of a communicable disease screen or TB skin test. On 04/15/2025, Surveyor requested Caregiver D's record from Licensee A. On 04/16/2025, at approximately 11:35 AM, Surveyor received Caregiver D's record via email from Licensee A. On 04/16/2025, Surveyor reviewed Caregiver D's record and identified the following: -Caregiver D was hired on 01/08/2025. -Caregiver D's record contained a communicable disease/tuberculosis screening questionnaire that	M 232		

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M 232	Continued From page 10 was not signed by a physician, a registered nurse or a physician's assistant indicating that Caregiver D has been screened for illness detrimental to residents, including for tuberculosis. -Caregiver D's record did not contain evidence of a communicable disease screen or TB skin test. On 04/15/2025, Surveyor requested Caregiver E's record from Licensee A. On 04/16/2025, at approximately 10:31 AM, Surveyor received Caregiver E's record via email from Licensee A. On 04/16/2025, Surveyor reviewed Caregiver E's record and identified the following: -Caregiver E was hired on 09/11/2023. -Caregiver E's record contained a communicable disease/tuberculosis screening questionnaire that was not signed by a physician, a registered nurse or a physician's assistant indicating that Caregiver E has been screened for illness detrimental to residents, including for tuberculosis. -Caregiver E's record did not contain evidence of a communicable disease screen or TB skin test. On 04/25/2025, at approximately 10:05 AM, Surveyor interviewed Licensee A. Licensee A stated s/he did not know DHS (Department of Health Services) Chapter 88 regulations.	M 232		
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.	M 276		

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M 276	Continued From page 11	M 276		

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure a clean, well-maintained and homelike environment. The home required cleaning and/or repairs. This had the potential to affect 3 of 3 residents (Resident 2, Resident 3, and Resident 4) residing in the facility.

Findings include:

On 04/11/2025, at approximately 9:40 AM, Surveyor toured the facility. During the tour, Surveyor observed the following:

-Front entrance door frame was bent.
-Front entrance door was dirty.
-Hallway wall near front entrance had a white chalk substance.
-Living room walls had a white chalk substance.
-Living room walls showed significant signs of scraping.
-Living room wall vents was rusted and caked with dust.
-Wall trimming was dirty throughout facility.
-Kitchen floor had the appearance of dirt build-up along the cabinetry and refrigerator.
-Kitchen/dining area had dirty and peeling floor tile.
-Note posted on facility refrigerator stating the following: "[Resident 4] is no longer allowed in the kitchen."
-Note posted on facility refrigerator stating the

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M 276	Continued From page 12 following: "They are to eat what is made for the Day. They Do not get a choice and you can't just give what you feel like giving them. Please follow the menu. Thanks." On 04/25/2025, at approximately 10:05 AM, Surveyor interviewed License A. Licensee A stated s/he was aware of the home environment issues throughout the facility. Licensee A stated that the maintenance person did fix the issues on 04/12/2025.	M 276		
M 332	88.05(4)(a) FIRE SAFETY-FIRE EXTINGUISHERS Fire extinguishers. Every adult family home shall be equipped with one or more fire extinguishers on each floor. Each required fire extinguisher shall have a minimum 2A, 10-B-C rating. All required fire extinguishers shall be mounted. A fire extinguisher is required at the head of each stairway and in or near the kitchen except that a single fire extinguisher located in close proximity to the kitchen and the head of a stairway may be used to meet the requirement for an extinguisher at each location. Each required fire extinguisher shall be maintained in readily usable condition and shall be inspected annually by the authorized dealer or the local fire department and have an attached tag showing the date of the last dealer or fire department inspection.	M 332		

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M 332	Continued From page 13 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 1 of 2 fire extinguishers were inspected annually by an authorized dealer. The fire extinguisher, located in the basement was last serviced March 2024. Findings include: On 04/11/2025, at approximately 9:40 AM, Surveyor toured the facility and observed the fire extinguisher located in the basement had an inspection tag dated March 2024. The fire extinguisher was due to be serviced in March 2025. On 04/25/2025, at approximately 10:05 AM, Surveyor interviewed Licensee A. Licensee A stated that fire extinguishers were recently serviced. Licensee A stated the fire extinguisher in the basement was missed being taken to be serviced by an authorized dealer.	M 332		
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	M 344		

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(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 344	Continued From page 14 provider did not ensure 1 of 1 resident (Resident 1) reviewed was evaluated within 3 days of admission for evacuation time, using the department's form, for evacuation. Findings include: On 04/16/2025, Surveyor reviewed Resident 1's record and identified the following: -Resident 1 was admitted to the provider's home on 12/11/2024. -Resident 1's record did not have evidence of a fire evacuation evaluation completed within 3 days of admission. On 04/25/2025, at approximately 10:05 AM, Surveyor interviewed Licensee A. Licensee A stated s/he did not know DHS (Department of Health Services) Chapter 88 regulations.	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 provider did not ensure 1 of 1 resident (Resident 2) reviewed was evaluated annually for evacuation time, using the Department's form. Resident 2 had not been evaluated for evacuation	M 346		

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M 346	Continued From page 15 for calendar year 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, and advanced aged. On 04/15/2025, Surveyor reviewed Resident 2's record. Resident 2's record indicated the following: -Resident 2 was admitted to the provider's home on 09/11/2023. Resident 2's record did not contain evidence of an evacuation assessment for calendar year 2024 using the Department's form. On 04/25/2025, at approximately 10:05 AM, Surveyor interviewed Licensee A. Licensee A stated s/he did not know DHS (Department of Health Services) Chapter 88 regulations.	M 346		
{M 348}	88.05(4)(d)2.c SEMI-ANNUAL FIRE DRILLS The licensee shall conduct semi-annual fire drills with all household members with written documentation of the date and the evacuation time for each drill maintained by the home. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure semi-annual fire drills were conducted with all household members with written documentation of the date and the evacuation time for each drill for 1 of 1 year	{M 348}		

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{M 348}	Continued From page 16 (2024) reviewed. This is a repeat violation. See Statement of Deficiency DGU911, dated 06/20/2023. Findings include: On 04/16/2025, at approximately 2:16 PM, Surveyor reviewed fire drills for calendar year 2024 and identified the following: -The facility conducted monthly fire drills from January 2024 through December 2024, however the date of the drill and the evacuation time for each drill was not documented. On 04/25/2025, at approximately 10:05 AM, Surveyor interviewed Licensee A. Licensee A confirmed the documentation did not include the date and the evacuation time. Licensee A stated it was an error that s/he did not recognize.	{M 348}		
M 380	88.06(2)(a) ADMISSION-HEALTH EXAM Except as provided in subd. 2., the licensee shall ensure that a new resident of an adult family home receives a health examination by a physician to identify health problems and is screened for communicable disease, including tuberculosis. Screening for communicable disease may be provided by a physician, a registered nurse or a physician assistant. The health examination and screening shall take place within 90 days prior to admission to the home or within 7 days after admission.	M 380		

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M 380	Continued From page 17 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 4 of 4 residents (Resident 1, Resident 2, Resident 3, and Resident 4) reviewed received a health exam, including a screening for communicable disease, including tuberculosis (TB), within 90 days prior to admission or within 7 days after admission. Findings include: On 04/16/2025, Surveyor reviewed Resident 1's record. The following was identified: -Resident 1 was admitted to the provider's home on 12/11/2024. Resident 1's record did not include evidence of a health exam, including a screening for communicable disease, including TB skin test. On 04/15/2025, Surveyor reviewed Resident 2's record. The following was identified: -Resident 2 was admitted to the provider's home on 09/11/2023. Resident 2's record did not include evidence of a communicable disease screening. On 04/15/2025, Surveyor reviewed Resident 3's record. The following was identified: -Resident 3 was admitted to the provider's home on 11/04/2023. Resident 3's record did not include evidence of a communicable disease screening. On 04/15/2025, Surveyor reviewed Resident 4's record. The following was identified:	M 380		

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M 380	Continued From page 18 -Resident 4 was admitted to the provider's home on 08/02/2024. Resident 4's record did not include evidence of a communicable disease screening. On 04/25/2025, at approximately 10:05 AM, Surveyor interviewed Licensee A. Licensee A stated s/he did not know DHS (Department of Health Services) Chapter 88 regulations.	M 380		
M 384	88.06(2)(b) SERVICE AGREEMENT EXCEPT RESPITE An adult family home shall have a service agreement with each person to be admitted to the home except a person being admitted for respite care. The service agreement shall be completed prior to admission and revised at least 30 days prior to any change. The service agreement shall be dated and signed by the licensee and the person being admitted or the persons guardian or designated representative. Copies shall be provided to all parties and to the placing agency, if any. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident (Resident 1) reviewed had a service agreement completed signed and dated by the licensee, resident, or resident's guardian or designated representative prior to admission. Findings include: On 04/16/2025, Surveyor reviewed Resident 1's record and identified the following:	M 384		

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M 384	Continued From page 19 - Resident 1 was admitted to the provider's home on 12/11/2024. - Resident 1 had a legal guardian. - Resident 1's record did not contained evidence of a service agreement. On 04/25/2025, at approximately 10:05 AM, Surveyor interviewed Licensee A. Licensee A stated s/he did not know DHS (Department of Health Services) Chapter 88 regulations.	M 384		
M 404	88.06(3)(a) INDIVIDUAL SERVICE PLAN & ASSESSMENT The licensee shall ensure that a written assessment and individual service plan is completed and developed for each resident within 30 days after placement. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a written assessment and individual service plan (ISP) was completed for 1 of 1 resident (Resident 1) within 30 days of placement. The provider did not ensure an ISP was developed to address elopement behaviors repeatedly exhibited by Resident 1. Resident 1's elopement on 03/26/2025 resulted in death. Findings include: On 04/16/2025, Surveyor reviewed Resident 1's record and identified the following:	M 404		

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M 404	Continued From page 20 - Resident 1 was admitted to the provider's home on 12/11/2024 with diagnoses including bipolar disorder and autistic disorder. -Resident 1's record did not contain a written assessment and ISP. On 04/16/2025, Surveyor reviewed Resident 1's managed care organization record. Resident 1's Behavior Support Plan (BSP), dated 03/14/2025, stated the following: Staffing Ratio: 1:1 (dedicated staff) Noteworthy behavioral considerations and factors: - "Delusions, elopement, physical behavior, property destruction and verbal behavior." Description of behavior: -Behavior and Stages of Behavior - [Resident 1] appears anxious and creates a clenched hand. Support strategies -Recognizing possible triggers that may escalate the situation. -Behavior and Stages of Behavior - Verbal disrespect with aggressive behaviors towards others. Support strategies - Speak with a calm voice and redirect [Resident 1] focus. Triggers: -When [Resident 1] is redirected. -When things do not go [Resident 1] way/when [Resident 1] is redirected. [Resident 1] toolbox:	M 404		

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M 404	Continued From page 21 -Structure. -Calming environments. -Calming voice. Techniques for working effectively with [Resident 1] Say: -"Follow me to an activity area." -"Can you tell me what is bothering you?" -"[Resident 1], I have something to show you over here. Let's go this way." Avoid Saying: -"Walk over to the other room,." -"Stop yelling/throwing!" -"Stop trying to run outside!" On 04/14/2025, Surveyor reviewed Milwaukee Police Department (MPD) reports for incidents involving Resident 1 at the facility and identified the following: -Resident 1 eloped from the facility on 01/26/2025. -Resident 1 eloped from the facility on 03/05/2025. -Resident 1 eloped from the facility on 03/22/2025. -Resident 1 eloped from the facility on 03/26/2025. Elopement resulting in death. -On 03/26/2025, MPD officers responded to Covenant Lutheran Church and Daycare regarding a shooting where Resident 1 was shot and killed. While at the scene MPD officer was	M 404		

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M 404	Continued From page 22	M 404		

made aware of a pending call at facility where the caller was reporting Resident 1 as missing. The caller stated that one of his/her residents just ran away officers responded to the facility to speak with the caller.
-Upon MPD officers arrival at facility, Caregiver B stated that Resident 1 lives at the facility and left the residence around 8:20-8:30 AM on 03/26/2025. Caregiver B stated that s/he did not know where Resident 1 would have been going and was not allowed to leave the residence on his/her own. Caregiver B stated Resident 1 has been reported missing numerous times in the past and most recently a couple days ago. Caregiver B stated s/he was making the other resident's breakfast when Resident 1 left. Caregiver B stated Resident 1 did not want to eat.
-MPD officers notified Caregiver B about the shooting incident, and s/he identified a scene photo of Resident 1.
-Caregiver B reported to MPD officers that Resident 1 does play with Lego's and s/he made a Lego gun a couple weeks ago.

Resident 1's incident report, dated 03/26/2025, complete by Licensee A stated the following:

-"On 03/26/2025 around 8:30 AM [Resident 1] eloped from the facility. The incident began around 8:00 AM during breakfast time. Staff stated that [Resident 1] seemed extremely agitated. [Resident 1] didn't want to eat [his/her] breakfast. After breakfast was finished, [Resident 1] asked [his/her] 1:1 if [s/he] could go outside and sit on the porch. [Resident 1] 1:1 stated they could. [Resident 1] and [his/her] 1:1 went outside on the porch and [Resident 1] tried to elope. [Resident 1] 1:1 was able to redirect [him/her] back to the porch. [Resident 1] then began to try and elope again. [Resident 1] 1:1 tried to redirect

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M 404	Continued From page 23 [him/her] by stating that [his/her] [family member] was on the phone and also stated to [Resident 1] that [s/he] could not run off and if [s/he] tried to, 1:1 would call the police. [Resident 1] stated that [s/he] did not care and proceeded to run off again. Staff followed [Resident 1] but [Resident 1] ran off extremely fast. When staff could no longer see [Resident 1] staff immediately called the police to put in a report." -"About 20 minutes later (8:50 AM), police arrived at the facility. The police stated that they would like to show the staff photos, to identify if it was [Resident 1]. Staff was able to identify that it was [Resident 1]. [Resident 1] was shot by an individual that stated that [Resident 1] presented a gun at [him/her]. The supposed gun that [Resident 1] supposedly had was a Lego gun. Staff did not witness any Lego gun of [Resident 1]." -"After the staff identified the body of [Resident 1], the owner was immediately called and the owner immediately called the supervisor of the team." On 04/25/2025, at approximately 10:05 AM, Surveyor interviewed Licensee A. Licensee A stated the following "[Resident 1] was not admitted into our facility. [Resident 1] was respite. [Resident 1] care team was looking for a permanent AFH as [Resident 1] was respite at our facility." Licensee A stated that s/he was not aware of Resident 1's history of elopements. Licensee A stated that Resident 1 care team did not give him/her history of Resident 1's behaviors. Licensee A stated that s/he was learning of Resident 1's behaviors daily.	M 404		

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M 420	Continued From page 24	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 1 of 1 resident (Resident 2) 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 2's ISPs did not include a signed statement of agreement with all parties involved. Findings include: On 04/15/2025, Surveyor reviewed Resident 2's record and identified the following: -Resident 2 was admitted to the provider's home on 09/11/2023. -Resident 2 was enrolled in a managed care organization. -Resident 2 had a legal guardian. -Resident 2's ISP dated 08/13/2024, was not signed by his/her legal guardian. -Resident 2's ISP dated 02/12/2024, was not signed by his/her legal guardian. -Resident 2's ISP dated 12/07/2023, was not signed by his/her legal guardian. On 04/25/2025, at approximately 10:05 AM, Surveyor interviewed Licensee A. Licensee A stated s/he did not know DHS (Department of Health Services) Chapter 88 regulations.	M 420		

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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 1 resident (Resident 2) 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 04/15/2025, Surveyor reviewed Resident 2's record and identified the following: -Resident 2 was admitted to the provider's home on 09/11/2023. -Resident 2 had a legal guardian. -Resident 2's ISP was dated 08/13/2024. There	M 424		

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M 424	Continued From page 26 was no evidence Resident 2's ISP was reviewed and updated after 08/13/2024. At minimum, Resident 2's ISP should have been reviewed and updated in February 2025. On 04/25/2025, at approximately 10:05 AM, Surveyor interviewed Licensee A. Licensee A stated s/he did not know DHS (Department of Health Services) Chapter 88 regulations.	M 424		
M 458	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be securely stored, shall remain in its original container as received from the pharmacy and be stored as specified by the pharmacist. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure every prescription medication was securely stored. Resident 2's insulin pens were not securely stored in kitchen refrigerator. 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, and advanced aged.	M 458		

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M 458	Continued From page 27 On 04/11/2025, at approximately 9:40 AM, Surveyor toured the kitchen and observed the following: -Resident 2's Novolog 100 units/milliliter Flexpen (6 pens) were not securely stored in the refrigerator. On 04/25/2025, at approximately 10:05 AM, Surveyor interviewed Licensee A. Licensee A stated s/he was not aware of this requirement. Licensee A stated, "I guess I'll go buy a lockbox for the insulin in refrigerator."	M 458		
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 obtain a written order from the physician specifying who by name or position could administer medications for 3 of 3 residents (Resident 1, Resident 3, and Resident 4) reviewed who required staff to administer his/her	M 464		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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M 464	Continued From page 28	M 464		

medications. Resident 1, Resident 3, and Resident 4 did not have a written order permitting the provider staff to administer medications.

Findings include:

On 04/16/2025, Surveyor reviewed Resident 1's record. The following was identified:

-Resident 1 was admitted to the provider's home on 12/11/2024. Resident 1's record did not have an order specifying who by name or position could administer his/her medication.

On 04/15/2025, Surveyor reviewed Resident 3's record. The following was identified:

-Resident 3 was admitted to the provider's home on 11/04/2023. Resident 3's record did not have an order specifying who by name or position could administer his/her medication.

On 04/15/2025, Surveyor reviewed Resident 4's record. The following was identified:

-Resident 4 was admitted to the provider's home on 08/02/2024. Resident 4's record did not have an order specifying who by name or position could administer his/her medication.

On 04/11/2025, at approximately 8:52 AM, Surveyor interviewed Caregiver B. Caregiver B reported that facility staff administered residents medications.

On 04/25/2025, at approximately 10:05 AM, Surveyor interviewed Licensee A. Licensee A stated s/he did not know DHS (Department of Health Services) Chapter 88 regulations.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017852	A. BUILDING: _____ B. WING _____	R-C 04/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIV WELL ADULT FAMILY HOMES LLC	8543 W LAWRENCE AVE MILWAUKEE, WI 53225

(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 482	Continued From page 29	M 482		
M 482	88.09(1)(a) RESIDENT RECORDS The licensee shall maintain a record for each resident. Resident records shall be maintained in a secure location within the home to prevent unauthorized access. This Rule is not met as evidenced by: Based on observation and interview, the provider did not maintain the records for 3 of 3 residents (Resident 2, Resident 3, and Resident 4) reviewed in a secure location within the home. Resident 2's, Resident 3's, and Resident 4's Individual Service Plans (ISP), evacuation assessments, service agreements, and physician orders were not accessible to Surveyor. Findings include: On 04/11/2025, at approximately 8:38 AM, Surveyor conducted an onsite survey. Surveyor requested complete records for Resident 2, Resident 3, and Resident 4. On 04/11/2025, at approximately 8:38 AM, Surveyor interviewed Licensee A. Licensee A stated s/he was not coming to the facility. Licensee A stated resident records were not kept in the facility and were at the office (a different location). Licensee A stated s/he would have to send resident record to Surveyor via email by end of day. Licensee A stated s/he was not aware of this requirement to have the residents' files stored within the home.	M 482		

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M 482	Continued From page 30 On 04/15/2025, at approximately 3:40 PM, Resident 2's record was emailed to Surveyor from Licensee A. On 04/15/2025, at approximately 4:25 PM, Resident 3's record was emailed to Surveyor from Licensee A. On 04/15/2025, at approximately 5:56 PM, Resident 4's record was emailed to Surveyor from Licensee A.	M 482		
M 550	88.10(3)(b) Privacy Privacy. To have physical and emotional privacy in treatment, living arrangements and in caring for personal needs, including toileting, bathing and dressing. The resident, the resident's room, any other area in which the resident has reasonable expectation of privacy, and the personal belongings of a resident shall not be searched without the resident's permission or permission of the resident's guardian except when there is reasonable cause to believe that the resident possesses contraband. The resident shall be present for the search. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 3 of 3 residents (Resident 2, Resident 3, and Resident 4) had privacy while commingling and having private conversations on the home's front porch. Cameras were observed in the front and back porch area of provider's home.	M 550		

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M 550	Continued From page 31 Findings include: On 04/15/2025, Surveyor reviewed the resident roster. Resident 2 was admitted to the provider's home on 09/11/2023. Resident 3 was admitted to the provider's home on 11/04/2023. Resident 4 was admitted to the provider's home on 08/02/2024. On 04/11/2025, at approximately 9:00 AM, Surveyor observed Resident 4 on the front porch of facility having a private conversation on his/her cell phone. On 04/11/2025, at approximately 9:40 AM, Surveyor toured the home and observed the following: -White ring camera near front entrance upper right side of picture window. -White ring camera near back entrance upper left side of door. On 04/11/2025, at approximately 10:03 AM, Surveyor interviewed Caregiver B. Caregiver B confirmed that there was a camera near front entrance and a camera near back entrance of facility. Caregiver B reported that both cameras were recording. On 04/25/2025, at approximately 10:05 AM, Surveyor interviewed Licensee A. Licensee A stated that the cameras did not record.	M 550		
{M 570}	88.10(3)(l) Safe Physical Environment Individuals, except for correctional residents,	{M 570}		

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{M 570}	Continued From page 32	{M 570}		

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 from environmental hazards. The provider's water temperature was not kept at a safe temperature. The hot water in the shared bathroom 3 of 3 residents used measured 124.3° F.

This is a repeat violation. See Statement of Deficiency DGU911, dated 06/20/2023.

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, and advanced aged.

On 04/11/2025, at approximately 9:40 AM, Surveyor toured the facility and tested the water temperature in the main floor bathroom, used by 3 of 3 residents. The water temperature reached 124.3° F.

On 04/25/2025, at approximately 10:05 AM, Surveyor interviewed Licensee A regarding the temperature of the water. Licensee A stated that

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{M 570}	Continued From page 33 the maintenance person had checked water temperatures in January 2025. "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).	{M 570}		