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 12/18/2025

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

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{M 000}	INITIAL COMMENTS On 12/18/2025, Surveyors completed 2 verification visits for Statement of Deficiency (SOD) KES811 and SOD DGU912 at Liv Well Adult Family Home. SOD KES811 was corrected. Sixteen of 19 deficiencies were corrected for SOD DGU912. One new deficiency was identified. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 3	{M 000}		
M 336	88.05(4)(b)2 SMOKE DETECTORS-TESTING AND MAINTENANCE The licensee shall maintain each required smoke detector in working condition and test each smoke detector monthly to make sure that it is operating. If a unit is found to be not operating, the licensee shall immediately replace the battery or have the unit repaired or replaced. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 1 of 6 smoke detectors within the facility was in working order. In addition, there was no evidence the smoke detectors were tested in October 2025 and November 2025. Findings include: On 12/18/2025 at approximately 9:15 AM, Surveyor toured the facility. Surveyor observed	M 336		

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

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M 336	Continued From page 1 two smoke detectors located in the basement. While in the basement, Surveyor heard 1 of the 2 smoke detectors chirping. Surveyor informed Caregiver B of the chirping sound coming from the smoke detector. Caregiver B acknowledged the chirping sound coming from the smoke detector. On 12/18/2025 at approximately 9:45 AM, Surveyor reviewed the facility's smoke detector test form. There was no evidence that indicated 6 of 6 smoke detectors were tested in October 2025 and November 2025. On 12/18/2025 at approximately 11:10 AM, Surveyors interviewed Licensee A. Licensee A affirmed hearing the chirping noise, but was not aware the chirping was coming from 1 of 2 smoke detectors located in the basement. Licensee A was responsible for testing each smoke detector monthly. Licensee A did not state why the smoke detectors were not tested in October 2025 or November 2025. Licensee A reported he/she would address the smoke detector located in the basement.	M 336		
{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	{M 380}		

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{M 380}	Continued From page 2 screening shall take place within 90 days prior to admission to the home or within 7 days after admission. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents (Resident 2 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. This is a repeat deficiency. See Statement of Deficiency DGU912, dated 04/29/2025 Findings include: On 12/18/2025, Surveyor reviewed Resident 2's and Resident 4's records. 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. -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 12/18/2025, at approximately 11:10 AM, Surveyor interviewed Licensee A. Licensee A stated s/he thought the communicable disease screenings were completed for Resident 2 and Resident 4. Licensee A stated s/he would provide the records on 12/18/2025 by end of business day. As of 12/19/2025, at 5:00 PM, Surveyor did	{M 380}		

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{M 380}	Continued From page 3 not receive the did not receive the requested records.	{M 380}		
{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 and Resident 4's insulin pens were not securely stored in the kitchen refrigerator. This is a repeat violation. See Statement of Deficiency DGU912, dated 04/29/2025. Findings include: The facility is licensed to provide services for up to 4 ambulatory residents with client groups of emotionally disturbed/mental illness, irreversible dementia/Alzheimer's, and advanced aged. On 12/18/2025, at approximately 9:15 AM, Surveyor toured the kitchen, Surveyor observed	{M 458}		

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{M 458}	Continued From page 4 one white top-freezer refrigerator. Within the refrigerator, Surveyor observed a black lock box, and a clear food storage container located on the third shelf. Within the black lock box, Surveyor observed two Insulin Lispro Pen 100/ML (milliliters) prescribed to Resident 4. Surveyor was able to open the black lock box without the use of a key. Within the clear food storage container, Surveyor observed four Lantus Solostar 100 unit/mL (milliliter) prescribed to Resident 2. Surveyor was able to open the clear food storage container without the use of a key. On 12/18/2025, at approximately 9:20 AM, Surveyor interviewed Caregiver B. Caregiver B was not aware the black lock box was unlocked. Caregiver B reported Resident 2's insulin was in a clear food storage container to keep each resident's medication separate. On 12/18/2025, at approximately 11:10 AM, Surveyor interviewed Licensee A. Licensee A reported all insulin was to be stored in the black lock box. Licensee A was not sure why Resident 2's insulin was in a clear food storage. Licensee A reported staff were trained and informed to keep all medications locked up when not in use. Licensee A was responsible to ensure compliance with medications being locked. Licensee A affirmed he/she visits the adult family home about two to three times a month.	{M 458}		
{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	{M 570}		

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{M 570}	Continued From page 5 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 record review, 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 127.6° F. This requirement is being cited for the third time. See Statements of Deficiency (SOD) DGU911, dated 06/20/2023 and SOD DGU912, dated 04/29/2025. 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 12/18/2025, at approximately 9:30 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 127.6° F. On 12/18/2025 at approximately 9:30 AM, Surveyor interviewed Caregiver B and Caregiver C. Caregiver B reported water temperatures are	{M 570}		

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{M 570}	Continued From page 6 tested monthly by another caregiver. Caregiver B and Caregiver C was not sure what the water temperature should be at in an adult family home. On 12/18/2025 at approximately 9:45 AM, Surveyor reviewed the facility's monthly water log. Surveyor identified the water temperature had not been checked since September 17, 2025. On 12/18/2025, at approximately 11:10 AM, Surveyor interviewed Licensee A regarding the temperature of the water. Licensee A reported the maintenance staff checked and turned down the water temperature to "warm" on November 3, 2025. Licensee A affirmed he/she was checking the water temperature on a monthly basis, but did not state why the checks stopped after September 17, 2025. Licensee A stated he/she would check the water heater to ensure staff did not change the temperature and have the water temperature turned down. "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}		