STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016966	A. BUILDING: _____ B. WING _____	08/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOLY HOMES AFH LLC	8901 W HAMPTON 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 08/06/2025, with information gathered through 08/09/2025, Surveyor conducted an abbreviated licensure survey at Holy Homes AFH LLC. Eight deficiencies were identified. Census: 2	M 000		
M 262	88.05(2)(a) DIFFICULTY WALKING If a resident is not able to walk at all or able to walk only with difficulty, or only with the assistance of crutches, a cane, or walker or is unable to easily negotiate stairs without assistance: 1. The exits from the home shall be ramped to grade with a hard surfaced pathway with handrails. 2. All entrance and exit doors and interior doors serving all common living areas and all bathrooms and bedrooms used by a resident not able to walk at all shall have a clear opening of at least 32 inches. 3. Toilet and bathing facilities used by a resident not able to walk at all shall have enough space to provide a turning radius for the resident's wheelchair and provide accessibility appropriate to the resident's needs. This Rule is not met as evidenced by: Based on observation and interview the provider did not ensure that access within the home was provided for a resident who was unable to ambulate without the use of crutches.	M 262		

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

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 262	Continued From page 1 The home did not have 2 exits ramped to grade. Findings include: The provider was licensed to serve up to 4 ambulatory individuals with a primary diagnosis that includes but not limited to: Correctional Clients, Physically Disabled, Developmentally Disabled, Emotionally Disturbed/Mental Illness, Irreversible Dementia/Alzheimer's, and Advanced Age. On 08/06/2025, at approximately 3:45 PM, Surveyor spoke with Resident 1, who was ambulating throughout the home while utilizing crutches. Resident 1 stated, "I have to be careful; my crutches are slippery on the kitchen floor." On 08/06/2025, at approximately 3:55 PM, Surveyor interviewed Carergiver B. Surveyor asked how long Resident 1 had been utilizing crutches for ambulation. Caregiver B stated, "As long as I have been here, and I have been here about 3 years." On 08/06/2025, at approximately 4:10 PM, Surveyor observed the secondary exit. Surveyor noted when walking up to the home, on the sidewalk, there was a cement step that then led to a wooden step. The wooden step was as wide as the screen door and about 12 inches in depth. An individual would need to open the door before stepping onto the wooden step. Then there was an additional approximate 4-inch step before entering the home. On 08/08/2025 at 4:17 PM, Surveyor interviewed Licensee A. Surveyor discussed the requirements for the home to be licensed as an	M 262		

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M 262	Continued From page 2 ambulatory home with conditions to allow Resident 1 to remain in the home. Licensee A stated s/he would look into having a second exit ramp installed to meet the requirements.	M 262		
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's physical environment was safe, well maintained, and appropriate for residents. Findings include: The provider was licensed to serve up to 4 ambulatory individuals with a primary diagnosis that includes but not limited to: Correctional Clients, Physically Disabled, Developmentally Disabled, Emotionally Disturbed/Mental Illness, Irreversible Dementia/Alzheimer's, and Advanced Age. On 08/06/2025, at approximately 3:30 PM, Surveyor toured the home and observed: Kitchen: -Microwave interior was pealing away exposing	M 276		

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M 276	Continued From page 3 the metal base Common Area: -Carpet throughout home displayed black stains and dark foot pattern markings due to individuals walking consistently on the carpet -Vents contained what appeared to be heavy black layers of dust -Wall near entrance door had approximately a 6-inch hole through the drywall -Pictures throughout the home had what appeared to be layers of dust along the frames Resident Bathroom: -Sink vanity interior had 3 partially used toilet paper rolls and a 28-ounce container of powdered bleach sitting on shelving that had numerous brownish circular stains throughout. -Ceiling vent had what appeared to be a heavy layer of dust hanging from the openings -Heating vent on the floor appeared to be white at one time but was now covered in what appeared to be rust -Wall corners were chipped and missing paint -Toilet paper holder only contained one bracket with two holes, one inch in approximate size, of where the other bracket would have hung -Vanity light fixture, which contained 3 light bulbs, contained one burnt out light bulb -White ceiling above the vanity light fixture appeared discolored (grayish) -Shower shelving contained what appeared to be a heavy layer of soap scum -Tub portion of the enclosed shower had reddish, brownish, orangish coloring around the drain, approximately 12 inches in a circular diameter -Shower enclosure, near the shower rod, was cracked and pealing, leaving sharp edges On 08/08/2025 at 4:17 PM, Surveyor interviewed	M 276		

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M 276	Continued From page 4 Licensee A. Licensee A stated they would address the identified concerns immediately.	M 276		
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 have a signed service agreement that was dated and signed by the person being admitted or their guardian or designated representative, for 2 of 2 residents (Resident 1 and Resident 2). Findings include: The provider was licensed to serve up to 4 ambulatory individuals with a primary diagnosis that includes but not limited to: Correctional Clients, Physically Disabled, Developmentally Disabled, Emotionally Disturbed/Mental Illness, Irreversible Dementia/Alzheimer's, and Advanced Age. On 08/06/2025, Surveyor reviewed Resident 1's	M 384		

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M 384	Continued From page 5 and Resident 2's record. Resident 1 moved into the home 05/29/2018 and was his/her own person. Resident 1's record contained an "Admission/Service Agreement," dated 04/06/2024, which was not signed by him/her. Resident 2 moved into the home 09/01/2015, and was represented by Guardian D. Resident 2's record contained an "Admission/Service Agreement," dated 04/01/2025, 4/06/2024, and 01/02/2024, which were signed by Resident 2 but not by Guardian D On 08/08/2025 at 4:17 PM, Surveyor interviewed Licensee A. Licensee A stated Guardian D needs to sign those agreements that the provider reviews annually. Licensee A stated s/he would discuss the concern with Manager F.	M 384		
M 406	88.06(3)(b) PERSONS INVOLVED WITH ISP & ASSESSMENT The individual service plan and written assessment shall be developed by the placing agency, if any, the service coordinator, if any, the licensee, the resident and the resident's guardian, if any and designated representative, if any, with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This Rule is not met as evidenced by: Based on record review and interview, the	M 406		

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M 406	Continued From page 6 provider did not ensure the Individual Service Plan (ISP) for 2 out of 2 records reviewed were developed together with the placing agency, the guardian, and the provider (Resident 1 and Resident 2). Findings include: On 08/06/2025, Surveyor reviewed Resident 1's and Resident 2's record. Resident 1 moved into the home 05/29/2018, was his/her own person, and was represented by a managed care organization (MCO) Care Manager (CM) C. Resident 1's record contained ISPs dated, 01/2025 to 04/2025, 05/2025 to 08/2025, and 08/2025 to 11/2025. The ISPs were not signed by the resident or CM C. Resident 2 moved into the home 09/01/2015, was represented by Guardian D and MCO CM E. Resident 2's record contained an ISP dated, 05/2025 to 08/2025 and 08/2025 to 11/2025. The ISPs were not signed by Guardian D or CM E. On 08/08/2025 at 4:17 PM, Surveyor interviewed Licensee A. Licensee A stated s/he would retrain Manager F on ISP development.	M 406		
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	M 424		

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M 424	Continued From page 7	M 424		

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 observation, record review and interview, the provider did not ensure 1 of 1 resident's Individual Service Plan (ISP) was reviewed when s/he experienced a change of condition.

Resident 1's ISP did not document that s/he utilized crutches for ambulation.

Findings include:

On 08/06/2025, at approximately 3:45 PM, Surveyor spoke with Resident 1, who was ambulating throughout the home while utilizing canes. Resident 1 stated, "I have to be careful; my crutches are slippery on the kitchen floor."

On 08/06/2025, at approximately 3:55 PM, Surveyor interviewed Carergiver B. Surveyor asked how long Resident 1 had been utilizing crutches for ambulation. Caregiver B stated, "As long as I have been here, and I have been here about 3 years."

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M 424	Continued From page 8 On 08/06/2025, Surveyor reviewed Resident 1's record. Resident 1 moved into the home 05/29/2018. Resident 1's record contained ISPs dated, 01/2025 to 04/2025, 05/2025 to 08/2025, and 08/2025 to 11/2025 which documented: "Monitor mental health/physical health: Resident" The ISPs did not document that s/he utilized crutches for ambulation. On 08/08/2025 at 4:17 PM, Surveyor interviewed Licensee A. Licensee A stated s/he would retrain Manager F on ISP development. Cross Reference: M0262 DHS 88.05(2)(a) Difficulty Walking	M 424		
M 466	88.07(3)(e)1 MEDICATION- RECORD KEEPING The licensee shall keep a record of all prescription medications controlled, dispensed or administered by the licensee which show the name of the resident, the name of the particular medication, the date and time the resident took the medication and errors and omissions. The medication controlled by the licensee shall be kept in a locked place. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure accurate records were kept of all prescription medications	M 466		

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M 466	Continued From page 9 administered for 1 of 1 resident. Census 2 with only 1 resident receiving medication administration. Resident 2's Medication Administration Record (MAR) was missing documentation of his/her scheduled acetaminophen, atorvastatin calcium, diclofenac sodium and refresh optive eye drops. Findings include: On 08/06/2025, at approximately 3:30 PM, Surveyor and Caregiver B observed Resident 2's medications in the med cabinet. Surveyor reviewed his/her blister pouches of acetaminophen and atorvastatin calcium and determined that only future doses were available. On 08/06/2025, Surveyor reviewed Resident 2's record. Resident 2 moved into the home 09/01/2015. Resident 2's Medication Administration Record (MAR), dated 07/25/2025 to 08/05/2025, documented: "Acetaminophen 325 MG (milligram) tablet - Take 2 tablets by mouth 2 times a day. Start Date: 10/18/2011." 8:00 PM dose was not documented as administered on 07/26 to 07/29 and 08/02. "Atorvastatin Calcium 80 MG tablet - Take 1 tablet by mouth at bedtime (cholesterol). Start Date: 12/07/2017." 8:00 PM dose was not documented as administered on 07/26 to 07/29 and 08/02. "Diclofenac Sodium 1% Gel - Apply 4 g (grams) externally to affected area 4 times a day. Start Date: 12/07/2023." 8:00 PM dose was not documented as administered on 07/26 to 07/29 and 08/02.	M 466		

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M 466	Continued From page 10 "Refresh Optive 0.5-0.9% drops - Instill 1 drop in the affected eye 2 times a day. Start Date: 10/27/2020." 8:00 PM dose was not documented as administered on 07/26 to 07/29 and 08/02. On 08/08/2025 at 4:17 PM, Surveyor interviewed Licensee A. Licensee A stated s/he would re-educate staff on proper medication administration documentation.	M 466		
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, the provider did not ensure a safe physical environment for 2 of 2 residents. The clothes dryer had a flexible vent pipe, causing a possible fire hazard. Findings include: This provider is able to serve up to 4 residents within the client groups of developmentally disabled and traumatic brain injury.	M 570		

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M 570	Continued From page 11 Department memo #BQA-98-024, dated 7/30/98, states the Bureau of Quality Assurance expects that all clothes dryers in Community Based Residential Facilities and Adult Family Homes, whether gas or electric, will be vented to the outside using only rigid metal vent tubing. The use of flexible plastic tubing and flexible metal tubing (which is made of metal rings held together with cloth and glue, both of which are flammable materials) is prohibited. On 08/06/2025, at approximately 3:55 PM, Surveyor toured the laundry room, located in the basement. Surveyor observed white flex tubing that was attached to the dryer, laid across the floor then hung on a tube of flex piping that was not attached to the dryer. The white tubing was over 15 feet in length. On 08/08/2025 at 4:17 PM, Surveyor interviewed Licensee A. Licensee A stated s/he would have the correct rigid venting installed on the dryer. "Flexible white plastic dryer vent hoses are unsafe because the ribbed surface restricts airflow and lint can build up in the vent and dryer. This buildup can cause overheating and dryer fires and the plastic hose can burn, spreading the fire." (Source: Madison Gas and Electric website, Natural Gas Safety, 2025, https://www.mge.com/safety-outages/stay-safe/natural-gas-safety (retrieval date - August 8, 2025).)	M 570		
M 582	88.10(3)(q) Medications Medications. To receive all prescribed medications in the dosage and at the intervals prescribed by the	M 582		

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M 582	Continued From page 12 resident's physician, and to refuse medications unless there has been a court order under s. 51.61(1)(g), Stats., with a court finding of incompetency. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 1 of 1 resident's prescribed medications were administered as prescribed. Resident 2's Latanoprost (eye drops) were not administered as prescribed and administered after the medication had expired. Findings include: The provider was licensed to serve up to 4 ambulatory individuals with a primary diagnosis that includes but not limited to: Correctional Clients, Physically Disabled, Developmentally Disabled, Emotionally Disturbed/Mental Illness, Irreversible Dementia/Alzheimer's, and Advanced Age. On 08/06/2025, at approximately 3:30 PM, Surveyor and Caregiver B reviewed Resident 2's medications securely stored in the med cabinet. Surveyor observed an opened bottle of Latanoprost, with a dispensed date of 02/12/2025. The label that stated, "Date Opened: _____. Once opened, may be stored at room temp up to 6 weeks" had not been filled out. On 08/06/2025, Surveyor reviewed Resident 2's	M 582		

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M 582	Continued From page 13	M 582		

record.

Resident 2 moved into the home 09/01/2015.

Resident 2's Medication Administration Record (MAR), dated 07/25/2025 to 08/05/2025, documented:
"Latanoprost 0.005% (Xalatan) - Instill 1 drop in both eyes at bedtime. Start Date: 05/10/2022."
The MAR documented that the medication had not been administered on 07/26 to 07/29 and 08/02.

On 08/08/2025 at 2:53 PM, Surveyor emailed Licensee A requesting Resident 2's latest pharmacy delivery report of his/her Latanoprost.

On 08/08/2025 at 4:17 PM, Surveyor interviewed Licensee A. Licensee A stated s/he would discuss the concern with staff and ensure eye drops were dated when they were opened. Licensee A stated s/he would forward the pharmacy report.

As of 08/09/2025 at 6:51 PM, Licensee A emailed Surveyor and stated the correct bottle of eye drops was made available to the resident as the bottle did not expire until 08/2026.

"Unopened bottles should be stored in the refrigerator. Once opened, the bottle can be kept at room temperature for either 6 weeks (Xalatan) or 30 days (Iyuzeh). For Xelpros, the bottle should continue to be kept in the refrigerator, even after opening, until the expiration date on the bottle." (Source: MedlinePlus website, Latanoprost Ophthalmic, August 15, 2023, https://medlineplus.gov/druginfo/meds/a697003.html (retrieval date - January 22, 2025).)