| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| **HAGGAI HOME** | **3136 W REICHERT PL MILWAUKEE, WI 53209** |

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| M 000 | INITIAL COMMENTS<br><br>On 12/31/2025, Surveyor concluded two complaint investigations at Haggai Home.<br><br>Four deficiencies were identified.<br><br>Two complaints were substantiated.<br><br>Census: 1 | M 000 | | |
| M 262 | 88.05(2)(a) DIFFICULTY WALKING<br><br>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:<br>1. The exits from the home shall be ramped to grade with a hard surfaced pathway with handrails.<br>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.<br>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.<br><br>This Rule is not met as evidenced by:<br>Based on observation, record review, and interview, the provider did not ensure there were two ramped exits from the facility for 1 of 1 | M 262 | | |

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

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| M 262 | Continued From page 1<br>resident who utilized a wheelchair for mobility. The front exit and side exit led to a shared ramp for egress. The side exit ramp did not measure fully across the full length of the 36-inch door opening. Surveyor did not observe handrails from the door ramp down onto the shared ramp for egress.<br><br>Findings include:<br><br>On 12/18/2025, at 10:00 a.m., Surveyor toured the home and observed the following:<br><br>The home had 2 exits from the facility. The following was identified:<br>-The 2 exits, located on the front side of the facility and side of the facility, led to 1 ramp.<br>-The front exit door was not ramped to grade. It had a one-inch rise to enter and exit.<br>-The side exit door ramp only covered approximately 32 inches across the base of the door.<br>-There were gaps of both 1¾-inch and 3 ½-inch on each side of the ramp.<br>-There was no handrail on the side exit door ramp.<br><br>On 12/18/2025 at 11:45 a.m., Surveyor observed Resident 1 at his/her adult day program. Surveyor observed Resident 1 utilized a wheelchair for mobility.<br><br>On 12/18/2025, Surveyor reviewed Resident 1's record and identified the following:<br>-Resident 1 was admitted to the provider's facility on 07/31/2017, with diagnoses including paraplegia, muscle weakness, cerebral infarction (stroke), anxiety, major depression, psychosis resulting in impaired cognition and decision making. | M 262 | | |

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| M 262 | Continued From page 2<br><br>Interviews<br><br>On 12/18/2025, at 10:45 a.m., Surveyor interviewed Licensee A regarding the side exit door ramp. Licensee A confirmed the exits led to 1 ramp for egress. Surveyor inquired about the side door ramp and the gaps on each side of the ramp. Licensee A stated, "Someone else showed me the ramp to grade issues. I don't know who, but I was aware." Surveyor questioned Resident 1's safety with wheelchair, when exiting the side door. Licensee A stated s/he helped Resident 1 in and out of the doors.<br><br>On 12/18/2025 at 12:20 p.m., Surveyor interviewed Director of Adult Day Care (DADC) J, who stated, "Because [Resident 1] is so heavy, s/he has to have his/her foot pedals on at all times. Without them, [Resident 1] begins to slip down and out of his/her chair. [Resident 1] can self-propel for a minute. However, his/her foot pedals need to go back under his/her feet for safety."<br><br>Cross Reference N0424 DHS 88.06(3)(f) Review of ISP | M 262 | | |
| M 424 | 88.06(3)(f) REVIEW OF ISP<br><br>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 | M 424 | | |

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| M 424 | Continued From page 3 | M 424 | | |

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 each resident's Individual Service Plan (ISP) was updated with current information for 1 of 1 resident.

Resident 1 used a wheelchair with foot pedals. Resident 1's ISP did not include accurate information on Resident 1's ambulation status.

Findings include:

On 12/18/2025 at 11:35 a.m., Surveyor observed Resident 1 at adult day program, in his/her wheelchair. The wheelchair foot pedals were removed by Adult Day Care Nurse (ADCRN) I, so Surveyor could observe Resident 1's ability to propel independently. Resident 1 used both his/her feet and slowly shuffled forward. Surveyor observed Resident 1 had both his/her hands on the wheels of the wheelchair. Resident 1 moved slowly across the room to a table.

On 12/18/2025 at 9:53 a.m., Licensee A provided current Program Statement dated 10/27/2025, which read, "Residents individual service plans are assessed every 6 months reassessing their

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| M 424 | Continued From page 4<br>needs and status."<br><br>On 12/18/2025, Surveyor reviewed Resident 1's record and identified the following:<br><br>-Resident 1 was admitted to the provider's facility on 07/31/2017, with diagnoses including paraplegia, muscle weakness, cerebral infarction (stroke), anxiety, major depression, psychosis resulting in impaired cognition and decision making.<br><br>-Resident 1 had a case manager (CM) from Managed Care Organization Care Manager (MCO) E and was his/her own person.<br><br>-Resident 1's ISP, was updated on 09/02/2025. The following was identified:<br><br>Under safety: "Observations. Low safety risk [sic] May require occasional supervision. Desired Outcomes [sic] Goals. Will use wheelchair when ambulating while traveling long distance. Timeline. 12/29/2025 12:00:00AM. Interventions. Clear walking paths without throw rugs."<br><br>Under transfer evacuation: "Observations. [Resident 1] requires staff to assist with use of adaptive equipment as needed. Desired Outcomes [sic] Goals. [Resident 1] will maintain ability to bear weight with transfers. Timeline. 12/29/2025 12:00:00AM. Interventions. AFH (Adult Family Home) will encourage [Resident 1] to use grab bar when assisting to toilet; provide raise toilet seat."<br><br>Under mobility: "Observations. [Resident 1] does not require assist of staff to ambulate. Desired Outcomes [sic] Goals. Will evacuate the home during emergencies within 2 min(s) [sic]. | M 424 | | |

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| M 424 | Continued From page 5 | M 424 | | |

Timeline. 12/29/2025 12:00:00AM. Interventions. AFH will help keep walkways clear of clutter."

-Resident 1's long term care functional screen was dated 11/25/2025. The following was identified:
Under mobility in the home, it read, "[Resident 1] utilizes a wheelchair for mobility throughout his home. [Resident 1] requires stand-by assistance to propel longer/farther distances. Long Term Functional Screener (LTCFS) M observed [Resident 1] ambulate in his/her wheelchair and due to limited space in resident's home s/he used walls and furniture to navigate due to limited space in his/her home."

Interviews

On 12/18/2025 at 9:27 a.m., Licensee A stated, "[Resident 1 can self-propel him/herself in the wheelchair."

On 12/18/2025 at 10:20 a.m., Surveyor interviewed Licensee A and requested him/her to point out where the ISP indicated Resident 1 was able to self-propel in his/her wheelchair. Licensee A looked through Resident 1's ISP and stated, "It's not in there that s/he can self-propel in his/her wheelchair."

On 12/18/2025, at 10:45 a.m., Surveyor interviewed Licensee A regarding the side exit door ramp. Licensee A confirmed the exit led to 1 ramp for egress. Surveyor inquired about the length of the ramp and the gaps on the sides of the ramp. Licensee A stated, "Someone else showed me the ramp to grade issues. I don't know who, but I was aware." Surveyor questioned Resident 1's safety with wheelchair. Licensee A stated s/he helped Resident 1 in and out of the

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| M 424 | Continued From page 6<br>doors.<br><br>On 12/18/2025 at 11:35 a.m., Surveyor interviewed ADCRN I, who stated Resident 1 could self-propel with his/her left hand only. ADCRN I stated, "We try to help him/her keep his/her independence. We let [Resident 1] self-propel when here." Surveyor asked ADCRN I if Resident 1 could self-propel. ADCRN I stated, " No. [Resident 1] needs staff assistance."<br><br>On 12/18/2025 at 12:20 p.m., Surveyor interviewed Director of Adult Day Care (DADC) J, who stated, "Because [Resident 1] is so heavy, s/he has to have his/her foot pedals on at all times. Without them, [Resident 1] begins to slip down and out of his/her chair. [Resident 1] can self-propel for a minute. However, his/her foot pedals need to go back under his/her feet for safety."<br><br>Cross Reference N0262 DHS 88.05(2)(a) Difficulty Walking | M 424 | | |
| M 556 | 88.10(3)(e) Self-Direction<br><br>Self-direction. To have opportunities to make decisions relating to care, activities and other aspects of life in the adult family home. No curfew, rule or other restrictions on a resident's freedom of choice shall be imposed unless specifically identified in the home's program statement or the resident's individual service plan. An adult family home shall help any resident who expresses a preference for more independent living to contact any agency needed to arrange it. | M 556 | | |

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| M 556 | Continued From page 7 | M 556 | | |

This Rule is not met as evidenced by:
Based on record review, and interview, the provider did not ensure resident was able to practice self-direction by providing him/her a choice to remain on the Managed Care Organization (MCO) plan of his/her choice. On 10/09/2025, Licensee A completed a form for 1 of 1 resident (Resident 1) to change their MCO's. Licensee A met Resident 1 at the Aging & Disability Resource Center (ADRC) of Milwaukee County and assisted in processing their transfer paperwork to their new MCOs in person on 10/09/2025.

Findings include:

On 12/10/2025, the Department received a complaint alleging the resident did not have a choice of what MCO they utilized. MCO D learned that Licensee A completed a change form for Resident 1 to switch to MCO E. Resident 1 was his/her own person.

On 12/18/2025 at 10:00 a.m., Surveyor reviewed Resident 1's record and identified the following:

Resident 1 was admitted to the home on 07/31/2017 with diagnoses including anxiety, major depression, psychosis., morbid obesity, and a history of falls. Resident 1 had a case manager (CM) from MCO E.

On 12/12/2025 at 7:30 a.m., Surveyor reviewed an email from MCO E Quality Improvement Manager (QIM) F, dated 10/23/2025, "[MCO D] reported that they terminated (the MCO contract with Divine Living) due to the provider being on

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corrective action plan related to significant medication management and administration concerns, once completing the steps of correction, the medication management and administration concerns resumed. The provider escalated things and became increasingly belligerent with [MCO] staff once the termination notice was provided."

On 12/12/2025 at 4:00 p.m., Surveyor reviewed MCO D certified letter sent to Licensee A on 10/06/2025. It stated, "Notice is hereby given that [MCO D] seeks to terminate the contract for Diving Living AFH LLC dated February 1, 2021 ...The contract termination date will be December 5, 2025."

On 12/19/2025 at 7:45 a.m., Surveyor reviewed Resident 1's Long Term Functional screen (LTCFS) dated 11/25/2025. It read, "Health Related Services: Primary Diagnoses: Cerebral Vascular Accident ...Secondary Diagnoses: Other Mental Illness Diagnoses ...Due to cognitive impairment member requires cues/reminders to take his medication 3 x day. Communication. Can fully communicate with no impairment or only minor impairment (e.g., slow speech). Memory Loss: 1. Short Term Memory Loss (seems unable to recall things a few minutes up to 24 hours later) 2. Unable to remember things over several days or weeks. Cognition for Daily Decision Making. Person needs help with reminding, planning, or adjusting routine, even with familiar routine. COGNITION: Member does have verified cognitive impairment diagnoses."

On 12/31/2025 at 3:05 p.m., Surveyor received emailed records from Senior Manager Options Counselor (SMOC) K. Notes for Resident 1 dated 10/09/2025, read that Resident 1 came into the

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| M 556 | Continued From page 9<br>options counseling location with Licensee A, requesting to transfer long term care programs.<br><br>Interviews<br><br>On 12/10/2025 at 8:45 a.m., Surveyor interviewed Program Quality Manager (PQM) B, who stated Regional Program Manager (RPM) C received an email that confirmed Resident 1's disenrollment from MCO D. RPM C investigated the paperwork and noted Licensee A had disenrolled Resident 1 from MCO D and enrolled him/her to MCO E. PQM B noted Resident 1 was disenrolled from MCO D and that s/he was his/her own person. PQM B stated Licensee A had on-going inconsistencies with the MCO. S/He stated, "We were going into his/her other facility every week since September to do quality assurance checks." PQM B stated they observed falsification of documentation, approximately 35 medication errors, and staff who were concerned with medication tampering.<br><br>On 12/11/2025 at 12:30 p.m., Surveyor interviewed RPM C, who stated when a member was disenrolled from the program, s/he got an email right away. Resident 1's care team received the email. RPM C stated, "I ended up pulling a report and found all of our members were disenrolled the same day." Resident 1's application was processed, and s/he was now with MCO E. RPM C stated when Licensee A was interviewed, Licensee A admitted to taking the residents to the ADRC to process the applications.<br><br>On 12/16/2025 at 12:50 p.m., Surveyor interviewed SMOC K, who confirmed on 10/09/2025, Information and Assistance Staff (IAS) L, reported [Licensee A] came into the | M 556 | | |

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| M 556 | Continued From page 10 | M 556 | | |

ADRC with his/her residents and provided information to IAS L on behalf of the residents to switch their MCO programs.

On 12/18/2025 at 8:58 a.m., Licensee A confirmed that s/he met Resident 1 at the ADRC for options counseling. Licensee A stated, "[Resident 1] said s/he wanted to stay here." Licensee A continued to explain without MCO D, [Resident 1] could not stay. So, s/he met him/her at ADRC for options counseling. Licensee A confirmed Resident 1 was disenrolled after that and enrolled into MCO E. Licensee A confirmed s/he lost the contract for MCO E. Licensee A stated, "[Resident 1] does not want to move. MCO E says that I'm influencing the residents. I feel like I'm being picked on. My attorney told me that I won the appeals, but MCO E pulled my contract anyways for no cause."

On 12/18/2025 at 10:15 a.m., Licensee A received a telephone call on behalf of Resident 1. Licensee A put the telephone call on speakerphone so Surveyor could hear the person on other end of call. IRIS (MCO G) called to inform Licensee A that Care Manager (CM) H would be coming to talk with Resident 1. When Licensee A and Surveyor requested CM H's contact information, the operator declined and stated that CM H would contact Resident 1.

On 12/18/2025 at 11:45 a.m., Surveyor interviewed Resident 1, at his/her adult day program. Resident 1 stated s/he had been having a fair number of visitors the past couple of weeks. Surveyor asked if s/he could explain what was happening. Resident 1 stated, "I'm going to end up having to move, but I don't know why." Resident 1 explained that Licensee A helped him/her get a ride to the ADRC. S/He then helped

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| M 556 | Continued From page 11<br><br>Resident 1 when s/he got there. Resident 1 stated, "I don't have [MCO D] anymore. I don't know if I have [MCO E]. It's all confusing. [Licensee A] is handling it." Surveyor asked Resident 1 who paid his/her rent. S/He stated, "I do not know." | M 556 | | |
| M 586 | 88.10(3)(s) Telephone Calls<br><br>Telephone calls. To make and receive a reasonable number of telephone calls of reasonable duration and in privacy.<br><br>This Rule is not met as evidenced by:<br>Based on observation, interview, and record review, the provider did not ensure 1 of 1 resident (Resident 1) had the opportunity to make phone calls.<br><br>Findings include:<br><br>On 12/10/2025, the Department received a complaint alleging the resident did not have a choice of what Managed Care Organization (MCO) they utilized.<br><br>On 12/18/2025 at 10:00 a.m., Surveyor reviewed Resident 1's record and identified the following:<br><br>Resident 1 was admitted to the home on 07/31/2017 with diagnoses including anxiety, major depression, psychosis., morbid obesity, and a history of falls. Resident 1 had a case manager (CM) from MCO E.<br><br>On 10/23/2025, MCO E Quality Improvement Manager (QIM) F sent email dated 10/23/2025 to Resident 1's complete care team. It read, "[MCO D] reported that they terminated (the MCO | M 586 | | |

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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 586 | Continued From page 12 | M 586 | | |

contract with Divine Living) due to the provider being on corrective action plan related to significant medication management and administration concerns, once completing the steps of correction, the medication management and administration concerns resumed. The provider escalated things and became increasingly belligerent with MCW staff once the termination notice was provided."

On 12/08/2025, MCO E Collateral Contact (CC) O documented in member notes that s/he placed a telephone call to Licensee A. CC O wrote, "[CC O] contacted [Resident 1's] current AFH (Adult Family Home) to inquire about openings this week to schedule placement assessments for [Resident 1] to move into a new AFH. [Licensee A] stated [Resident 1] was not moving and does not care if the authorization ends. [Licensee A] hung up ...attempted to call [Licensee A] back but was unable to reach him/her."

Interviews

On 12/11/2025, at 3:45 p.m., Surveyor interviewed MCO E Manager of Care Management Support (MCMS) N, who reported Licensee A was refusing to let Resident 1 use the phone to talk to Care Managers. MCMS N stated the Care Managers would call Resident 1 to discuss care counselling and where resident 1 wanted to move. MCMS N stated his/her care managers were reporting to him/her that Licensee A would take the phone away from Resident 1 and speak on his/her behalf. MCMS N stated s/he directed his/her care team to go to Resident 1's adult day to interview him/her moving forward.

On 12/12/2025, at 11:40 a.m., Surveyor inquired

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 0016465 | A. BUILDING: _____ B. WING _____ | C 12/31/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| **HAGGAI HOME** | **3136 W REICHERT PL MILWAUKEE, WI 53209** |

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|---|---|---|---|---|
| M 586 | Continued From page 13<br>about Resident 1's phone restrictions. Licensee A stated s/he was not around enough to restrict resident phone calls.<br><br>On 12/18/2025, at 11:45 a.m., Surveyor inquired about Resident 1's phone restrictions, Resident 1 stated, "I don't use the phone much. [Licensee A] helps with my calls." | M 586 | | |