STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016832	A. BUILDING: _____ B. WING _____	05/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW OUTLOOK ADULT FAMILY HOME	7445 MILWAUKEE AVE WAUWATOSA, WI 53213

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
M 000	INITIAL COMMENTS On 05/11/2026, Surveyor conducted a standard survey at New Outlook Adult Family Home. As a result, 6 deficiencies were identified. Census: 1	M 000		
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 home was clean, well-maintained and a homelike environment for 1 of 1 resident. The bathroom required cleaning and the home required maintenance. Findings include: On 05/11/2026, at 11:50 AM, Surveyor toured the facility and observed the following: - The bathroom sink, and wall area behind the sink contained splatters of a white greenish substance, similar to toothpaste. - The wall and floor trim next to the toilet was covered in brown and gray matter, similar to dust and urine.	M 276		

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

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M 276	Continued From page 1 - A white laundry basket was on the floor, which was covered in what appeared to be the same brown and gray matter next to the toilet. - The bathroom had a strong musty smell, similar to urine. - The tub caulking contained areas of brown matter, similar to mildew and rust. The tiles on the wall were white, with brown and yellow streaks, similar to rust and soap residue. - The windowpanes in the tub area were painted with what appeared to be paint. The paint was flaking off, leaving areas of the window exposed. - A bedroom, which was unoccupied, door was covered in a yellowish, brownish substance which had appeared to drip down and dried on to the door. Inside the room, there were debris of white and dark color debris scattered across the carpeting. - Another bedroom, which was unoccupied, the door contained a hasp on the outside of the door. - The linoleum type flooring in the kitchen was lifting up around the heat vent in the floor, which exposed the subflooring. On 05/11/2026, at 1:30 PM, Surveyor interviewed Licensee A. Licensee A reported s/he had not been in the home recently. Licensee A acknowledged Surveyor's concerns regarding the cleaning and maintenance of the home.	M 276		
M 346	88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION	M 346		

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M 346	Continued From page 2 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 complete an annual evacuation assessment review for 1 of 1 resident (Resident 1) who lived in the facility beyond one year. Resident 1's annual evacuation was not completed in January 2026. Findings include: On 05/11/2026, at 12:05 PM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 05/26/2023. Resident 1's record contained an initial evacuation evaluation dated 05/27/2023. Resident 1's annual evaluation assessments were dated 01/02/2024 and 01/06/2025. Surveyor was unable to locate evidence of completed annual evacuation assessments for Resident 1 in January 2026. On 05/11/2026, at 1:30 PM, Surveyor interviewed Licensee A. Licensee A confirmed the code requirement. Licensee A reported s/he thought s/he had completed the annual assessment in January. Licensee A reported s/he would ensure the annual assessment was completed.	M 346		
M 384	88.06(2)(b) SERVICE AGREEMENT EXCEPT RESPITE	M 384		

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M 384	Continued From page 3 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 an admission agreement was signed by a guardian or designated representative for 1 of 1 resident (Resident 1). Resident 1's guardian did not sign an admission agreement. Findings include: On 05/11/2026, at 12:05 PM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 05/26/2023. Resident 1 had a guardian. Resident 1's admission agreement was signed by Resident 1. Resident 1's admission agreement was not signed by Licensee A and Resident 1's guardian. On 05/11/2026, at 1:30 PM, Surveyor interviewed Licensee A. Licensee A confirmed the code requirement. Licensee A reported it must have been missed at the time of admission.	M 384		
M 424	88.06(3)(f) REVIEW OF ISP	M 424		

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M 424	Continued From page 4 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's (Resident 1) individual service plan (ISP) was reviewed every 6 months by the licensee, the resident or resident's legal representative and managed care organization (MCO) case managers. Resident 1's ISP was not signed by Resident 1's guardian. Findings include: On 05/11/2026, at 12:05 PM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 05/26/2023. Resident 1 had a guardian. Resident 1's ISP was dated 02/12/2026. Resident 1's ISP was signed by Resident 1, Licensee A and MCO.	M 424		

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M 424	Continued From page 5 Resident 1's ISP was not signed by Resident 1's guardian. Resident 1's ISP, dated 08/13/2025 was signed by Resident 1, Licensee A and MCO. Resident 1's ISP was not signed by Resident 1's guardian. On 05/11/2026, at 1:30 PM, Surveyor interviewed Licensee A. Licensee A confirmed the code requirement. Licensee A reported s/he thought Resident 1's guardian signed the ISPs. Licensee A reported s/he would ensure all parties signed the ISP.	M 424		
M 436	88.07(2)(a) SERVICES The licensee shall provide or arrange for the provision of individualized services specified in a resident's individual service plan that are the licensee's responsibility. This Rule is not met as evidenced by: Based on observation and interview, the provider did not provide for the provision of individualized services for 1 of 1 resident (Residents 1) with meals or medication administration in the facility. Resident 1 was served her/his meals and given her/his medications in the Adult Family Home (AFH) located downstairs. Findings include: Observations The facility was located in a 2-unit, stacked	M 436		

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M 436	Continued From page 6	M 436		

duplex. The building has 2 licensed adult family homes, owned, and operated by Licensee A.

On 05/11/2026, between 11:50 AM and 1:30 PM, Surveyor toured the building and observed the following:

- Resident 1 was seated in the living room of the downstairs AFH with Caregiver D.

- A sign taped to the front door of the upstairs AFH stated, "Please use the back door [sic] stop at kitchen entrance if you have any questions for the staff that is on duty downstairs."

- The refrigerator in the upstairs AFH had an open bag of shredded cheese, various condiments, and a half container of Minute Maid fruit punch. The freezer had a Lean Cuisine and 4 corndogs.

- The cupboard had 2 boxes of open cereal.

- Licensee A opened a plastic shelving unit in the downstairs AFH, which stored Resident 1's medications.

Interviews

On 05/11/2026, at 12:35 PM, Surveyor interviewed Caregiver D. Caregiver D confirmed Resident 1 lived in the upstairs AFH. Caregiver D reported staff complete all cooking and medication administration in the downstairs AFH. Caregiver D reported Resident 1 eats her/his meals with the residents in the downstairs AFH.

On 05/11/2026, at 1:30 PM, Surveyor interviewed Licensee A. Licensee A confirmed staff complete meal preparation and medication administration for Resident 1 in the downstairs AFH. Licensee A

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M 436	Continued From page 7 reported s/he wanted to combine the AFHs into 1 AFH, due to Resident 1 was comfortable upstairs and s/he was not planning on moving more residents to the upstairs AFH.	M 436		
M 530	88.09(2)(a)8 TRAINING DOCUMENTATION Documentation of successful completion of the training requirements under HSS 88.04(5). This Rule is not met as evidenced by: Based on record review and interview, the provider did not maintain and keep up to date a personnel record for each service provider which included documentation of successful completion of the training requirements under s. DHS 88.04(5) for 2 of 2 employees reviewed (Caregiver B and Caregiver C). Caregiver B's record and Caregiver C's record did not contain evidence of 8 hours of annual training for 2025. DHS 88.04(5)(b) states "(5) TRAINING. (b) Except as provided in pars. (c) and (d), the Coordinator and each service provider shall complete 8 hours of training approved by the licensing agency related to the health, safety, welfare, rights and treatment of residents every year beginning with the calendar year after the year in which the initial training is received." Findings include: On 05/11/2026, at 1:05 PM, Surveyor reviewed staff records and identified the following: Caregiver B was hired on 04/30/2019. Surveyor was unable to locate evidence of completed continuing education training for 2025.	M 530		

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M 530	Continued From page 8 Caregiver C was hired on 07/12/2013. Surveyor was unable to locate evidence of completed continuing education training for 2025. On 05/11/2026, at 1:30 PM, Surveyor interviewed Licensee A. Licensee A reported Caregiver B and Caregiver C were attending a training with WisCaregiver Careers, which entailed of 15 hours of training in 2025 and 15 hours of training in 2026. Licensee A reported they would not receive a certificate of training until all 30 hours of training was completed.	M 530		