STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019469	A. BUILDING: _____ B. WING _____	C 03/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMAZING CARE GROUP HOME LLC 2	**734 S 39TH ST MILWAUKEE, WI 53215**

(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 03/09/2026, Surveyor conducted a standard survey, 2 complaint investigations and a self-report investigation at Amazing Care Group Home 2. As a result, 7 deficiencies were identified. One complaint was substantiated; one complaint was unsubstantiated. Census: 3	M 000		
M 230	88.04(2)(f) CONDITION WHICH REPRESENTS RISK OR HARM The licensee may not permit the existence or continuation of a condition in the home which places the health, safety or welfare of a resident at substantial risk of harm. This Rule is not met as evidenced by: Based on observation and interview, the licensee permitted a condition of risk which place the health, safety, and welfare of residents a substantial risk of harm. The front and rear emergency exits had a reinforcement lock and deadbolts on the screen doors and exterior doors. This had the potential to affect 3 of 3 residents. Findings include: On 09/22/2025, the Department received a complaint alleging a concern with locked exits. On 03/09/2026, at 12:00 PM, Surveyor tour the home and observed the following: The front exit, located in the dining room/living room area, had a screen door and exterior door. The screen door contained a deadbolt lock. The	M 230		

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

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M 230	Continued From page 1 exterior door also had a deadbolt lock. The door jamb contained a reinforcement lock. The rear exit, located through the kitchen, had a screen door and exterior door. The screen door contained a deadbolt lock. The exterior door also had a deadbolt lock. The door jamb contained a reinforcement lock. Surveyor observed the facility floor plan. The floor plan identified the front and rear exits as emergency exits. On 03/09/2026, at 1:45 PM, Surveyor interviewed Licensee A. Licensee A reported s/he had installed a key locked deadbolt at one time, and was told by a managed care organization, s/he was unable to utilize a keyed deadbolt on an emergency exit. Licensee A reported s/he changed the deadbolts out. Licensee A reported the reinforcement lock was used when Resident 1 was struggling with her/his elopement behaviors. Licensee A reported the lock was not utilized anymore since Resident 1 was on medications to assist with her/his mental illness. Licensee A acknowledged the concerns regarding exiting the home in an emergency and her/his entry to the home if the lock was engaged and reported s/he would have the reinforcement locks removed.	M 230		
M 244	88.04(5)(a) TRAINING-15 HOURS WITHIN 6 MONTHS The licensee and each service provider shall complete 15 hours of training approved by the licensing agency related to health, safety and welfare of residents, resident rights and	M 244		

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M 244	Continued From page 2 treatment appropriate to residents served prior to or within 6 months after starting to provide care. This training shall include training in fire safety and first aid. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 staff (Caregiver B) received 15 hours of training related to health, safety and welfare, resident rights, first aid and fire safety, and treatment appropriate to residents prior to or within 6 months of starting to provide cares. Caregiver B did not receive any training related to resident rights training. Findings include: On 03/09/2026, at 1:10 PM, Surveyor reviewed caregiver records and identified the following: Caregiver B was hired on 06/20/2023. Caregiver B's record indicated s/he received training in standard precautions, first aid, fire safety and medication administration. Caregiver B's record did not contain evidence of training in resident rights. On 03/09/2026, at 1:45 PM, Surveyor interviewed Licensee A. Licensee A confirmed the code requirement. Licensee A reported s/he recently learned about the requirement from another survey and was working on implementation.	M 244		
M 336	88.05(4)(b)2 SMOKE DETECTORS-TESTING AND MAINTENANCE	M 336		

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M 336	Continued From page 3 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 record review and interview, the provider did not ensure the facility's smoke detectors were tested monthly for 2 of 2 years. There was no evidence the smoke detectors were tested monthly in 2024 and 2025. Findings include: On 03/09/2026, at 1:40 PM, Surveyor reviewed the facility safety files and identified the following: 2024 - Surveyor was unable to locate any evidence smoke detectors were tested in 2024 2025 - Smoke detectors were tested in June, July, August, September, October, November, and December. Surveyor was unable to locate any evidence smoke detectors were tested in January, February, March, April or May of 2025. 2026 - Smoke detectors were tested in January, February, and March of 2026. On 03/09/2026, at 1:45 PM, Surveyor interviewed Licensee A. Licensee A confirmed the code requirement. Licensee A reported s/he was unsure where the documentation was to indicate if smoke detectors were tested in 2024. Licensee	M 336		

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M 336	Continued From page 4 A acknowledged the documentation for 2025 indicated smoke detectors were not tested.	M 336		
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 an admission agreement was signed by a guardian or designated representative for 1 of 2 residents (Resident 1). Resident 1's power of attorney (POA) did not sign an admission agreement. Findings include: On 03/09/2026, at 12:20 PM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 08/17/2023. Resident 1's admission agreement was signed by Resident 1. Resident 1's record indicated s/he POA was activated on 10/20/2025. Resident 1's admission agreement was not updated when her/his POA was activated. On 03/09/2026, at 1:45 PM, Surveyor interviewed	M 384		

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M 384	Continued From page 5 Licensee A. Licensee A confirmed Resident 1 had an activated POA. Licensee A reported s/he was unaware the service agreement needed to be updated. Licensee A reported s/he would have Resident 1's POA sign a service agreement.	M 384		
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 2 residents (Resident 1) individual service plan (ISP) contained all required information. The provider did not ensure 2 of 2 residents (Resident 1 and Resident 2) ISPs were reviewed every 6 months. Resident 1's and Resident 2's ISPs were due to be reviewed in	M 424		

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M 424	Continued From page 6 02/2024, 08/2024, and 02/2025. Findings include: On 03/09/2026, at 12:20 PM, Surveyor reviewed resident records and identified the following: Example 1 Resident 1 was admitted on 08/17/2023 with diagnoses including dementia and schizophrenia. Resident 1's record contained a behavior support plan (BSP), dated 09/15/2025, which indicated the following: Behaviors - elopement, medication refusals, taking belongings from others, exposing private parts/sexual behaviors. Resident 1 had a history of self-harm. Situations/circumstances of when a behavior likely to occur: cigarettes and coffee not available, refusal to accept redirection, internally preoccupied, medication refusals, constant pacing, continuously requesting, increased agitation, exposing private parts Interventions - Redirect behavior/distract from elopement thoughts, positive reinforcement, train staff to handle elopement, air tag was added to Resident 1, door alarms. Resident 1's ISP, dated 09/24/2025, indicated the following areas of behaviors: Mobility - independent, escort: wandering, will wander away from the home without knowing how to return, must be monitored at all times. Specialized services - dementia	M 424		

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M 424	Continued From page 7	M 424		

care/supervision/monitoring: must be monitored at all times, may only leave home with a caregiver

Shopping - needs staff to complete shopping, cannot shop alone, must be accompanied by a caregiver due to safety reasons and history of wandering.

Resident 1's ISP did not indicate Resident 1's behaviors in medication refusal, exposing herself/himself, sexual behaviors, or taking items from others. Resident 1's ISP did not direct caregivers to Resident 1's BSP for behavioral interventions.

Example 2

Resident 1 was admitted on 08/17/2023 with diagnoses including dementia and schizophrenia. Resident 1 had a managed care organization (MCO). Resident 1's ISP was dated 09/24/2025. Resident 1's ISP was not signed by Resident 1's MCO. Resident 1's original ISP was dated 08/17/2023. Resident 1's ISP was to be reviewed in 02/2024, 08/2024, and 02/2025. Surveyor was unable to locate evidence of Resident 1's ISP reviews.

Resident 2 was admitted on 08/17/2023. Resident 2 had an MCO. Resident 2's ISP was dated 09/24/2025. Resident 2's ISP was not signed by Resident 2's MCO. Resident 2's original ISP was dated 08/17/2023. Resident 2's ISP was to be reviewed in 02/2024, 08/2024, and 02/2025. Surveyor was unable to locate evidence of Resident 2's ISP reviews.

On 03/09/2026, at 1:45 PM, Surveyor interviewed Licensee A. Licensee A confirmed the code requirement. Licensee A reported the MCOs had

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M 424	Continued From page 8 refused to sign the ISPs. Licensee A reported Resident 1 and Resident 2 belonged to a new MCO, and s/he would ensure the ISPs were signed by all parties. Licensee A reported s/he would ensure the ISPs contained all the required information. Licensee A reported s/he had made changes after a previous survey and thought s/he was in compliance.	M 424		
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 and interview, the provider did not ensure a safe physical environment by ensuring water temperatures were kept at a safe temperature for 3 of 3 residents. The hot water temperature in the bathroom was 128.0° Fahrenheit (F). Findings include: This provider was licensed on 04/07/2023 to provide care for up to 4 residents in the client groups of correctional clients, pregnant	M 570		

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M 570	Continued From page 9 women/counselling, emotionally disturbed/mental illness, irreversible dementia/Alzheimer's, developmentally disabled, advanced aged, physically disabled, and alcohol/drug dependent. On 03/09/2026, at 1:30 PM, Surveyor tested the water temperature in the bathroom sink faucet. The water temperature was 128° F. "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." (DQA Publication-01942, Hot Water Temperatures in Adult Family Homes, August 2017) On 03/09/2026, at 1:45 PM, Surveyor interviewed Licensee A. Licensee A reported s/he was unaware the water temperature was too high. Licensee A reported s/he would ensure the water heater was turned down.	M 570		
Z 014	50.065(2)(d) MAINTAIN BACKGROUND INFORMATION Every entity shall maintain, or shall contract with another person to maintain, the most recent background information obtained on a caregiver under par. (b). The information shall be made	Z 014		

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Z 014	Continued From page 10 available for inspection by authorized persons, as defined by the department by rule. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 caregiver (Caregiver B and Caregiver C) background check was maintained. Caregiver B's and Caregiver C's background check was not maintained by the provider and was unavailable for review upon Surveyor's request. Findings include: On 03/09/2026, at 1:10 PM, Surveyor reviewed caregiver records and identified the following: Caregiver B was hired on 06/20/2023. Caregiver B's record contained a Background Information Disclosure (BID), dated 12/06/2021. Caregiver B's record contained the first page of the Department of Justice (DOJ) report. The report did not indicate Caregiver B's convictions. Caregiver B's record did not contain a Government Findings Report (GFR). Caregiver C was hired 11/12/2025. Caregiver C's record contained a BID, dated 11/12/2025. Caregiver C's record contained a DOJ report dated 10/29/2025. Caregiver C's record did not contain a GFR. On 03/09/2026, at 1:45 PM, Surveyor interviewed Licensee A. Licensee A reported s/he had to replace her/his laptop, and the documents were	Z 014		

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Z 014	Continued From page 11 unable to be recovered. Licensee A reported s/he would ensure copies were printed as well as being saved electronically.	Z 014		