STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013569	A. BUILDING: _____ B. WING _____	R-C 02/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POSITIVE PATHWAYS LLC	**5025 N 83RD ST MILWAUKEE, WI 53218**

(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 03/02/2026, Surveyor concluded a standard survey, two verification visits and a complaint investigation at Positive Pathways LLC for Statement of Deficiency (SOD) U40011, and GWOW12. Five deficiencies were identified. Two of 5 deficiencies were repeat violations. See Statement of Deficiencies (SOD) GWOW12, dated 03/04/2024. 88.04(2)(h) Comply With Osha and 88.06(3)(f) Review of ISP were repeat deficiencies. One of 5 deficiencies was cited for a third time. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. One complaint was unsubstantiated. Census: 3	{M 000}		
{M 235}	88.04(2)(h) COMPLY WITH OSHA The licensee and all service providers involved in the operation of the adult family home shall comply with the universal precautions contained in the U.S. Occupational Safety and Health Administration Standard 29 CFR 1910.1030 for the control of blood-borne pathogens. This Rule is not met as evidenced by: Based on record review and interview, the	{M 235}		

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

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{M 235}	Continued From page 1 provider did not ensure 1 of 1 service providers received annual training in universal precautions as required in the U.S. Occupational Safety and Health Administration (OSHA) Standard 29 CFR 1910.1030 for the control of blood-borne pathogens. Caregiver I did not complete annual training in universal precautions in 2025. This is a repeat deficiency. See Statement of Deficiency GWOW12, dated 03/04/2024. Findings include: On 02/27/2026 at 12:10 p.m., Surveyor reviewed Caregiver I's record. Caregiver I was hired on 04/24/2020. Caregiver I's record did not contain evidence s/he received standard precautions training in 2025. On 02/27/2026 at 12:20 p.m., Surveyor interviewed Licensee A. Licensee A reported Caregiver I came off the schedule in November of 2024 for personal reasons. Licensee A confirmed Caregiver I remained employed with the provider. Caregiver I began to work with the residents again in December of 2025. Licensee A stated, "I did not want to lose him/her as a caregiver. S/He was good at his/her job. I did not think of offering [Caregiver I] annual training in universal precautions. Now I know." Licensee A confirmed Caregiver I may come in contact with bloodborne pathogens completing caregiver job duties. Cross Reference M0246 DHS 88.04(5)(b) Training 8 Hours Annually	{M 235}		
{M 246}	88.04(5)(b) TRAINING-8 HOURS ANNUALLY Except as provided in pars. (c) and	{M 246}		

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{M 246}	Continued From page 2 (d), the licensee 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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 caregiver (Caregiver I) completed 8 hours of annual training approved by the licensing agency related to the health, safety, welfare, rights, and treatment of residents served in the facility. Caregiver I's file did not include resident rights training and 8 hours of annual training for the year 2025. This deficiency is being cited for a third time. See Statement of Deficiency GWOW11, dated 11/23/2021 and GWOW12, dated 03/04/2024. Findings include: On 02/27/2026 at 12:10 p.m., Surveyor reviewed Caregiver I's record. Caregiver I was hired on 04/24/2020. Caregiver I's record did not contain evidence of 8 hours of continuing education, including resident rights for the year 2025. On 02/27/2026 at 12:20 p.m., Surveyor interviewed Licensee A. Licensee A reported Caregiver I came off the schedule in November of 2024 for personal reasons. Licensee A confirmed Caregiver I remained employed with the provider. Caregiver I began to work with the residents	{M 246}		

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{M 246}	Continued From page 3 again in December of 2025. Licensee A stated, "I did not want to lose him/her as a caregiver. S/He was good at his/her job. I did not think of offering [Caregiver I] continuing education. Now I know." Cross Reference M0235 DHS 88.04(2)(h) Comply With OSHA	{M 246}		
M 412	88.06(3)(d)1 DESCRIPTION OF SERVICES A description of services the licensee will provide to meet the assessed need. This Rule is not met as evidenced by: Based on record review and interview, the provider did not have a description of services that indicated how the provider would meet the assessed needs for 1 of 2 residents (Resident 1) reviewed. Resident 1's Individual Service Plan (ISP) did not include complete medication information for monitoring Resident 1's targeted blood sugar levels. Findings include: On 02/24/2026, Surveyors reviewed Resident 1's record and identified the following: -Resident 1 was admitted to the provider's home on 5/20/2022. -Resident 1's ISP, dated 05/19/2025, documented the following: "Medication	M 412		

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M 412	Continued From page 4 Management ... [Resident 1] requires medication administration by the adult family home (AFH) provider." Resident 1's ISP did not indicate Resident 1 was a diabetic and that staff would monitor his/her targeted blood sugar levels or what the blood sugar levels were. Resident 1's medication administration record (MAR) did not indicate staff would monitor his/her targeted blood sugar levels or what his/her targeted blood sugar levels were. Resident 1's MAR was dated 01/15/2026 to 02/14/2026. The MAR read, "True Metrix Glucose Test St ... [Physician (MD) H]. Use as directed to test blood sugar once daily." On 02/27/2026 at 10:50 a.m., Surveyor interviewed Licensee A regarding Resident 1's blood sugars. Licensee A confirmed the care providers checked Resident 1's blood sugar one time a day. Surveyor requested physician orders for targeted blood sugar levels for Resident 1. On 02/27/2026 at 10:53 a.m., Licensee A stated s/he did not have a physician's order that indicated Resident 1's targeted blood sugar levels. Surveyor asked how the staff would know when to contact a physician. Licensee A stated, "We just use our general training and knowledge of diabetes." Licensee A confirmed Resident 1 had been doing blood sugar checks since s/he moved in back in 2022. Licensee A stated, "I will call to get the physicians orders." On 03/02/2026, Licensee A emailed Surveyor an order from MD H, dated 03/02/2026. It read, "Please check blood sugar 1-2 times weekly, and	M 412		

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M 412	Continued From page 5 as needed. Please contact provider for low blood glucose (65 or below), and high blood glucose 400 or above)."	M 412		
{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 observations, record review, and interviews, the provider did not ensure that 1 of 1 individual service plan (ISP) was updated to reflect Resident 3's required monitoring and supervision in the bathroom with toilet paper and paper towels. This is a repeat deficiency. See Statement of Deficiency GWOW12, dated 03/04/2024. Findings include:	{M 424}		

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{M 424}	Continued From page 6 On 02/27/2026 at 9:05 a.m., Surveyor toured the home and observed that there was no toilet paper in the resident bathroom and no paper towel to dry hands after washing in the resident bathroom. On 02/27/2026, at 2:15 p.m., Surveyor reviewed Resident 3's record. Resident 3 was admitted on 02/14/2025, with diagnoses including dementia and anxiety. Resident 3's record contained the following: Resident 3's ISP dated 09/30/2025, under toileting, did not indicate Resident 3 needed to request toilet paper or paper towel upon entering the bathroom. Resident 3's updated ISP dated 02/13/2026, under toileting, did not indicate Resident 3 needed to request toilet paper or paper towel upon entering the bathroom. On 02/27/2026 at 10:15 a.m., Surveyor interviewed Licensee A and asked why there was no toilet paper or paper towel in the bathroom. Licensee A stated that the residents would use too much toilet paper to wipe themselves, and they would stuff the toilet paper and paper towel into the toilet and clog the pipes. Resident 3 needed supervision and assistance with paper products in the bathroom. Cross Reference: M 0556 DHS 88.10(3)(e) Self Direction	{M 424}		
M 556	88.10(3)(e) Self-Direction Self-direction. To have opportunities to make decisions relating to care,	M 556		

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M 556	Continued From page 7 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. This Rule is not met as evidenced by: Based on observation and interview, the facility did not ensure each resident had the opportunity to make decisions related to their care. Three of 4 residents had to ask staff for toilet paper each time they went to the bathroom. The residents freedom of choice was being imposed upon. Findings include: On 02/27/2026 at 9:05 a.m., Surveyor toured the home and observed that there was no toilet paper in the resident bathroom and no paper towel to dry hands after washing in the resident bathroom. On 02/27/2026 at 9:05 a.m., Surveyor interviewed Resident 4, who stated, "I think [Licensee A] is trying to save on costs by limiting toilet paper and paper towel." Surveyor asked Resident 4 how long Licensee A had offered paper products that way. Resident 4 stated it had been that way since s/he moved into the facility. Resident 4 confirmed s/he moved in October of 2025. On 02/27/2026 at 9:07 a.m., Surveyor interviewed Resident 5, who stated, "If you need toilet paper	M 556		

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M 556	Continued From page 8	M 556		

or paper towel, you have to ask for it ahead of time." Surveyor asked Resident 5 how long Licensee A had offered paper products that way. Resident 5 stated it had been that way since s/he moved into the facility. Resident 5 confirmed s/he moved in September of 2025.

On 02/27/2026 at 10:15 a.m., Surveyor interviewed Licensee A and asked why there was no toilet paper or paper towel in the bathroom. Licensee A stated that the residents would use too much toilet paper to wipe themselves, and they would stuff the toilet paper and paper towel into the toilet and clog the pipes.

Surveyor asked Licensee A how residents received toilet paper. Licensee A reported the residents would ask the caregivers for toilet paper when they went to the bathroom. Licensee A explained the caregivers would ask residents, "If they had to pee or poop. [Resident 3], [Resident 4] and [Resident 5] all need help with wiping after bowel movements. They used too much toilet paper to try to get clean." Surveyor requested to see where it was written that staff would provide paper products every visit to the bathroom and where it was agreed upon in residents individualized service plans (ISPs). Licensee A stated that it was not in residents ISPs.

On 02/27/2026 at 2:45 p.m., Surveyor explained that each resident should have the opportunity to make decisions relating to their care in the adult family home and that no rule or other restrictions on a resident's freedom of choice should be imposed unless specifically identified in the home's program statement or the resident's individual service plan.

Licensee A stated s/he would try to come up with

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M 556	Continued From page 9 a different plan for the residents.	M 556		