Wisconsin Department of Health Services

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015022	A. BUILDING: _____ B. WING _____	R 04/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIVING PROOF FAMILY FACILITY LLC	**5620 N 78TH STREET 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 04/15/2026, Surveyor conducted a standard survey and verification visit at Living Proof Family Facility. As a result, 2 deficiencies were recited, and 3 new deficiencies were identified. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed. Census: 3	{M 000}		
M 246	88.04(5)(b) TRAINING-8 HOURS ANNUALLY Except as provided in pars. (c) and (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 each service provider received 8 hours of annual training for 1 of 2 years reviewed. Caregiver B and Caregiver C did not receive 8 hours of annual training in 2024. Findings include: On 04/15/2026, at 11:35 AM, Surveyor reviewed staff files and identified the following: Caregiver B was hired on 11/09/2019. Caregiver B's record did not contain evidence of annual	M 246		

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

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M 246	Continued From page 1 training in 2024. Caregiver C was hired on 09/14/2018. Caregiver C's record indicated s/he received 1.5 hours of training in resident rights on 11/14/2024. Caregiver C's record did not contain further evidence of annual training in 2024. On 04/15/2026, at 11:45 AM, Surveyors interviewed Supervisor A. Supervisor A confirmed staff were to have 8 hours of training annually. Supervisor A reported s/he did not know why the 2024 training was not completed. Supervisor A reported Licensee D was the one who taught the trainings.	M 246		
{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 well-maintained, clean and a homelike environment for 3 of 3 residents. The bathroom flooring required repair. This deficiency is being cited for a third time. See Statement of Deficiency (SOD) H17M11, dated 10/27/2021 and SOD H17M12, dated 06/15/2023.	{M 276}		

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{M 276}	Continued From page 2 Findings include: On 04/15/2026, at 11:30 AM, Surveyor toured the home. Surveyor entered the resident bathroom. The toilet was located next to the door. When Surveyor stepped into the bathroom, the bathroom floor in front of the toilet was soft and moved under the weight of Surveyor's foot. On 04/15/2026, at 11:30 AM, Surveyor interviewed Supervisor A. Supervisor A confirmed the bathroom flooring's condition. Supervisor A reported the landlord was going to fix the flooring "when the weather was nice out."	{M 276}		
M 290	88.05(3)(e)2.b INSPECTIONS-GAS FURNACE A gas furnace shall be inspected and serviced every 3 years by a heating contractor or local utility company. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the gas furnace was inspected and serviced every 3 years by a heating contractor or local utility company. This is a repeat deficiency. See Statement of Deficiency (SOD) H17M11, dated 10/27/2021. Findings include: On 04/15/2026, at 11:15 AM, Surveyor reviewed the home's most recent furnace inspection. The furnace was last inspected on 10/05/2022. The furnace was due to be inspected in October 2025. On 04/15/2026, at 11:20 AM, Surveyor	M 290		

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M 290	Continued From page 3 interviewed Supervisor A. Supervisor A reported staff had conducted the furnace inspections annually. Supervisor A confirmed the last furnace inspection conducted by a heating contractor or local utility company in October 2022.	M 290		
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 124.0° Fahrenheit (F). Findings include: This provider was licensed on 09/15/2014 to provide care for up to 3 residents in the client groups of traumatic brain injury, emotionally disturbed/mental illness, irreversible dementia/Alzheimer's, developmentally disabled, advanced aged, physically disabled, and	M 570		

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M 570	Continued From page 4 alcohol/drug dependent. On 04/15/2026, at 11:30 AM, Surveyor tested the water temperature in the bathroom sink faucet. The water temperature was 124° 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 04/15/2026, at 11:45 AM, Surveyor interviewed Supervisor A. Supervisor A confirmed the code requirement. Supervisor 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 available for inspection by authorized persons, as defined by the department by rule.	Z 014		

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Z 014	Continued From page 5	Z 014		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 1 of 2 caregiver (Caregiver B) background check was maintained. Caregiver B's background check was not maintained by the provider and was unavailable for review upon Surveyor's request.

Findings include:

On 04/15/2026, at 11:35 AM, Surveyor reviewed Caregiver B's file. Caregiver B was hired on 11/09/2019. Caregiver B's record contained a Background Information Disclosure (BID), dated 09/30/2019. Caregiver B's record contained the Department of Justice (DOJ) report and Government Findings Report (GFR) dated 10/05/2019. Caregiver B was due for a 4-year background check. The 4-year DOJ report, dated 12/14/2023, only contained the first page of the report, and did not contain any of Caregiver B's convictions. Caregiver B's 4-year BID and GFR were not located in Caregiver B's file.

On 04/15/2026, at 11:50 AM, Surveyor interviewed Supervisor A. Supervisor A confirmed the code requirement. Supervisor A reported s/he was unsure of where the updated reports were for Caregiver B.