STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	200003	A. BUILDING: _____ B. WING _____	10/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY GARDEN ADULT FAMILY HOME	2916 S. 72ND STREET GREENFIELD, WI 53219

(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 10/07/2025, Surveyor conducted a complaint investigation for Serenity Garden Adult Family Home. One deficiency was identified. One complaint was substantiated	M 000		
M 216	88.04(2)(a) RESPONSIBILITIES The licensee shall ensure that the home and its operation comply with this chapter and with all other laws governing the home and its operation. This Rule is not met as evidenced by: Based on record review and interview, Licensee A did not comply with all laws governing adult family homes. Licensee A was placed on the Wisconsin Caregiver Misconduct Registry for a finding of abuse. Findings include: Per Wis. Stat. §50.065(4m)(a), the department may not license, certify, issue a certificate of approval to or register a person to operate an entity or continue the license, certification, certificate of approval or registration of a person to operate an entity if the department knows or should have known any of the following:... 3. That a unit of government or a state agency, as defined in s. 16.61 (2) (d), has made a finding that the person has abused or neglected any client or misappropriated the property of any client. Per s. 16.61(2)(d), "State agency" means any officer, commission, board, department or bureau of state government.	M 216		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	200003	A. BUILDING: _____ B. WING _____	10/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY GARDEN ADULT FAMILY HOME	2916 S. 72ND STREET GREENFIELD, WI 53219

(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 216	Continued From page 1 The Caregiver Program is implemented under Wis. Stat. §§ 50.065 and 146.40 and Wis. Admin. Code chapters DHS 12 and DHS 13. A component of the Wisconsin Caregiver Program includes the Caregiver Misconduct Registry, which is a database maintained by the Office of Caregiver Quality, that records substantiated findings of misconduct by caregivers. This is a critical tool for protecting vulnerable individuals, such as the elderly, children, and people with disabilities, from abuse, neglect, and theft. The process involves: 1. Reporting: Incidents can be reported by the public, care facilities, or state employees. 2. Investigation: The Office of Caregiver Quality reviews the report. If a follow-up is warranted, it investigates the allegation. 3. Substantiation: If the investigation finds sufficient evidence of misconduct, the finding is added to the registry. 4. Appeal: The caregiver has the right to appeal the decision. 5. Placement on registry: Information added to the registry includes the caregiver's name, date of birth, and type of misconduct. 6. Consequences: Being listed on the registry bans individuals from working in any regulated caregiving entity unless they complete a rehabilitation review process. It also results in a permanent ban from working in federally certified healthcare facilities. (Source: Wisconsin Caregiver Program Manual, P-00038, 3/2025)	M 216		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	200003	A. BUILDING: _____ B. WING _____	10/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY GARDEN ADULT FAMILY HOME	2916 S. 72ND STREET GREENFIELD, WI 53219

(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 216	Continued From page 2 On 01/28/2025, Licensee A was notified via certified letter the Department intended to place a finding of abuse in her/his name on the Wisconsin Caregiver Misconduct Registry. On 09/11/2025, the department received a decision letter from the administrative law judge. The letter reported the following information: - On 01/29/2025, Licensee A filed a petition to review the decision with the Division of Hearings and Appeals. - On 06/05/2025, The hearing was held by video conference and was left open for submission of written closing remarks until 06/27/2025. The letter stated, " ...DISCUSSION ... I further find that the record demonstrates that [Licensee A] engaged in 'abuse' towards [a resident] on October 1, 2024 ...CONCLUSIONS OF LAW. The Department of Health Services correctly substantiated a finding of caregiver misconduct and therefore correctly placed [Licensee A's] name on the caregiver misconduct registry." On 09/11/2025, Surveyor reviewed the Wisconsin Caregiver Misconduct Registry and identified Licensee A was listed as having a substantiated finding of abuse. The Wisconsin Caregiver Misconduct Registry stated, "Because a substantiated finding is on file, this individual cannot work as a caregiver in DHS (Department of Health Services) regulated facilities in Wisconsin, except those specifically approved under the rehabilitation review process." On 09/23/2025, at 11:27 AM, Assisted Living Regional Director (ALRD) B interviewed Licensee A. Licensee A stated the Managed Care Organization (MCO) told Licensee A they needed to relocate the residents from her/his home and	M 216		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	200003	A. BUILDING: _____ B. WING _____	10/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY GARDEN ADULT FAMILY HOME	2916 S. 72ND STREET GREENFIELD, WI 53219

(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 216	Continued From page 3 asked ALRD B why. ALRD B explained since Licensee A was placed on the caregiver misconduct registry, Licensee A cannot be a caregiver in any DHS regulated entity. Licensee A said s/he talked to her/his attorney and sent information in for rehabilitation review so s/he can get off the registry. Licensee A asked what the next steps were. ALRD B explained Licensee A would be issued a Statement of Deficiency (SOD), with a revocation order for the three licensed Adult Family Homes (AFHs) because s/he was on the caregiver misconduct registry. Licensee A asked ALRD B if s/he needed to do Changes of Ownership (CHOWs) for the AFHs. ALRD B explained Licensee A would need to speak to her/his attorney regarding next steps. Licensee A said s/he would have someone else become licensee and s/he could still manage the homes without going into the homes. ALRD B explained the department was not able to advise on that. Licensee A said s/he would talk to her/his attorney.	M 216		