STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017025	A. BUILDING: _____ B. WING _____	C 12/11/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY GARDEN ADULT FAMILY HOME	4825 N 87TH ST MILWAUKEE, WI 53225

(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 12/11/2024, Surveyor completed a standard survey and 1 complaint investigation at Serenity Garden Adult Family Home. As a result, 8 deficiencies were identified. One complaint was unsubstantiated. Census: 3	M 000		
M 130	88.03(5)(c) CHARGED OR CONVICTED OF CRIME Within 48 hours, that the licensee or service provider has pending or has been charged with or convicted of any crime which is substantially related to caring for dependent persons. This Rule is not met as evidenced by: Based on record review and interview, the licensee did not notify the Department within 48 hours that Licensee A had pending charges substantially related to caring for dependent persons. Licensee A was charged with s. 947.01(1) Disorderly Conduct. Findings include: The provider was licensed as an ambulatory adult family home (AFH) to care for up to 3 residents in the client groups public funding, traumatic brain injury, advanced age, developmentally disabled, physically disabled, irreversible dementia/Alzheimer's, emotionally disturbed/mental illness, and terminally ill.	M 130		

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

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M 130	Continued From page 1 On 10/01/2024 the Department received a complaint alleging caregiver misconduct by Licensee A with a resident (Person D) at her/his other licensed home (facility 0020003). On 10/14/2024, Surveyor reviewed WI Circuit Court Automation Program (CCAP), which revealed the following: Milwaukee County Case Number 2024CM002824, State of Wisconsin vs. [Licensee A], Filing Date: 10/04/2024 Count No. 1 Statute: 947.01(1) Description: Disorderly Conduct Severity: Misdemeanor B On 10/14/2024, Surveyor reviewed the Department's records and did not find documentation to indicate the provider notified the Department within 48 hours after Licensee A had pending charges substantially related to caring for dependent persons. On 10/16/2024, at 10:45 AM, Surveyor interviewed Licensee A and s/he reported the following: S/He was arrested and charged with Disorderly Conduct on 10/01/2024, for an incident which occurred on 10/01/2024, with Person D. S/He was not aware arrests/charges were required to be reported to the Department. Surveyor explained the self-reporting requirements for an AFH and provided information where the self-report forms could be located. Licensee A was unfamiliar with the self-reporting process. As of 11/13/2024, Licensee A has not reported the	M 130		

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M 130	Continued From page 2 above charges to the Department. Cross reference: M0214 - 88.04(1)(c) - Responsible, Mature And Reputable Character	M 130		
M 214	88.04(1)(c) RESPONSIBLE, MATURE AND REPUTABLE CHARACTER The licensee and service provider shall be persons who are responsible, mature and of reputable character who exercise and display the capacity to successfully provide care for 3 or 4 unrelated adult residents as identified in the home's program statement. This Rule is not met as evidenced by: Based on record review, observation, and interview the licensee did not demonstrate s/he was a person who was responsible, mature and of reputable character, and who exercised and displayed the capacity to successfully provide care for 3 vulnerable adult residents as identified in the home's program statement. The licensee was charged with a crime substantially related to caring for dependent persons and did not report it to the Department; did not disclose prior history with the Department as a provider who had licenses revoked and denied; and admitted non-ambulatory residents into an ambulatory licensed facility. Findings include: The provider was licensed as an ambulatory AFH	M 214		

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M 214	Continued From page 3 to care for up to 3 residents in the client groups public funding, traumatic brain injury, advanced age, developmentally disabled, physically disabled, irreversible dementia/Alzheimer's, emotionally disturbed/mental illness, and terminally ill. On 12/11/2024, at 1:10 PM, Surveyor reviewed Department documents and identified the following: License History - On 10/16/2024, at 4:46 PM, Licensee A emailed Surveyor a copy of her/his background information disclosure (BID). Upon review of the BID, Licensee A listed Person E as an alias. - Facility identification number (ID) 0013050, Life Care Senior Living, and facility ID 0014026, Life Care Senior Living - Hilbert were licensed under the name Person E and with the business name Life Care Senior Living Limited Liability Company (LLC). A license was issued for facility ID 0013050 on 04/01/2010. An application for facility ID 0014026 was received on 12/30/2011. - The application for a license for facility ID 0014026 was denied on 08/27/2013. - On 05/06/2014, the State of Wisconsin (WI) Division of Hearings and Appeals (DHA) made a decision relating to Person E's request to appeal the license revocation for facility 0013050. The document stated the following: "Findings of fact: 1. On or about April 1, 2010, [Person E] received a license from DHS (Department of Health Services) to operate an	M 214		

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M 214	Continued From page 4 Adult Family Home (AFH) known as Life Care Senior Living - Wauwatosa (LCSL-Wauwatosa) . . . 3. On August 27, 2013, DHA issued a decision in Case No. ML-12-0125 affirming the Department's denial of a license to [Person E's] commission of fraud when seeking public benefits from Milwaukee Enrollment Services (MilES) and the Division of Workforce Development (DWD). The ALJ (Administrative Law Judge) in that decision concluded: 'Because the Department demonstrated by a preponderance of evidence that [Person E] committed fraud in applying for and receiving public benefits, [and] that [s/he] was not of "reputable character," . . . the Department properly denied [her/him] license application for LCSL-Hilbert pursuant to Wis. Admin. Code §§ DHS 88.03(2) and (3) and 88.04(1)(c).' '[Person E]'s AFH license application for LCSL-Hilbert was properly denied pursuant to Wis. Admin. Code §§ 88.03(2) and (3) and 88.04(1)(c) because [s/he] committed fraud when seeking public benefits from MilES and DWD, and, as a result, was not of reputable character . . . ' 5. On November 5, 2013 the Department issued a Notice and Order to the LCSL-Wauwatosa [facility ID 0013050] including a Notice of Violation, Notice of License Revocation, Order Not to Admit New or Additional Residents, Notice of Special Orders, and Notice of Right to Appeal pursuant to Wis. Stat. Ch. 50 and Wis. Admin. Code ch DHS 88. The notice included Statement of Deficiencies (SOD) #B42V11. The license revocation cites [Person E's] failure to meet minimum licensing requirements in DHS 88.04(1)(c) as the basis for the revocation.	M 214		

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M 214	Continued From page 5 6. On November 22, 2013, [Person E] filed an appeal of the license revocation action of DHS with the DHA. Discussion: . . . In summary, whether [Person E] meets minimum licensing requirements to operate an AFH was litigated and decided in Case ML-12-0125 . . . Therefore, I conclude that DHS' motion to dismiss should be granted based on the doctrine of issue preclusion." The Order issued by WI DHA was signed by ALJ F on 05/06/2014. - The license for facility ID 0013050 was revoked on 07/13/2015. - On 10/16/2017, the Department received an application for Serenity Garden AFH, which was assigned facility ID 0017025. The applicant listed was Licensee A. On the application under the fit and qualified section, question 1 asked, "Has the licensee ever operated a residential facility, health care facility, or a day care program for adults or children in Wisconsin or in any other state?" Licensee A reported, "Yes. Life Care Personal Care Agency LLC. 1370 S. 74th Street, West Allis, WI 53214, Matthew Adult Family Home, 2423 W. Custered Ave. Milwaukee WI 53219 [sic]." Question 3 asked, "Has the licensee ever had a license, certification or governmental approval to operate a facility/program denied, revoked, suspended or not renewed?" Licensee A reported, "No." The "No" response omitted the revocation of the license for facility ID 0013050, and the application denial for facility ID 0014026.	M 214		

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M 214	Continued From page 6 Licensee A signed the application on 10/12/2017 under the following statement: "I attest, under penalty of law, that the information provided above is truthful and accurate to the best of my knowledge and that knowingly providing false information or omitting information may result in a fine of up to $10,000 or imprisonment not to exceed 6 years, or both (Wis. Stat. § 946.32)." Licensee A signed a revised application for facility ID 0013050 on 03/23/2018, updating the licensing to non-ambulatory classification. The application was reviewed, and a revisions letter was sent on 11/29/2017 to Licensee A requesting submittal of a background check, explanation of delinquent taxes, and documentation stating resolution. After additional review of the application a license was issued on 05/01/2018. - On 11/21/2022, the Department received an application from Licensee A, for Serenity Garden Adult Family Home, which was assigned facility ID 0019385. On the application under the fit and qualified section, question 1 asked, "Have you ever applied for licensure for a residential facility, health care facility, or a day care program for adults or children and been denied licensure?" Licensee A reported, "Yes. I currently own and operate an Adult Family Home in Milwaukee County." Licensee A omitted the application denial of facility ID 0014026. Question 4 asked, "Have you ever had any license, certification, or governmental approval to	M 214		

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operate facility/ program revoked, suspended, or nor [sic] renewed in Wisconsin or any other state?" Licensee A reported, "No." The "No" response omitted the revocation of the license for facility ID 0013050, and the application denial for facility ID 0014026.

Licensee A signed the application on 11/21/2022 under the following statement: "I attest, under penalty of law, that the information provided above is truthful and accurate to the best of my knowledge. I understand that knowingly providing false information or omitting information may result in denial of licensure, a fine of up to $10,000 or imprisonment not to exceed 6 years or both (Wis. Stat. § 946.32)."

The application was reviewed, and Licensee A was issued a license on 01/19/2023.

- On 10/04/2023, the Department received an application from Licensee A, for Serenity Garden Adult Family Home, which was assigned facility ID 0020003.

On the application under the fit and qualified section, question 1 asked, "Have you ever applied for licensure for a residential facility, health care facility, or a day care program for adults or children and been denied licensure?" Licensee A reported, "No." Licensee A omitted the application denial of facility ID 0014026.

Question 2 asked, "Have you ever operated a residential facility, health care facility, or a day care program for adults or children in Wisconsin or in any other state?" Licensee A reported, "No." Licensee A omitted 2 active licenses for AFHs (facility ID 0017025 and facility ID 0019385), and facility ID 0013050, which was previously

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revoked.

Question 4 asked, "Have you ever had any license, certification, or governmental approval to operate facility/ program revoked, suspended, or nor [sic] renewed in Wisconsin or any other state?" Licensee A reported, "No." The "No" response omitted the revocation of the license for facility ID 0013050.

Licensee A signed the application on 10/16/2023 under the following statement: "I attest, under penalty of law, that the information provided above is truthful and accurate to the best of my knowledge. I understand that knowingly providing false information or omitting information may result in denial of licensure, a fine of up to $10,000 or imprisonment not to exceed 6 years or both (Wis. Stat. § 946.32)."

The application was reviewed. The fit and qualified review reported findings "of concern." The concerns listed were, "Criminal charges history in Wisconsin . . . delinquent taxes owed by applicant . . . determination of fit and qualified and financial stability." Licensee A was issued a license 05/08/2024.

The AFH biennial report for facility 0020003, generated from the online application, requested "names of all persons, age 10 or older, who live in the facility and are not client residents." Licensee A did not list Person B, who was living in the home. During an interview with Licensee A, on 10/16/2024, Licensee A reported s/he lived at Serenity Garden AFH "sometimes" and her/his spouse "comes every now and then." Police reports dated, 06/23/2021, 03/19/2024, 05/30/2024, and 10/01/2024, obtained by Surveyor, reported Licensee A and Person B

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resided at the address for Serenity Garden AFH. Person D reported Licensee A and Person B resided in the basement at Serenity Garden AFH.

Criminal History

On 12/05/2024, at 5:21 PM, Surveyor requested records from West Allis Police Department (WAPD). On 12/09/2024, at 11:53 AM, Surveyor received the records and reviewed them. The following was identified:

Police report written by Police Officer (PO) L, dated 05/30/2024, reported Licensee A was arrested for Criminal Damage to Property and Disorderly Conduct - Domestic Abuse. PO L's report stated, " . . . [Person B] stated [Licensee A] became extremely angry with [her/him] and kicked an outdoor table over. [Person B] stated the glass plate on the table fell over and shattered on the ground. [Person B] stated [Licensee A] then walked up to [her/him] and scratched at [her/his] neck . . . Based on [Person B's] statement about [Licensee A] scratching [her/his] neck and smashing the table glass, [Licensee A's] admission to pushing the table over, [Person B's] obvious scratch mark to [her/his] neck, [Person B's] lack of consent to [Licensee A's] actions and the domestic relationship between [Person B] and [Licensee A], [Licensee A] was determined to be the predominant aggressor and was taken into custody."

Police report written by PO M, dated 05/30/2024, stated, " . . . Witness statement: Upon arrival, I made contact with a resident and witness to this incident. I identified [her/him] as [Person N]. [Person N's] caregiver, [Licensee A] had a verbal argument with [her/his] ex-[spouse] and other

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co-habitant, [Person B]. The context of the argument was unknown. [Person N] then observed [Licensee A] and [Person B] outside to the rear of the residence where [Licensee A] picked up and 'smashed' a patio table onto the ground causing the glass to break . . . "

Licensee A did not report the above incident to the Department.

On 10/01/2024, Licensee A was arrested for having a warrant through WAPD for the above Disorderly Conduct incident. S/He signed a personal recognizance bond for the warrant.

Police report written by PO J, dated 10/01/2024, reported police had been called to Serenity Garden AFH by Person D for the report of Licensee A kicking her/him out of the residence. The police report stated, " . . .It was determined [Person D] would be let back into the residence. When officers went to leave, [Person D] could be heard screaming for help. Officers stood by the door and could hear [Licensee A] saying 'I'm gonna [sic] beat your [expletive].' [Licensee A] opened the door for officers, [Person D] said [Licensee A] grabbed [her/his] arms and neck which caused pain. Red marks were visible on [Person D's] skin. [Person D] also alleged [Licensee A] had wrapped [her/his] hand around [her/his] throat and impeded [her/his] breathing. [Licensee A] was arrested for strangulation and suffocation, along with intentionally abuse/neglect patient . . . "

Observation

On 10/23/2024, at approximately 10:50 AM, Surveyor reviewed PO G's body camera footage (Axon Body 3 X60A8620N, 10/01/2024,

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M 214	Continued From page 11 17:43:57), and the following was observed: Licensee A was speaking loudly at PO G. S/He was waiving her/his arms and pointing fingers towards PO G. Licensee A was concerned with why Person D left the door to the residence open, and not with Person D's need for medical attention. Licensee A told PO G Person D could not come back into the residence and if s/he did it would create a "hostile" situation. Licensee A told PO G s/he did not want to provide cares for Person D. Interview On 10/16/2024, at 10:45 AM, Surveyor interviewed Licensee A. Licensee A reported the following: Licensee A admitted Person D into the home knowing Person D had a care plan, created by MyChoice, which required daily cares for Person D. Licensee A informed Person D's Case Manager O s/he would not be at the residence during daytime hours to provide cares for Person D. An agreement was made between Case Manager O and Licensee A in which Person D resided at the home as a tenant, received room/board, and was provided with 3 meals per day. WI Ch. DHS 88 defines an AFH as " . . . a place where 3 or 4 adults not related to the licensee reside in which care, treatment or services above the level of room and board but not including nursing care are provided to persons residing in the home as a primary function of the place . . . " Licensee A reported a care plan, communicable disease screening, including tuberculoses (TB), and admission health exam were completed for Person D. Person D had Nurse C 2-3 days per week to	M 214		

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assist with medications and a transportation company to provide medical transport.

On 10/19/2024, at 6:40 PM, Licensee A sent Surveyor an email, which contradicted the above information regarding the admittance of Person D. The following was stated in the email:

" . . . [Person D] was admitted on September 4th, 2024, at 6pm [sic]. The TB skin test was scheduled by [Person D] after the 7 days. the [sic] doctor was able to see [Person D] later in the month. The [sic] was no availability . . . I know the TB screen should be done before the resident move [sic] in. The physical should be done with in [sic] 5-7 days after the move in. The primary care physician did not have any available until later in the month . . . I do not have a copy of an order to administer medications. [Case Manager O] indicated that [s/he] administered [her/his] own medication. [Case Manager O] also indicated the that was a nurse that come by to set up [Person D's] medication [sic]. That's how [s/he] had had it set up at [her/his] previously residents [sic]. Individual service plan I sent you from [her/his] Case manager [sic]. Serenity Garden has 30 days to develop ISP (individual service plan) [sic]." The above documentation was not provided to Surveyor.

Attached to the email from Licensee A were 2 documents labeled, "Evacuation" and "resident service." The evacuation document was a Resident Evacuation Assessment for Person D, completed on 09/04/2024. The resident service document was a Resident Service Agreement, which identified Person D as the resident. Signatures of the resident or representative, facility representative, case manager, and client rights specialist were not on the Resident Service

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(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 214	Continued From page 13 Agreement. Under the "Services Provided" section of the document it stated, " . . . Beginning on 9/6/24 [sic] the Facility shall provide to the Resident the services, items and activities listed on Exhibit 1 at the Basic Services Rate described in (SECTION I) below . . . Services will be determined based upon a written Individual Service Plan (ISP) and obtained prior to the Resident's admission to the Facility." Exhibit 1 was not included in the documents sent to Surveyor. Licensee A licensee did not demonstrate s/he was a person who was responsible, mature and of reputable character, and who exercised and displayed the capacity to successfully provide care for 3 vulnerable adult residents. The licensee failed to follow or attempt to understand the requirements of DHS 88. Licensee A's lack of knowledge of DHS 88, resulted in facilities that were not meeting code requirements, falsifying documents, abuse/neglect of a resident, admissions of non-ambulatory residents into ambulatory licensed facilities, and failure to self-report to the Department. Cross reference: M0130 - 88.03(5)(c) - Charged Or Convicted of Crime	M 214		
M 232	88.04(2)(g)1 HEALTH SCREENING FOR STAFF The licensee shall obtain documentation from a physician, a registered nurse or a physician's assistant indicating that the licensee and any service provider has been screened for illness detrimental to	M 232		

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M 232	Continued From page 14	M 232		

residents, including for tuberculosis. The documentation is to be completed within 90 days before the start of providing service. The documentation shall be kept confidential except that the licensing agency shall have access to the documentation for verification.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure documentation was obtained from a physician, a registered nurse or a physician's assistant indicating that 5 of 5 staff had been screened for illness detrimental to residents, including for tuberculosis (TB), within 90 days before the start of providing service. Caregiver C, Caregiver P, Caregiver Q, and Caregiver S did not have a communicable disease screen completed within 90 days before the start of providing service. Caregiver R did not have evidence a communicable disease screening was completed. Caregiver C, Caregiver P, and Caregiver S did not evidence of a completed TB skin test.

Findings include:

On 10/21/2024, at 12:44 PM, Surveyors reviewed staff files for Caregiver C and Caregiver P. Caregiver C's and Caregiver P's files did not include evidence of a communicable disease screening, including TB.

On 10/22/2024, at 7:02 AM, Surveyor interviewed Licensee A. Surveyor requested evidence of communicable disease screenings, including TB, for all staff. At 4:32 PM, Licensee A reported the requested information would be provided by

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M 232	Continued From page 15 10/25/2024, at 12:00 PM. On 10/24/2024, at 1:42 PM, Licensee A emailed a document labeled, "Rooster [sic]." The document contained the following information: - Caregiver C was hired on 08/11/2024 - Communicable disease screening for Caregiver C was signed and dated by her/him on 08/10/2024, and signed and dated by Registered Nurse (RN) Screener T, on 10/24/2024 - Caregiver P was hired on 11/01/2023 - Communicable disease screening for Caregiver P was signed and dated by her/him on 11/01/2023, and signed and dated by RN Screener T, on 10/24/2024 - Caregiver Q was hired on 05/20/2024 - Communicable disease screening for Caregiver Q was signed and dated by her/him on 05/01/2024, and signed and dated by RN Screener T, on 10/24/2024 - A negative result TB test, conducted on 05/14/2024, for Caregiver Q - Caregiver R was hired on 08/15/2024 - A negative result TB test, conducted on 08/06/2024, for Caregiver R - Caregiver S was hired on 08/15/2024 - Communicable disease screening for Caregiver S was signed and dated by her/him on 09/10/2024, and signed and dated by RN Screener T, on 10/24/2024 Licensee A did not offer further information on the communicable disease screenings for her/his staff.	M 232		

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M 262	Continued From page 16	M 262		
M 262	88.05(2)(a) DIFFICULTY WALKING If a resident is not able to walk at all or able to walk only with difficulty, or only with the assistance of crutches, a cane, or walker or is unable to easily negotiate stairs without assistance: 1. The exits from the home shall be ramped to grade with a hard surfaced pathway with handrails. 2. All entrance and exit doors and interior doors serving all common living areas and all bathrooms and bedrooms used by a resident not able to walk at all shall have a clear opening of at least 32 inches. 3. Toilet and bathing facilities used by a resident not able to walk at all shall have enough space to provide a turning radius for the resident's wheelchair and provide accessibility appropriate to the resident's needs. This Rule is not met as evidenced by: Based on observation, record review, and interview, the provider did not ensure 1 of 2 exits from the home were ramped to grade. The rear exit of the home required 1 step down inside the home, 1 step down through the sunroom, and 1 step down outside, for a total of 3 doorways and 3 steps to exit the home. Two of 3 residents (Resident 1 and Resident 2) were non-ambulatory. Findings include: The home was licensed on 05/01/2018, as an ambulatory adult family home (AFH), caring for	M 262		

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M 262	Continued From page 17	M 262		

up to 3 residents in the client groups of emotionally disturbed/mental illness, irreversible dementia/Alzheimer's, terminally ill, developmentally disabled, advanced age, and physically disabled.

On 10/21/2024, at approximately 12:05 PM, Surveyors toured the home and observed a sit-to-stand lift inside Resident 1's bedroom. Surveyor inquired about the lift with Caregiver C. Caregiver C reported the lift has been used to help with transferring Resident 1, but typically staff transfer Resident 1 without the lift. Surveyors observed care plans in clear pocket bins on each of the residents' bedroom doors. Resident 2's care plan reported s/he was partially blind, ambulated with a cane, and required standby assistance.

On 10/21/2024, at 2:10 PM, Surveyor observed Resident 1 sitting at the kitchen table and Caregiver C brought a walker to her/him. Caregiver C was assisting Resident 1 with ambulation. They had a difficult time attempting to walk through the doorway between the kitchen and hallway to Resident 1's bedroom. The walker bumped and was caught on the accordion style door within the doorway. Resident 1 required assistance from Caregiver C and her/his walker to ambulate from the kitchen to her/his bedroom. It took approximately 3 minutes for Resident 1 to ambulate approximately 15 feet, from the kitchen to her/his bedroom. Once inside her/his bedroom, Resident 1 required assistance from Caregiver C to lower onto her/his bed.

On 10/21/2024, at approximately 2:40 PM, Surveyors toured and observed the exits to the home. The rear exit to the home required residents to exit through the kitchen doorway,

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which was kept closed, to a landing at the top of the basement stairs. There was 1 step down to get onto the landing. A 2nd doorway, which was closed and locked, led from the landing to the sunroom. There was 1 step down to get into the sunroom. A 3rd doorway, which was closed and locked, led from the sunroom to the outside. There was 1 step down to the outside. This exit did not contain a ramp.

On 10/21/2024, at approximately 2:10 PM, Surveyor reviewed the floor plan for the home, and it indicated the rear exit was an alternative exit on the fire escape plan.

On 10/24/2024, at approximately 2:00 PM, Surveyor reviewed Resident 1's file and the following was documented:

Resident 1 was admitted to the home on 12/07/2022. Diagnoses for Resident 1 included unspecified abnormalities of gait and mobility, and repeated falls. Resident 1 required physical help from another person to ambulate within the home. Resident 1 required 24-hour supervision and required a 1 on 1 for fire evacuation. Resident 1 required the sit-to-stand lift for transfers into her/his wheelchair and into the shower. The AFH negotiated care plan, dated 12/12/2022, stated, "Physical Enablers: [Resident 1] is unable to walk." A Personal Care Screening Tool was completed for Resident 1 on 12/07/2022, and it stated the following:

" . . . Member is unable to effectively participate in bathing and is totally bathed by another person . . . Member depends entirely upon another person to dress the upper body . . . Member depends entirely upon another person to dress the lower body . . . Member depends entirely upon another

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M 262	Continued From page 19 person for grooming . . . member needs physical help from another person . . . " On 10/21/2024, at 2:35 PM, Surveyor interviewed Resident 1. Resident 1 reported s/he had a rod placed in her/his left leg and had difficulty walking without assistance. Resident 1 reported staff have put her/him into a wheelchair to exit the home during fire drills or other emergency evacuations. On 10/21/2024, at 2:46 PM, Surveyor interviewed Resident 2. Surveyor inquired what Resident 2 would do if there was a fire in the living room of the home. The front exit, which was the only ramped to grade exit in the home, was located within the living room. Resident 2 reported s/he would exit through the front door, due to her/his inability to exit through the rear door. The rear door was located within the kitchen. Resident 2 reported the rear door was always locked and s/he would not try to exit there.	M 262		
M 458	88.07(3)(a) PRESCRIPTION MEDICATIONS Every prescription medication shall be securely stored, shall remain in its original container as received from the pharmacy and be stored as specified by the pharmacist.	M 458		

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M 458	Continued From page 20 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure all prescription medications were securely stored. The medication closet was unsecured and the lockbox inside was unsecured. This had the potential to affect 3 of 3 residents (Resident 1, Resident 2, and Resident 3). Findings include: The home was licensed as an ambulatory adult family home (AFH), caring for up to 3 residents in the client groups of emotionally disturbed/mental illness, irreversible dementia/Alzheimer's, terminally ill, developmentally disabled, advanced age, and physically disabled. On 10/21/2024, at 11:57 AM, Surveyors toured the home and observed the medication closet unsecured, which contained medications for 3 of 3 residents (Resident 1, Resident 2, and Resident 3). Inside the medication closet was a lockbox, which contained controlled medications and was unsecured. The closet and the lockbox contained locking mechanisms which were not engaged. The lockbox contained 84 lacosamide 150 milligram (mg) tablets and 2 cards of lorazepam 1 mg tablets, both of which had a risk of misuse and dependence. Resident 3 was observed ambulating freely around the home throughout the survey. On 10/21/2024, at 12:00 PM, Surveyors interviewed Caregiver C. Caregiver C confirmed the medication closet and lockbox inside were unsecured. Caregiver C did not offer further information on the unsecured medications.	M 458		

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M 464	88.07(3)(d) MEDICATION- WRITTEN ORDER Before the licensee or service provider dispenses or administers a prescription medication to a resident, the licensee shall obtain a written order from the physician who prescribed the medication specifying who by name or position is permitted to administer the medication, under what circumstances and in what dosage the medication is to be administered. The licensee shall keep the written order in the resident's file. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a written order for medications, from the prescribing physician, was obtained prior to administering medications for 3 of 3 residents (Resident 1, Resident 2, and Resident 3). Findings include: On 10/21/2024, at 1:05 PM, Surveyors reviewed Resident 2's and Resident 1's files and the following was reported: Resident 2 was admitted on 08/08/2023, with diagnoses including legal blindness and developmental disability. Resident 2's negotiated care plan stated, " . . . member has medication administration management . . . " Resident 2's record did not contain a written order for medications. Resident 1 was admitted on 12/07/2022, with	M 464		

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diagnoses including myoclonus, chronic pain syndrome, chronic gout, alcohol abuse, hyperlipidemia, essential hypertension. Resident 1's individual service plan (ISP) reported the provider was responsible for medication administration. Resident 1's ISP stated, " . . . Requires physician order and medication log . . . " Resident 1's negotiated care plan stated, " . . . [Resident 1] does not administer [her/his] own medications. Staff gives [Resident 1] [her/his] medication at the times given . . . " Resident 1's record did not contain a written order for medications.

On 10/22/2024, at 7:02 AM, Surveyor requested written orders for medications for Resident 1, Resident 2, and Resident 3, from Licensee A.

On 10/22/2024, at 4:32 PM, Surveyor interviewed Licensee A. Licensee A reported s/he spoke with the pharmacy regarding orders for medications and would be providing the documentation.

On 10/23/2024, at 6:49 AM, Surveyor had not received documentation and inquired if Licensee A had orders for medication for Resident 1, Resident 2, and Resident 3.

On 10/24/2024, at 1:45 PM, Licensee A emailed Surveyor a medication written order for Resident 2, which was dated and signed on 10/23/2024 (dated following the on-site survey and approximately 1 year and 2 months following admission to the home). Licensee A offered no response on medication written orders for Resident 1 and Resident 3. As of 11/13/2024, medication written orders for Resident 1 and Resident 3 have not been produced by Licensee A.

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M 474	Continued From page 23	M 474		
M 474	88.07(4)(c) FOOD PREPARED AND STORED SANITARY WAY Food shall be prepared and stored in a sanitary manner. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure food was stored in a sanitary manner. This had the potential to affect 3 of 3 residents (Resident 1, Resident 2, Resident 3). Food was not sealed, not labeled, past the best by/expiration dates, and/or stored improperly. Findings include: On 10/21/2024, at approximately 2:15 PM, Surveyor toured the kitchen in the home and observed the following: Freezer: - Open package of pork loin, unsealed and not labeled with date opened - the open end of the pork appeared greyish, and freezer burned Refrigerator: - Open container of honey vanilla Greek yogurt, best by 12/07/2023 - Open jar of garlic alfredo sauce, expired 04/17/2024 - Open bottle of classic caesar dressing, factory dated 05/20/2024 - Open bottle of blue cheese dressing, best if used by 02/20/2024 - Open bottle of ketchup, factory dated 07/19/2024	M 474		

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M 474	Continued From page 24 On 10/21/2024, at approximately 2:15 PM, Surveyor interviewed Caregiver C. Caregiver C reported not all the food inside the refrigerator was the residents' food. S/He confirmed improper storage of refrigerator/freezer items.	M 474		
M 484	88.09(1)(b) RESIDENT RECORDS-CONFIDENTIALITY The records of residents shall be confidential. Access to records of a resident's HIV test results shall be controlled by s. 252.15 Stats. Access to other resident records shall be restricted to the following: The resident, the resident's guardian, authorized representatives of the department, other persons or agencies with informed written consent of the resident or the resident's guardian, if applicable, persons or agencies authorized by s. 51.30, Stats., ss. 46.81 to 146.83, Stats., or 42 CFR Part 2, and persons or agencies authorized by other applicable law. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the records of residents were kept confidential for 2 of 3 residents (Resident 2 and Resident 3). Care plans for Resident 2 and Resident 3 were located on the outside of their bedroom door. Findings include: On 10/21/2024, at 12:05 PM, Surveyors toured	M 484		

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M 484	Continued From page 25 the home and observed care plans for Resident 2 and Resident 3 on the outside of their bedroom door. Resident bedrooms exit into a common hallway in the center of the home. Resident 2's care plan documented her/his full name, date of birth, and indicated s/he was partially blind. Resident 3's care plan documented her/his full name and date of birth. Both care plans documented the residents' care needs including in the areas of bathing, procedures, activity, range of motion, positioning, transfers, nutrition, family and social status, and other notes indicating specific needs of the resident. On 10/21/2024, at 1:50 PM, Surveyor interviewed Caregiver C. Caregiver C reported s/he and other staff utilized the care plans on the resident doors to provide cares to the residents. S/He did not offer further information on the confidentiality of resident records.	M 484		