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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY GARDEN ADULT FAMILY HOME	2423 W CUSTER AVE MILWAUKEE, WI 53209

(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 07/14/2025, with information gathered through 08/04/2025, Surveyors completed a complaint investigation at Serenity Garden Adult Family Home. As a result, 7 deficiencies were identified. One complaint was substantiated. Census: 3	M 000		
M 114	88.03(3)(b) CRIMINAL RECORDS CHECK Criminal records check. Prior to an initial license the licensing agency shall ask the Wisconsin department of justice to conduct a criminal records check on the license applicant and on any other adult household member. The licensee shall arrange for a criminal records check of all service providers. At least every second year following issuance of an initial license the licensing agency shall request a criminal records check on the licensee and all other adult household members and the licensee shall arrange for a criminal records check on any service provider. In addition, during the period of the licensure, the licensee shall arrange for a criminal records check on any new service provider. If any of these persons has a conviction record or a pending criminal charge which substantially relates to the care of a dependent population, the funds or property of adults or minors or activities of the adult family home, the licensing agency may deny, revoke, refuse to renew or suspend a license, initiate other enforcement action	M 114		

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

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M 114	Continued From page 1 provided in this chapter or in ch. 50, Stats., or place conditions on the license. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 4 employees (Caregiver B, Caregiver D, and Caregiver E) reviewed had a complete background check conducted at the time of hire. A complete background check consists of the following: - A completed Background Information Disclosure (BID) form - A response from the Department of Justice (DOJ) - A Governmental Findings Report (IBIS) from the Department of Health Services (DHS) Findings include: On 06/27/2025, the Department received a complaint alleging service providers were allowed to work in the adult family home (AFH) without background checks. On 07/14/2025, at 2:24 PM Surveyors conducted an onsite survey at Serenity Garden Adult Family Home. Licensee A provided a staff roster to Surveyors, which included dates of hire (DOH). The below information includes DOH from the staff roster provided at the onsite survey.	M 114		

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M 114	Continued From page 2 On 07/14/2025, at approximately 2:30 PM, Surveyors reviewed staff files and identified the following: Caregiver B: - Completed an application for employment on 06/21/2023 - DOH: 07/24/2023 - BID completed on 06/21/2023 - A DOJ and IBIS was requested on 10/30/2023, 98 days after Caregiver B's hire date. Caregiver D: - Completed application for employment on 05/14/2025 - DOH: 06/29/2025 - BID was dated 05/14/2024 - DOJ and IBIS requested on 06/23/2025 - Caregiver M's date of birth was entered incorrectly, using the wrong year Caregiver E: - DOH: 03/01/2023 - Caregiver E's record did not contain an application for employment - Caregiver E's record did not contain a BID - A DOJ report was requested on 02/26/2025, 728 days after Caregiver's E's DOH - Caregiver E's file did not contain an IBIS report On 08/04/2025, at 1:00 PM, Surveyors interviewed Licensee A and the following was reported: Licensee A was responsible for and completed background checks for Serenity Garden Adult Family Home's service providers. Her/His	M 114		

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M 114	Continued From page 3 process was to have any potential new hires complete an application, a form giving consent to run a background check, and a BID. Once Licensee A made a decision on hiring a service provider, s/he would then run a DOJ and IBIS report. Licensee A was unfamiliar with Department of Health Services (DHS) Chapter 12 - Caregiver Background Checks. S/He was unaware of when background checks were required to be completed. S/He was unaware of any errors made when running background checks for any of her/his staff. Cross Reference: Z0023 50.065(4m)(b) - Caregiver Hiring and Contracting Process	M 114		
M 260	88.05(2) ACCESS TO HOME AND WITHIN THE HOME RESIDENT ACCESS TO THE HOME AND WITHIN THE HOME. An adult family home shall be physically accessible to all residents of the home. Residents shall be able to easily enter and exit the home, to easily get to their sleeping rooms, a bathroom, the kitchen and all common living areas in the home, and to easily move about in the home. Additional accessibility features shall be provided as follows, if needed to accommodate the physical limitations of the resident or if specified in the resident's individual service plan:	M 260		

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M 260	Continued From page 4 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure the facility was physically accessible to all residents in the home for 3 of 3 residents. The door to the resident bathroom and all 3 bedrooms did not have a clear opening of 32 inches. The bathroom did not have enough space to provide a turning radius for residents' wheelchairs and provide accessibility appropriate to residents' needs. Resident 1, Resident 2, and Resident 3 were non-ambulatory and required wheelchairs or other mobility devices to ambulate. Findings include: On 07/14/2025, at 3:00 PM, Surveyors toured the facility. The bathroom doorway had a clear opening of 29.75 inches. The bathroom did not have enough space to provide a turning radius for residents' wheelchairs and did not provide accessibility appropriate to residents' needs. On 07/14/2025, at approximately 3:15 PM, Surveyors interviewed Resident 2. Resident 2 reported s/he used a bed pan to relive her/himself. Resident 2 reported s/he preferred to use the toilet in the resident bathroom, but s/he was unable to get into the bathroom. Resident 2 stated s/he went to another facility for bathing, due to not being able to access the shower in her/his home. S/He needed to be transferred using a Hoyer lift and utilized a wheelchair to ambulate. S/He was unable to get into the resident bathroom due to the lack of space within the bathroom, and the inability to get her/his wheelchair or a Hoyer lift inside the bathroom. On 07/14/2025, at 4:15 PM, Surveyors interviewed Caregiver D. Caregiver D confirmed	M 260		

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M 260	Continued From page 5 Resident 2 used a bedpan in her/his room to relieve her/himself and had been transported to another assisted living facility weekly to bathe. Caregivers were unable to get Resident 2 into the bathroom at the home due to her/his required use of a Hoyer lift and wheelchair. The bathroom did not provide a door opening wide enough or turning radius that accommodated residents' wheelchairs and the Hoyer lift. Resident 3 also required the use of a Hoyer lift and utilized a positioning wheelchair. Caregiver D reported Resident 3's wheelchair could not get into the bathroom as it was "too big." Resident 3 was unable to take a shower in the resident bathroom and was given bed baths. On 08/04/2025, at 1:00 PM, Surveyors interviewed Licensee A and the following was reported: Licensee A confirmed Resident 2 was transported to another assisted living facility to take showers on a 2-3 time per week schedule. Licensee A reported Resident 2 was non-ambulatory, and non-ambulatory residents were not able to sit on the commode; they needed to be changed in a bed. Resident 2 has "gained a significant amount of weight" from the time of her/his admission to the home, which required her/him to go out of the home to take a shower. Resident 2 was given a bed bath on the days s/he did not go to the other facility for bathing. Licensee A was working with Resident 2's case manager to find a new placement for her/him. Resident 3 could not bend her/his legs, so Licensee A and Resident 3's case manager were working on getting Resident 3 into a bath program like Resident 2 had. Resident 3 received a bed baths daily.	M 260		

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M 312	Continued From page 6	M 312		
M 312	88.05(3)(h)6 SPACE FOR INDIVIDUAL STORAGE Each resident shall be provided conveniently located individual storage space in the resident's bedroom sufficient for hanging clothes and for storing clothing, toilet articles, towels and other personal belongings. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure there was individual storage space sufficient for hanging clothes and other personal belongings in residents' bedrooms for 1 of 3 residents. Resident 1 did not have a closet or any other accommodation to hang clothing. Findings include: On 07/14/2025 at 2:42 PM, Surveyors toured Resident 2's bedroom. Surveyors opened the closet and observed it contained clothing and items which appeared to belong to someone of the opposite gender of Resident 2. Surveyors interviewed Resident 2 and s/he reported one of two closets in her/his bedroom belonged to Resident 1. Resident 2 reported caregivers occasionally enter her/his bedroom to retrieve Resident 1's belongings from the closet. On 07/14/2025, at approximately 3:10 PM, Surveyors toured Resident 1's bedroom and observed Resident 1 had a dresser but no closet or any other space to hang clothes or belongings. Surveyors interviewed Resident 1 and s/he confirmed s/he did not have space to hang clothes or belongings.	M 312		

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M 312	Continued From page 7 On 07/14/2025 at approximately 3:45 PM, Surveyors interviewed Caregiver D. Caregiver D confirmed Resident 1 did not have a closet or anywhere to hang clothes or other personal belongings. Caregivers used the closet in Resident 2's bedroom to hang Resident 1's clothing. On 08/04/2025, at 1:00 PM, Surveyors interviewed Licensee A and the following was reported: S/He confirmed Resident 1 did not have a space for hanging clothing or other belongings. S/He was working on getting Resident 1 a closet. Resident 1's bedroom previously had a closet, but it was removed to give her/him more space. Licensee A reported plans to obtain a plastic bar to put in Resident 1's room for space to hang items.	M 312		
M 334	88.05(4)(b)1 FIRE SAFETY-SMOKE DETECTORS Every adult family home shall be equipped with one or more single station battery operated, electrically interconnected or radio signal emitting smoke detectors on each floor level. Required smoke detectors shall be located in each habitable room except the kitchen and bathroom and specifically in the following locations: at the head of each open stairway, at the door leading to every enclosed stairway, on the ceiling of the living room or family room, on the ceiling of each sleeping room and in the basement.	M 334		

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M 334	Continued From page 8	M 334		

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure 2 of 6 required smoke detectors were in the home. The head of the door leading to the enclosed stairway and Resident 2's bedroom did not have smoke detectors.

Findings include:

On 07/14/2025, at 3:15 PM, Surveyor observed the enclosed stairway leading to the basement. There was a bracket for a smoke detector at the head of the door, but there was no smoke detector present.

On 07/14/2025 at 2:42 PM, Surveyor observed Resident 2's bedroom. Resident 2's bedroom did not contain a smoke detector, or a bracket for a smoke detector.

On 07/14/2025, at 2:42 PM, Surveyor interviewed Resident 2. Resident 2 confirmed her/his room did not have a smoke detector and was unsure how long it had been missing, or if s/he ever had one upon moving in.

On 07/14/2025 at approximately 3:45 PM, Surveyors interviewed Caregiver D. Caregiver D confirmed a smoke detector was not present in Resident 2's room. Caregiver D reported s/he did not know where the smoke detector was for the area above the enclosed doorway, or how long it had been missing.

On 08/04/2025, at 1:00 PM, Surveyors interviewed Licensee A. Licensee A reported Resident 2 smoked cigarettes and did not want to

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M 334	Continued From page 9 get up to smoke. Licensee A reported a relative of Resident 2's must have taken the smoke detector out of Resident 2's bedroom. Licensee A reported having no knowledge of the smoke detector missing from the door leading to the enclosed stairway.	M 334		
M 436	88.07(2)(a) SERVICES The licensee shall provide or arrange for the provision of individualized services specified in a resident's individual service plan that are the licensee's responsibility. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the provision of individualized services specified in residents' individual service plans (ISP) were provided or arranged for 2 of 3 residents. Resident 2 was not able to be transferred from her/his bed to a wheelchair, or to the bathroom as desired. Resident 3 had fallen and was not assisted off the ground for approximately 30 minutes. Findings include: On 07/16/2025, at 1:58 PM, Surveyors reviewed resident records and the following was identified: Resident 2: Resident 2 was admitted to the facility on 12/14/2023. Resident 2 had two ISPs in her/his	M 436		

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M 436	Continued From page 10	M 436		

file, both of which were not dated. Resident 2's ISPs documented s/he required 24-hour supervision and assistance of 2 staff for fire evacuations, s/he utilized a wheelchair indoors and outdoors, and transferred with help only. The ISPs documented Resident 2 did not have incontinence of bowels or bladder but s/he utilized a bed pan. A document labeled "Personal Care Worker Daily Plan of Care" was in Resident 2's file and was dated effective 12/14/2023. The document reported Resident 2 required the use of a Hoyer lift, was unable to perform any activities of daily living (ADL) and needed the assistance of a caregiver at all times.

Resident 3:

Resident 3 was admitted to the facility on 12/03/2024. Resident 3's file did not include an ISP. A resident screening form documented Resident 3 required a Hoyer lift for transferring. Resident 3's evacuation assessment, dated 12/03/2024, documented s/he required assistance of 2 staff for fire evacuations, and was non-ambulatory and utilized a wheelchair or other mobility aids. Resident 3's member centered plan from My Choice Wisconsin documented Resident 3 required assistance to propel her/his wheelchair.

An incident report dated 02/26/2025 documented Resident 3 had fallen out of bed at 11:15 PM. Caregiver G documented, "I went got the hoyer machine and proceeded with the green sheet that go under [her/him] as I was done with that I plug the machine up it didn't work so I unplugged it and brig it to [Resident 2's] room and I asked [her/him] how to work this because [s/he] helped me with it when I used it on [her/him] so [s/he] can be comfortable until I can get help when the

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next person come in so we can lift [her/him] from the floor my coworker arrived ten minutes early for work open the door happily to see [her/him] and I told [her/him] what happened and [s/he] helped me get [Resident 3] in bed [sic]." Resident 3 was on the floor after the fall for approximately 30 minutes, while Caregiver G waited for the oncoming shift to assist her/him. The incident report documented Resident 3 sustained a black eye on the left side and a red mark on her/his buttocks, and no medical treatment was provided.

On 07/14/2025, at approximately 3:30 PM, surveyors interviewed Caregiver D. Caregiver D reported Resident 2 usually gets transferred from her/his bed to a wheelchair and back again during the change of shifts when there were 2 caregivers present. S/He confirmed Resident 2 could not be transferred into the bathroom, and s/he utilized a bed pan to relieve her/himself.

On 07/14/2025, at approximately 4:00 PM, surveyors interviewed Resident 2. Resident 2 reported s/he would like to get in and out of her/his bed when s/he wanted but, "Not everyone is able to use the Hoyer." S/He also expressed her/his preference to relieve her/himself in a bathroom using a toilet, instead of having to utilize a bed pan.

On 08/04/2025, at 1:00 PM, surveyors interviewed Licensee A. Licensee A confirmed 1 caregiver worked per shift. Licensee A confirmed Resident 2 required the assistance of 2 caregivers with transfers and evacuations. Licensee A did not agree with Surveyors and reported s/he did what s/he could to provide services to the residents.

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M 444	Continued From page 12	M 444		
M 444	88.07(2)(b)3 TRANSPORTATION TO MEDICAL Providing, arranging, transporting or accompanying a resident to medical or other appointments as part of the resident's individual service plan. This Rule is not met as evidenced by: Based on record review and interview, provider did not ensure 1 of 1 resident (Resident 2) was able to attend her/his medical appointment. Findings include: On 07/14/2025, at approximately 3:30 PM, Surveyors reviewed Resident 2's records. Resident 2 was admitted on 12/14/2023. Resident 2 had a note in their chart, dated 07/09/2025, stating Resident 2 had an appointment with their physician on 07/16/2025 where s/he could get a new/updated order for a required medication. On 07/17/2025 at approximately 2:30 PM, Surveyors interviewed Caregiver D regarding an appointment for Resident 2 which was scheduled for 07/16/2025. Caregiver D reported Resident 2 did not attend the appointment as s/he could not be transferred out of bed into her/his wheelchair. Resident 2 required a Hoyer lift (mechanical transfer lift) for transfers and the remote to operate the Hoyer lift was missing. The remote was later found in Resident 1's pillowcase. On 07/17/2025 at approximately 3:00 PM, Surveyors interviewed Resident 2 regarding an appointment scheduled on 07/16/2025. Resident 2 confirmed s/he was not able to attend the medical appointment as the caregivers were unable to transfer her/him into her/his wheelchair.	M 444		

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M 444	Continued From page 13 The Hoyer remote was missing, and the Hoyer lift could not be used. The caregiver on duty was unable to complete the transfer for Resident 2 without the assistance of another caregiver or the use of the Hoyer lift.	M 444		
Z 023	50.065(4m) (b) intro CAREGIVER HIRING AND CONTRACTING PROCESS Notwithstanding s.111.335, and except as provided in sub. (5), an entity may not hire or contract with a caregiver or permit to reside at the entity a nonclient resident if the entity knows or should have known any of the following: 1. That the person was convicted of a serious crime. 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. 4. That a determination has been made under s. 48.981 (3) (c) 4. that the person has abused or neglected a child. 5. That, in the case of a position for which the person must be credentialed by the Department of Safety and Professional Services, the person's credential is not current, or is limited so as to restrict the person from providing adequate care to the client.	Z 023		

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	0019385	A. BUILDING: _____ B. WING _____	C 08/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENITY GARDEN ADULT FAMILY HOME	2423 W CUSTER AVE MILWAUKEE, WI 53209

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Z 023	Continued From page 14 This Rule is not met as evidenced by: Based on record review and interview, the provider hired 1 of 1 caregiver (Caregiver C) when they knew or should have known s/he was convicted of a serious crime. Licensee A had knowledge of Caregiver C's background check and the charge of 940.19(2) Substantial Battery - Intend Bodily Harm. Caregiver C was convicted of 940.19(2) Substantial Battery - Intend Bodily Harm and 940.198(2)(b) - Modifier: 939.05 Physical Abuse of an Elder Person - Intentionally Cause Bodily Harm. Wis. Stat. § 50.065(1)(e) states, "'Serious crime' means a violation of . . . s. 940.19(2) . . . 940.198(2) . . . or a violation of the law of any other state or United States jurisdiction that would be a violation of . . . s. 940.19(2) . . . 940.198(2) . . . if committed in this state." Findings include: On 06/27/2025, the Department received a complaint alleging service providers were allowed to work in the adult family home (AFH) without completed background checks, and a caregiver was working at the AFH who had a conviction on their record for an offense rendering them ineligible for employment as a caregiver. On 07/15/2025, at 12:50 PM, Surveyors reviewed staff files, and the following was identified: Caregiver C: - Date of hire (DOH): 04/23/2023 - Completed a background information disclosure (BID) form on 10/02/2023 - Answered "No" to all of the questions under	Z 023		

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Z 023	Continued From page 15 Section A - Acts, Crimes, and Offenses that may Act as a Bar or Restriction. - Caregiver C reported in Section B - Other Information Required, s/he did have a caregiver background check done within the last 4 years and s/he had not ever requested a rehabilitation review. - A second BID was located in Caregiver C's record, which was also dated 10/02/2023 - The BID dated 10/02/2023 did not include a social security number, and reported all the same responses, except in Section B, s/he reported s/he had not had a caregiver background check done within the last 4 years. - Caregiver C's Department of Justice (DOJ) and integrated background information system (IBIS) letter were dated 10/09/2023, 169 days after Caregiver C's DOH - The DOJ report identified Caregiver C was arrested on 07/11/2017 and again on 12/21/2018, for Wisconsin State Statute 940.19(2) - Substantial Battery - Intend Bodily Harm. - A disposition was not listed for the arrest on 07/11/2017 - The disposition for the arrest on 12/21/2018 stated, "disposition not reported." - The IBIS letter found no rehabilitation review findings for Caregiver C - Caregiver C's file did not contain evidence arrest and conviction disposition information from local clerks of courts was obtained On 07/15/2025, at 4:50 PM, Surveyor reviewed Caregiver C's Wisconsin Circuit Court Access (CCAP) record, and the following was identified: Milwaukee County Case Number 2017CF003483 State of Wisconsin vs. [Caregiver C] Filing Date: 07/31/2017 Count No. 2	Z 023		

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Z 023	Continued From page 16 Statute: 940.19(2) Description: Substantial Battery - Intend Bodily Harm Severity: Felony I Disposition: Guilty Due to Guilty Plea on 12/14/2017 Milwaukee County Case Number 2024CF000678 State of Wisconsin vs. [Caregiver C] Filing Date: 02/12/2024 Count No. 1 Statute: 940.198(2)(b) - Modifier: 939.05 Description: Physical Abuse of an Elder Person - Intentionally Cause Bodily Harm; PTAC, as a Party to a Crime Severity: Felony H Disposition: Guilty Due to Guilty Plea on 08/14/2024 Milwaukee County Court Case Number 2024CV001512 [Person F] vs. [Caregiver C] Filing date: 02/21/2024 Class Code Description: Individual at Risk Restraining Order Petitioner: [Person F] Respondent: [Caregiver C] - The court record stated, " . . . Court took judicial notice of cases 17CF3483 and 24CF678. . . . Court ordered the GAL (Guardian ad Litem) to send a copy of the injunction to the ADA (Assistant District Attorney) on case 24CF678 . . . " On 08/04/2025, at 1:00 PM, Surveyors interviewed Licensee A and the following was reported: Licensee A was responsible for and completed background checks for Serenity Garden Adult Family Home's service providers. Her/His	Z 023		

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Z 023	Continued From page 17	Z 023		

process was to have any potential new hires complete an application, a form giving consent to run a background check, and a BID. Once Licensee A made a decision on hiring a service provider, s/he would then run a DOJ and IBIS report. Surveyor inquired what Licensee A did if s/he came across a background check which showed a criminal record. Licensee A reported s/he had someone from Health and Human Services conduct a survey at her/his facility and they had informed Licensee A s/he had an employee working who required a criminal complaint and a statement be included in her/his file. This was to verify Licensee A had spoken with the employee about what was on their background. S/He was told by another surveyor s/he needed to obtain a judgement of conviction and a written statement from the employee if there was a question about a conviction on their record. Surveyor inquired if Licensee A had any current staff s/he had to obtain that information for and s/he confirmed s/he did (Caregiver C). S/He confirmed Caregiver C had been working at her/his facilities for approximately 3 years. Surveyor inquired if Licensee A could recall what Caregiver C's record showed. Licensee A stated, "I think it was a party to a crime or some type of . . . some type of disorderly or something like that if I can remember." Licensee A was unfamiliar with Department of Health Services (DHS) Chapter 12 - Caregiver Background Checks, and the offenses affecting eligibility. S/He was unaware of when background checks were required to be completed. S/He was unaware of any errors made when running background checks for any of her/his staff. Surveyor directed Licensee A to the Wisconsin Background Check and Misconduct Investigation Program: Offenses Affecting Eligibility form (P-00274) and informed her/him Caregiver C was not eligible to work as a

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Z 023	Continued From page 18 caregiver without rehabilitation review approval. Surveyor inquired if Licensee A had a written self-disclosure policy, and s/he confirmed s/he did not and was unaware of what that was. Licensee A reported Caregiver C did disclose her/his criminal convictions and s/he was asked to provide the judgement of conviction and a written statement. Licensee A stated, "Now that doesn't excuse the fact that [s/he] needs to go to rehabilitation, but I did ask." Surveyor inquired if Licensee A obtained the written statement and judgement of conviction, and s/he reported it was in Caregiver C's folder. Licensee A confirmed s/he sent Caregiver C's file with her/his complete background check information to the Surveyors. Surveyor confirmed receipt of Caregiver C's BID, DOJ, and IBIS, but any follow-up information to the criminal convictions was not included in what was sent. Licensee A reported Caregiver C had 2 file folders and s/he would send that information to the Surveyors. As of 08/06/2025, Surveyors have not received any further documentation or information on Caregiver C's background check. Cross Reference: M0114 88.03(3)(b) - Criminal Records Check	Z 023		