STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016981	A. BUILDING: _____ B. WING _____	05/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAFE AND SOUND GROUP LIVING LLC	3406 55TH AVE KENOSHA, WI 53144

(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 05/06/2026 with information collection through 05/15/2026, Surveyor completed a standard survey at Safe and Sound Group Living LLC, 6 deficiencies were identified. Census: 4	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 annual training for 1 of 3 caregivers. Caregiver D did not receive annual training in 2025. Findings include: On 05/08/2025, at 8:00 AM, Surveyor reviewed employee records and identified the following: Caregiver D was hired on 12/01/2018. Caregiver D's record did not contain any evidence of annual training in 2025. On 05/15/2025, at approximately 12:00 PM,	M 246		

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

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M 246	Continued From page 1 Surveyor interviewed Licensee A. Licensee A confirmed staff were required to have 8 hours of annual training. Licensee A reported s/he had a nurse that does all of the trainings and Caregiver D had been on maternity leave therefore the trainings were not completed for 2024.	M 246		
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 2 of 2 exits from the home were ramped to grade with a hard surfaced pathway with handrails for residents who walk only with difficulty, or only with the	M 262		

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M 262	Continued From page 2	M 262		

assistance of crutches, a cane, or a walker, or are unable to easily negotiate stairs without assistance. Resident 1 and Resident 2 utilized a walker for ambulation.

Findings include:

The facility was licensed on 12/07/2017, to serve up to 4 ambulatory residents.

On 05/06/2026, at approximately 11:12 AM, Surveyor entered the facility and observed the following:

- The front entry door, identified as an emergency exit, had 2 steps to enter the residence.

- The side exit door was identified as an emergency exit. The side exit led to the garage and contained 2 steps leading to the garage entry.

- Resident 1 was observed sitting in the living room on the sofa with a walker placed in front of him/her for ambulation. Resident 1 wore a gait belt. Resident 1 resided in a shared bedroom.

- Resident 2 was observed sitting in the living room on the love seat asleep with a walker placed in front of him/her for ambulation. Resident 2 resided in a shared bedroom.

On 05/06/2026, at approximately 11:46 AM, Surveyor reviewed Resident 1's record. Resident 1 was admitted to the facility on 12/08/2018 with diagnoses including cognitive delay. Resident 1's individual service plan (ISP), dated 07/01/2024, indicated Resident 1 required the use of a 2 wheel walker and gait belt for ambulation and needed assistance transferring and walking

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M 262	Continued From page 3	M 262		

through the facility. The ISP indicated Resident 1 needed a wheel chair for long distance ambulation and required the assistance of 1 person to assist with mobility due to an unsteady gait.

On 05/06/2026, at approximately 11:46 AM, Surveyor reviewed Resident 2's record. Resident 2 was admitted to the facility on 04/06/2026. Resident 2 had diagnoses of Parkinson disease, muscle weakness, hypercalcemia, esophagitis chronic reflux, chronic pain syndrome, arthralgia knee left, and primary hypertension. Surveyor reviewed Resident 2's daily activity log dated 04/19/2026, which identified Resident 2 to use a walker for ambulation.

On 05/06/2026, at approximately 11:15 AM, Surveyor interviewed Caregiver B. Caregiver B reported the walker Resident 1 and Resident 2 used walkers for ambulation. Caregiver B reported s/he was unsure if waivers for the usage of the walkers were requested from the Department. Caregiver B reported Resident 2 had been at the facility for almost 1 month and used the walker. Caregiver B was unable to answer questions regarding how long Resident 1 had used his/her walker for ambulation assistance.

On 05/06/2026, at approximately 12:05 PM, Surveyor observed Caregiver B to assist Resident 1 off of the living room sofa. Resident 1 was observed to struggle in transition from a sitting position to a standing position. Caregiver B assisted Resident 1 by pulling on his/her gait belt to assist Resident 1 to a standing position. Resident 1 was observed to walk on his/her tippy toes with the use of a wheeled walker and the assistance of Caregiver B.

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M 262	Continued From page 4 On 05/15/2026, at approximately 12:00 PM, Surveyor interviewed Licensee A. Licensee A reported Resident 1 and Resident 2 only used the walkers for long distances. Licensee A reported s/he would be submitting an amendment request to change his/her license to semi-ambulatory. Licensee A confirmed his/her understanding of the Department requirement to have 2 exits ramped to grade as the facility was not ramped to grade.	M 262		
M 404	88.06(3)(a) INDIVIDUAL SERVICE PLAN & ASSESSMENT The licensee shall ensure that a written assessment and individual service plan is completed and developed for each resident within 30 days after placement. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a written assessment and an individual service plan (ISP) were developed for 1 of 1 residents within 30 days after placement. Resident 2 did not have a written assessment, or an ISP completed within 30 days. Findings include: On 05/06/2026, at approximately 11:46 AM, Surveyor reviewed Resident 2's record and identified the following: Resident 2 was admitted to the facility on 04/06/2026. Resident 2's record did not contain a	M 404		

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M 404	Continued From page 5 written assessment or an ISP. On 05/06/2026, at approximately 4:06 PM, Surveyor sent Licensee A an email and requested Resident 2's ISP. On 05/15/2026, at approximately 12:00 PM, Surveyor interviewed Licensee A. Surveyor advised Licensee A of the care manager report received and indicated the initial ISP for Resident 2 was not received. Licensee A reported s/he had Resident 2's initial ISP at his/her office and indicated s/he would email the ISP by 5:00 PM on 05/15/2026. As of 05/19/2026, at 5:00 PM, no documentation had been received.	M 404		
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.	M 424		

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M 424	Continued From page 6	M 424		

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 1 of 1 resident's individual service plans (ISPs) were reviewed at least every 6 months. Resident 1's ISP was due to be reviewed 01/01/2025, 07/01/2025, and 01/01/2026. Residents 1's record did not contain any documentation of the ISP reviews.

Findings include:

On 05/06/2026, at approximately 11:46 AM, Surveyor reviewed Resident 1's record. . Resident 1 was admitted to the facility on 12/08/2018 with a diagnoses of cognitive delay. Resident 1's current individual service plan (ISP), dated 07/01/2024 was due to be reviewed 01/01/2025, 07/01/2025, and 01/01/2026. Resident 1's record did not contain any documentation of the ISP reviews.

On 05/06/2026, at approximately 4:06 PM, Surveyor sent Licensee A an email and requested Resident 1's annual review of the ISP.

On 05/15/2026, at approximately 12:00 PM, Surveyor interviewed Licensee A. Surveyor advised Licensee A of the managed care plan received for received for Resident 1 and indicated the records did not include the ISP for Resident 1. Licensee A reported s/he had Resident 1's ISP at his/her office and indicated s/he would email the ISP by 5:00 PM on 05/15/2026.

As of 05/19/2026, at 5:00 PM, no documentation had been received.

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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 obtain a written order from the physician who prescribed medications to the resident, stating who can administer the medications for 1 of 2 resident's reviewed. Resident 2's records did not contain a written order identifying who could administer medications. Findings include: On 05/06/2026, at approximately 11:46 AM, Surveyor reviewed Resident 2's record. Resident 2 was admitted to the facility on 04/06/2026. Resident 2 had diagnoses of Parkinson disease, muscle weakness, hypercalcemia, esophagitis chronic reflux, chronic pain syndrome, arthralgia knee left, and primary hypertension. Resident 2's record did not include a physician's order stating who could administer Resident 2's medication.	M 464		

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M 464	Continued From page 8 On 05/06/2026, at approximately 4:06 PM, Surveyor sent Licensee A an email and requested Resident 2's practitioner order to administer medications. On 05/15/2026, at approximately 12:00PM, Surveyor interviewed Licensee A. Licensee A reported s/he had the practitioner order to administer for Resident 2 at his/her office. Licensee A reported s/he would email the documentation by 5pm on 05/15/2026. As of 05/19/2026, at 5:00PM PM, no documentation had been received.	M 464		
M 482	88.09(1)(a) RESIDENT RECORDS The licensee shall maintain a record for each resident. Resident records shall be maintained in a secure location within the home to prevent unauthorized access. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents' (Resident 1's and Resident 2's) records were maintained in a secure location within the home. Findings include: On 05/06/2026, at approximately 11:46 AM, Surveyor requested the resident records for Resident 1 and Resident 2. The following was identified:	M 482		

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M 482	Continued From page 9 Resident 1 was admitted on 12/08/2018. Resident 1's record did not contain an admission health exam or an evacuation assessment. Resident 2 was admitted on 04/06/2026. Resident 2's record did not contain signed service agreement, admission health exam, evacuation assessments, or signed acknowledgements of resident rights and grievance procedure. On 05/15/2026, at approximately 12:00 PM, Surveyor interviewed Licensee A. Licensee A reported s/he had the above mentioned documentation for Resident 1 and Resident 2. Licensee A reported the documentation was kept off site at another office to ensure that the documents did not disappear from the facility. Surveyor advised Licensee A of the Departments code to maintain all records on site in a secure location for each resident. Licensee A provided the documents via email. The documents were not on site at the time of the survey.	M 482		