STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017655	A. BUILDING: _____ B. WING _____	R-C 05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAPHA HOUSE	**7835 W FIEBRANTZ AVE MILWAUKEE, WI 53222**

(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 05/21/2026, Surveyor completed a verification visit and 2 complaint investigations at Rapha House. As a result, 7 previous deficiencies were corrected, 2 deficiencies were recited, and 2 new deficiencies were identified. One complaint was substantiated; one complaint was unsubstantiated. Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee will be assessed.	{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 observation, record review, and interviews, the provider did not ensure the home, and its operation complied with this chapter and all other laws governing the home and its operations potentially affecting 2 of 2 residents. The provider has been unable to maintain compliance with Chapter 88 of the Department of Health Services-Licensed Adult Family Home regulations. Findings include: Record Review On 05/18/2026, Surveyors reviewed the Departments files and identified the following: On 02/09/2026, the Department issued Statement of Deficiency (SOD) JV2711 and	M 216		

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

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M 216	Continued From page 1 Notice and Order Letter notifying the provider of the results of survey and complaint investigation at Rapha House. As a result of the survey, 9 deficiencies were identified, and 2 complaints were substantiated. The following deficiencies were identified: M0230 88.04(2)(f) Condition Which Represents Risk or Harm M0232 88.04(2)(a) Health Screening for Staff M0246 88.04(5)(b) Training - 8 Hours Annually M0262 88.05(2)(a) Difficulty Walking M0338 88.05(4)(c)1 Exiting From The First Floor M0346 88.05(4)(d)2b Fire Evacuation Annual Evaluation M0420 88.06(3)(d)5 Signed Statement of Agreement M0424 88.06(3)(f) Review of ISP M0458 88.07(3)(a) Prescription Medications The Special Orders from the Notice and Order Letter included the following: " ...The licensee's corrective measures shall include the following: WITHIN 7 DAYS of receipt of this notice, the licensee shall provide each current resident's legal representative and case manager (if any) with a copy of Statement of Deficiency JV2711 and a copy of this Notice and Order letter. The licensee shall retain evidence, acceptable to the department, to verify compliance with this Order. Acceptable documentation will be a signed, certified mail receipt or a verification letter or email from each legal representative and case manager...." On 05/21/2026, Surveyor completed a verification visit and 2 complaint investigations at Rapha	M 216		

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M 216	Continued From page 2 House. As a result of the survey, the provider was issued 4 deficiencies. Two of 4 were repeat deficiencies. The following deficiencies identified: M0216 88.04(2)(a) - Responsibilities M0262 88.05(2)(a) - Difficulty Walking - This is a repeat cite M0458 88.07(3)(a) - Prescription Medications - This is a repeat cite M0480 88.08 Termination of Placement On 05/21/2026, at 1:36 PM, Licensee A forwarded the emails s/he sent to the managed care organization (MCO) case managers to Surveyor. The emails contained only the Notice and Order letter, and did not contain the SOD. Surveyor was unable to locate evidence Licensee A submitted the Notice and Order letter and SOD to the legal representatives of the residents. Interview On 05/21/2026, at 1:20 PM, Surveyor interviewed Licensee A. Licensee A reported s/he did not receive the SOD until March. Licensee A reported s/he received the SOD from a MCO. Licensee A reported s/he sent out the emails to the MCOs on 03/24/2026. Licensee A reviewed her/his email and confirmed the email which contained the SOD from the Department was there and unopened.	M 216		
{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	{M 262}		

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{M 262}	Continued From page 3	{M 262}		

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, interview, and record review the provider did not ensure 2 of 2 exits from the home were ramped to grade. Resident 2 and Resident 3 required the use of a wheelchair to assist with mobility. The front and rear exits contained ramps which did not meet the length for the raised landing for safe use.

This is a repeat deficiency. See Statement of Deficiency (SOD) JV2711, dated 11/12/2025.

Findings include:

This facility was licensed on 08/12/2020 to provide services to 3 non-ambulatory residents with a diagnosis of advanced aged, physically disabled, and emotionally disturbed/mental illness.

On 05/18/2026, at 10:20 AM, Surveyors toured

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{M 262}	Continued From page 4 the facility and observed the following: The front door identified as an emergency exit. There was a ramp from the front porch to the side of the house. The landing of the front exit ramp was approximately a 24-inch rise. The ramp extended approximately 177 inches (14.75 feet), approximately 1.25 feet short of the required length for a 24-inch-tall rise. This slope of the front ramp is greater than a 1 inch of rise to 12 inches (1 foot) of run (1:12) ratio. The safe length according to minimum standards of a rise to run ratio of 1:8, the ramp should be 192 inches long. The rear door was located off the kitchen which was identified as an emergency exit. The landing of the rear exit ramp was approximately a 24-inch rise. The ramp extended approximately 157 inches (13 feet), approximately 2 feet short of the required length for a 24-inch-tall rise. The slope of the rear ramp is greater than a 1:8 ratio. The ramp should have been at least 192 inches long. 2010 Americans with Disabilities Act (ADA) Standards for Accessible Design states,"...405 Ramps. 405.1 General. Ramps on accessible routes shall comply with 405...405.2 Ramp runs shall have a running slope not steeper than 1:12. Exception: In existing sites, buildings and facilities, ramps shall be permitted to have running slopes steeper than 1:12 complying with Table 405.2 where such slopes are necessary due to space limitations...Slope (A slope steeper > than 1:8 is prohibited.)..." (Source: 2010 ADA Standards for Accessible Design website, Chapter 4: Accessible Routes, September 2010, https://www.ada.gov/law-and-regs/design-standards/2010-stds/#303-changes-in-level (retrieval date - May 19, 2026).)	{M 262}		

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{M 262}	Continued From page 5 On 05/18/2026 at approximately 12:20 PM, Surveyor interviewed Licensee A. Licensee A reported s/he had intended on fixing the ramps in 2 weeks. Licensee A reported s/he was unable to have the ramps replaced during the winter and needed to wait until the ground was not frozen to have the ramps installed properly. On 05/21/2026, at 1:20 PM, Surveyor interviewed Licensee A. Licensee A confirmed the ramps would be replaced and finished in June.	{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. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 1 of 1 resident's (Resident 1) prescription medication was securely stored. Resident 1's medication was not securely stored in the kitchen refrigerator. This is a repeat deficiency. See Statement of Deficiency (SOD) JV2711, dated 11/12/2025.	{M 458}		

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{M 458}	Continued From page 6 Findings include: On 05/18/2026, at 10:32 AM, Surveyor toured the kitchen and observed a plastic box in the refrigerator. The box did contain a locking mechanism, which was not engaged. The box contained Resident 1's gabapentin 250 milligram (mg)/5 milliliter (ml) solution (Soln). On 05/18/2026, at 1:00 PM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 01/04/2025 with diagnoses including myoneural disorder and inherited spinal muscular atrophy. Resident 1's individual service plan (ISP), dated 01/15/2026, indicated Resident 1 required assistance with medication administration. On 05/21/2026, at 1:20 PM, Surveyor interviewed Licensee A. Licensee A reported s/he was unaware Resident 1's medications were in the facility as Resident 1 was no longer residing in the facility.	{M 458}		
M 480	88.08 TERMINATION OF PLACEMENT TERMINATION OF PLACEMENT. A licensee may terminate a resident's placement only after giving the resident, the resident's guardian, if any, the resident's service coordinator, the placing agency, if any and the designated representative, if any, 30 days written notice. The termination of a placement shall be consistent with the service agreement under s. HSS 88.06(2)(c)7. The 30 day notice is not required for an emergency termination necessary to prevent harm to the resident or the other household	M 480		

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M 480	Continued From page 7 members. This Rule is not met as evidenced by: Based on record review and interview, the provider did not provide 1 of 1 resident (Resident 1) with a written 30-day notice of termination of placement at the facility. Findings include: On 04/06/2026, the Department received a complaint with concerns about involuntary discharges. On 05/18/2026 at 1:00 PM, Surveyor reviewed Resident 1's record. Resident 1's service agreement was signed on 11/14/2024 by Resident 1 and Licensee A. In the service agreement, under termination of agreement the document stated, " ...upon thirty days (30) Days written notice from the operator to the resident for reasons listed below, and if the resident objects to the action, only after the operator initiates a court proceeding and the court rules in favor of the operator. The grounds upon which involuntary termination may occur are: A. the resident requires continual medical or nursing care which roughhouse cannot provide. B. The residence behavior poses imminent risk of death or imminent risk of serious physical harm to himself/ herself or others. C. The resident fails to make timely payments for all authorized charges, expenses and other assessments, if any for services including use and occupancy of the premises, materials, equipment and food which the resident has agreed to pay pursuant to the residents admission and service agreement if failure to make timely payments resulted from an interruption in the receipt by the resident of any	M 480		

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public benefits to which he/she is entitled, no voluntary termination can take place unless the operator, during the 30 days notice. Assist the resident in obtaining such benefits period the resident and/ or legal representative must cooperate with such efforts by the operator.
D. The resident repeatedly behaves in a manner that directly impairs the well-being, care or safety of the resident or any other resident which substantially interferes with the orderly operation of the facility.
E. The operator has had operating certificates limited, revoked, temporarily suspended or the operator has voluntarily surrendered the operating certificate of Rapha House to the Wisconsin State department of social services. Or if the operator decides to terminate the admission agreement for any reasons given above the operator will hand deliver to the resident a notice of termination on a form prescribed from the state Department of Social services. Such notice will include dates of termination and discharge which must be at least 30 days after delivery of notice, the reason for termination, a statement of resident rights to object, and a list of legal and advocacy resources approved by the state Department of Social services. Copies will be sent to the residents next to kin. Legal responsible relatives and to the appropriate regional office of the state of Department of Social services.
F. The resident may object to the operator about the termination and may be represented by an attorney or advocate. When the resident challenges the court termination, the operator, in order to terminate, must institute a special proceeding in court. The resident will not be charged against his/her will unless the court rules in favor of the operator."

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The discharge notice dated 04/02/2026 stated, "This correspondence is to inform you of your emergency termination of your placement at Rapha House LLC. The decision was made due to health and safety concerns, defined as but not limited to. [sic] Emergency discharge: immediate danger to others, medical emergency beyond facility capability. Unable to meet members needs [sic] We wish you the best ..." A handwritten note on the side stated, "Copy given to client on 4-2-26".

Surveyor reviewed the following behavioral incident reports:

03/31/2026 at 8:45 AM - Resident defecated on a staff member during personal cares.

03/06/2026 at 4:30 PM - Resident urinated on a staff member's shoes.

Surveyor was unable to identify evidence in Resident 1's record to indicate s/he or others were in immediate harm to warrant an emergency termination.

On 05/18/2026 at approximately 12:20 PM, Surveyor interviewed Licensee A. Licensee A confirmed s/he gave Resident 1 a 5-day notice to prevent harm to others. Licensee A reported a surveyor told her/him s/he could give a 5-day notice. When Surveyor inquired about what harm Licensee A was referring to, Licensee A reported Surveyor had seen all of the behavioral incident reports so Surveyor should be familar with Resident 1's behaviors.

On 05/21/2026, at 1:20 PM, Surveyor interviewed Licensee A. Licensee A reported s/he informed Resident 1's managed care organization (MCO)

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M 480	Continued From page 10 s/he was going to give Resident 1 a 5-day notice. Licensee A reported the MCO did not indicate a 5-day notice was not allowed. Licensee A questions the difference between the rules of the Department and the rules of the MCOs and expressed frustration with the differences.	M 480		