STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0017852	A. BUILDING: _____ B. WING _____	C 04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIV WELL ADULT FAMILY HOMES LLC	8543 W LAWRENCE AVE 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 03/24/2025 with information gathered through 04/09/2025, Surveyor conducted 3 complaint investigations at LIV Well Adult Family Home LLC, an AFH located in Milwaukee, WI. As a result of the investigation, 2 violations of Chapter DHS 88 were issued. Two complaints were substantiated. One complaint unsubstantiated. Census: 4	M 000		
M 134	88.03(5)(e)1 SIGNIFICANT CHANGE TO THE RESIDENT Within 24 hours, a significant change in resident status, such as but not limited to an accident requiring hospitalization, missing from the home or a reportable death. A death shall be reported if there is reasonable cause to believe the death was related to use of a physical restraint or psychotropic medications, was a suicide or was accidental. This Rule is not met as evidenced by: Based on record review and interview, the provider did not report to the Department when 1 of 1 resident (Resident 1) was hosptalized with significant injuries. Resident 1 sustained a broken nose and fractured wrist on 11/27/2024. The facility did not report to the Department. Findings include:	M 134		

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

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M 134	Continued From page 1 On 03/24/2025, Surveyor reviewed facility documentation dated 11/27/2024 (incident report). Documentation stated that residents were raking leaves for neighbors and were paid. Resident 1 wanted all payment for him/herself. Staff explained that payment was to be split among all residents equally. Resident 1 became physically aggressive. Former Caregiver B defended self and authorities including ambulance were called. Resident 1 was taken to the hospital and treated for his/her injuries. On 03/24/2025 at 9:15 AM, Surveyor interviewed Licensee A via phone. Licensee A reported there was an altercation involving Resident 1 and Former Caregiver B. Licensee A confirmed that Resident 1 was sent to the hospital with injuries that resulted from the altercation with Former Caregiver B. Licensee A stated s/he did not know that the incident should have been reported to the Department. Licensee A stated that there would be no report to the Department regarding the incident on 11/27/2024 because s/he did not send one. On 03/24/2025, Surveyor searched the facility E-file and no self-report dated around 11/27/2024 involving Resident 1 was found.	M 134		
M 572	88.10(3)(m) Freedom from Abuse Freedom from abuse. To be free from physical, sexual or mental abuse, neglect, and financial exploitation or misappropriation of property. This Rule is not met as evidenced by:	M 572		

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M 572	Continued From page 2	M 572		

Based on record review and interview, the provider did not ensure 1 of 1 resident (Resident 1) was free from physical abuse. Resident 1 was struck in the face with a rake by Former Caregiver B resulting in injuries requiring hospitalization.

Findings include:

On 12/04/2024, the Department received a complaint that a resident was assaulted by staff resulting in injuries requiring hospitalization.

On 03/24/2025 at 9:15 AM, Surveyor interviewed Licensee A via phone. Licensee A reported there was an altercation involving Resident 1 and Former Caregiver B. Licensee A confirmed that Former Caregiver B had struck Resident 1 in the face with a rake. Licensee A confirmed that Resident 1 was sent to the hospital with injuries that resulted from the altercation with Former Caregiver B.

On 03/24/2025, Surveyor reviewed facility documentation dated 11/27/2024 (incident report). Documentation stated that residents were raking leaves for neighbors and were paid. Resident 1 wanted all payment for him/herself. Staff explained that payment was to be split among all residents equally. Resident 1 became physically aggressive. Former Caregiver B defended self and authorities including ambulance were called. Resident 1 was taken to the hospital and treated for his/her injuries.

On 03/24/2025, Surveyor checked Wisconsin Circuit Court System, Consolidated Court Automation Program (CCAP), and found that Former Caregiver B was arrested and formally charged on 12/04/2024 with felony substantial

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M 572	Continued From page 3	M 572		

battery, intentional bodily harm and felony intentional abuse of patients causing bodily harm.

On 03/26/2025 at 1:37 PM, Surveyor received an email from My Choice C. Email contained documents that confirmed the incident on 11/27/2024. Resident 1 and Former Caregiver B had an altercation. Resident 1 sustained a fractured nasal bone and a fractured wrist. Documentation indicated that police were called and Former Caregiver B was arrested and charged with battery and is no longer working at the facility.

On 04/09/2025 at 3:00 PM, Surveyor received an email from Guardian D. The email contained documentation from the hospital, dated 11/27/2024, that confirmed Resident 1's injuries sustained in the altercation with Former Caregiver B. Resident 1 was diagnosed with mild irregularity of the nasal bones and fracture cannot be ruled out, also fractures of the ulna and proximal ulnar styloid. The hospital documentation dated 11/27/2024 contained x-ray reports from the incident on 11/27/2024. The x-ray report confirmed that Resident 1 sustained a broken nose and fractured wrist resulting from the altercation with Former Caregiver B.

Summary:

On 11/27/2024, Resident 1 was struck by Former Caregiver B using a rake resulting in a broken nose. Resident 1 also fell to the ground resulting in a broken wrist.