STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014586	A. BUILDING: _____ B. WING _____	06/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMES OF HOPE LLC	6609 NORTH 53RD STREET MILWAUKEE, WI 53224

(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
N 000	Initial Comments On 06/27/2025, Surveyor concluded an abbreviated survey at Homes for Hope LLC. Nine deficiencies were identified. Census: 5	N 000		
N 219	83.17(1) Licensee conduct caregiver background check Caregiver background check. At the time of hire, employment or contract and every 4 years after, the licensee shall conduct and document a caregiver background check following the procedures in s. 50.065, Stats., and ch. DHS 12. A licensee shall not employ, contract with or permit a person to reside at the CBRF if the person has been convicted of the crimes or offenses, or has a governmental finding of misconduct, found in s. 50.065, Stats., and ch. DHS 12, Appendix A, unless the person has been approved under the department ' s rehabilitation process as defined in ch. DHS 12. This Rule is not met as evidenced by: Based on record review and staff interview, the provider did not ensure a complete background check was done for 1 of 2 employees reviewed. Caregiver D did not have Department of Justice (DOJ) findings and Integrated Background Information System (IBIS) document of findings in his/her employee record. A complete background check consists of a Background Information Disclosure (BID) form by the employee, a report of findings from the DOJ	N 219		

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

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N 219	Continued From page 1 findings, and the IBIS document of findings from the Department of Health Services. Findings include: On 06/26/2025 at 2:40 p.m., Surveyor completed reviewing the Caregiver D's records. The following was identified: Caregiver D was hired on 03/06/2025. Surveyor observed a BID document signed on 03/06/2025 and no documentation for DOJ findings and IBIS findings in Caregiver D's employee records. On 06/26/2025 at approximately 5:10 p.m., Licensee A told Surveyor that was all that they had on file for background checks for Caregiver D. Licensee A provided documentation for DOJ findings and IBIS findings dated for the date of the survey.	N 219		
N 220	83.17(2)(a) Employees screened for communicable disease. The CBRF shall obtain documentation from a physician, physician assistant, clinical nurse practitioner or a licensed registered nurse indicating all employees have been screened for clinically apparent communicable disease including tuberculosis. Screening for tuberculosis shall be conducted using centers for disease control and prevention standards. The screening and documentation shall be completed within 90 days before the start of employment. The CBRF shall keep screening documentation confidential, except the department shall have access to the screening documentation for verification purposes.	N 220		

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N 220	Continued From page 2 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, physician assistant, clinical nurse practitioner or licensed registered nurse indicating 2 of 2 employees (Caregiver D and Caregiver E) had been screened for illness detrimental to residents, including tuberculosis (TB), within 90 days before the start of employment. Findings include: On 06/26/2025 at 2:20 p.m., Surveyor reviewed staff records and identified the following: -Caregiver D was hired on 03/06/2025. Caregiver D started working with the residents after 04/25/2025. Caregiver D's record contained a TB screening questionnaire dated 01/08/2019; which did not meet the criteria of being screened for tuberculosis (TB) within 90 days before the start of employment. Caregiver D's file had no documentation of a TB test in his/her record. -Caregiver E was hired on 6/20/2024. Caregiver E started working with the residents after 07/01/2024. Caregiver E was screened for tuberculosis (TB); however, the provider did not obtain documentation from a physician, a registered nurse, or a physician's assistant indicating Caregiver E had been screened for illness detrimental to residents, including TB, as required, before the start of providing service.	N 220		

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N 220	Continued From page 3 On 06/26/2025 at 4:08 p.m. Licensee A confirmed s/he provided the complete files for Caregiver D and Caregiver E. Licensee A confirmed that Caregiver D and Caregiver E did not have complete communicable disease screenings before they started on the floor working with residents.	N 220		
N 239	83.20(2)(a)-(d) Department-approved training courses. Standard Precautions. All employees who may be occupationally exposed to blood, body fluids or other moist body substances, including mucous membranes, non-intact skin, secretions, and excretions except sweat, whether or not they contain visible blood shall successfully complete training in standard precautions before the employee assumes any responsibilities that may expose the employee to such material. Fire safety. Within 90 days after starting employment, all employees shall successfully complete training in fire safety. First aid and choking. Within 90 days after starting employment, all employees shall successfully complete training in first aid and procedures to alleviate choking. Medication administration and management. Any employee who manages, administers or assists residents with prescribed or over-the-counter medications shall complete training in medication administration and management prior to assuming these job duties. This Rule is not met as evidenced by:	N 239		

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N 239	Continued From page 4 Based on record review and interview, the provider did not ensure 1 of 2 employees (Caregiver D) obtained all department approved training as required. Caregiver D did not have training in standard precautions before assuming job responsibilities. Caregiver D did not have training in fire safety within 90 days after starting employment. Findings include: On 06/26/2025 at 2:40 p.m., Surveyor completed reviewing the Caregiver D's records. The following was identified: Standard Precautions - Caregiver D was hired on 03/06/2025. Caregiver D started working with the residents after 04/25/2025. Caregiver D's record did not contain evidence of meeting an exemption for standard precautions. Caregiver D did not receive training standard precautions before assuming job responsibilities. Fire Safety - Caregiver D was hired on 03/06/2025. Caregiver D's record did not contain evidence of training or evidence of meeting an exemption for fire safety. On 06/26/2025, at 4:11 PM, Surveyor interviewed Licensee A, who confirmed the code requirement. Licensee A reported several managers participate in trainings and they sign off on the trainings. Licensee A stated, "These must have been missed somehow. Maybe s/he never got to it."	N 239		

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N 239	Continued From page 5 On 06/26/2025 Surveyor verified Caregiver D was not on the Community-Based Care and Treatment training registry for fire safety or standard precautions.	N 239		
N 247	83.22(1)-(4) Task specific training. The CBRF shall provide, obtain or otherwise ensure adequate training for employees performing job duties in all of the following: Assessment of residents. All employees responsible for resident assessment shall successfully complete training in the assessment of residents prior to assuming these job duties. Specific training topics shall include: assessment methodology, assessment of changes in condition, sources of assessment information, and documentation of the assessment. Individual service plan development. All employees responsible for service plan development shall successfully complete training in individual service plan development prior to assuming these job duties. Specific training topics shall include: identification of the resident ' s needs and desired outcomes, development of goals and interventions, service plan evaluation and review of progress. Provision of personal care. All employees responsible for providing assistance with activities of daily living shall successfully complete training prior to assuming these job duties. Specific training topics shall include, as appropriate: bathing, eating, dressing, oral hygiene, nail and foot care, toileting and incontinence care, positioning and body alignment, and mobility and transferring. Dietary training. All employees performing dietary duties shall complete dietary training within 90 days after assuming these job duties. Specific	N 247		

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N 247	Continued From page 6 training topics shall include: determining nutritional needs, menu planning, food preparation and food sanitation. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 employee (Caregiver E) obtained all task specific training. Caregiver E, who had responsibilities for aiding with activities of daily living, meal preparation prior to assuming these duties. Caregiver E did not have training in dietary training within 90 days after assuming these job duties. Specific training topics shall include determining nutritional needs, menu planning, food preparation and food sanitation. Findings include: On 06/26/2025 at 2:20 p.m., Surveyor reviewed Caregiver E's records and identified the following: -Caregiver E was hired on 6/20/2024. Caregiver E started working with the residents after 07/01/2024. The record for Caregiver E did not contain evidence of training or evidence of meeting an exemption for personal care training or training in dietary needs within 90 days after assuming these job duties. On 06/26/2025 at 4:24 p.m. Licensee A confirmed s/he provided the complete files for Caregiver E. Licensee confirmed Caregiver E assisted in meal planning, food preparation and serving food to residents. Licensee A confirmed that Caregiver E	N 247		

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N 247	Continued From page 7 did not have complete trainings according to the code. Licensee A stated, "I just went to a meeting where I learned that my training was insufficient. I am working on ordering a new training system."	N 247		
N 283	83.26(1) Documentation of required employee training The CBRF shall maintain documentation of all employee training under s. DHS 83.21 and task specific training under s. DHS 83.22 and shall include the name of the employee, the name of the instructor, the dates of training, a description of the course content, and the length of the training. This Rule is not met as evidenced by: Based on record review and interview, the provider did not maintain documentation of all employee training under Wis. Admin Code § DHS 83.21 and task specific training under Wis. Admin Code § DHS 83.22 in 4 of 4 staff records reviewed. Caregiver D and Caregiver E's, record did not contain documentation of the name of the instructor and the description of the course content for training under Wis. Admin Code § DHS 83.21 and applicable task specific training under Wis. Admin Code § DHS 83.22. Wis. Admin Code § DHS 83.21 states, "All employee training. The CBRF shall provide, obtain or otherwise ensure adequate training for all employees in all of the following: (1) Resident Rights...(2) Client Group...(3) Recognizing, preventing, managing and responding to challenging behaviors." Wis. Admin Code § DHS 83.22 states, "Task	N 283		

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N 283	Continued From page 8 specific training. The CBRF shall provide, obtain or otherwise ensure adequate training for employees performing job duties in all of the following: (1) Assessment of residents...(2) Individual service plan development...(3) Provision of personal care...(4) Dietary training." Findings include: On 06/26/2025 at 2:20 p.m., Surveyor reviewed staff records and identified the following: -Caregiver D was hired on 03/06/2025. Caregiver D had resident rights training, client group training, challenging behavior training, and dietary training. Caregiver D's record contained an employee orientation page with those areas in a list form with dates and the number of hours of training. Caregiver D did not have documentation in his/her record which identified the name of the instructor and the description of the course content. -Caregiver E was hired on 6/20/2024. Caregiver E had resident rights training, client group training and individualized service plan (ISP) training. Caregiver E's record contained an employee orientation page with those areas in a list form with dates and the number of hours of training. Caregiver E did not have documentation in his/her record which identified the name of the instructor and the description of the course content. On 06/26/2025 at 4:24 p.m. Licensee A confirmed s/he provided the complete files for Caregiver D and Caregiver E. Licensee A confirmed that Caregiver D and Caregiver E did not have the complete training content, according to the code. Licensee A stated, "I just went to a meeting where	N 283		

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N 283	Continued From page 9 I learned that my training was insufficient. I am working on ordering a new training system."	N 283		
N 310	83.29(2) Admission agreement include services, charges The admission agreement shall be given in writing and explained orally in the language of the prospective resident or legal representative. Admission is contingent on a person or that person ' s legal representative signing and dating an admission agreement. The admission agreement shall include all of the following: (a) An accurate description of the basic services provided, the rate charged for those services and the method of payment; (b) Information about all additional services offered, but not included in the basic services. The CBRF shall provide a written statement of the fees charged for each of these services; (c) The method for notifying residents of a change in charges for services; (d) Terms for resident notification to the CBRF of voluntary discharge. This paragraph does not apply to a resident in the custody of a government correctional agency; (e) Terms for refunding charges for services paid in advance, entrance fees, or security deposits in the case of transfer, death or voluntary or involuntary discharge; (f) A statement that the amount of the security deposit may not exceed one month ' s fees for services, if security deposit is collected; (g) Terms for holding and charging for a resident ' s room during a resident ' s temporary absence. This paragraph does not apply to a resident in the custody of a government correctional agency; (h) Reasons and notice requirements for involuntary discharge or transfer, including transfers within the CBRF. This paragraph does not apply to a resident in the custody of a government	N 310		

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N 310	Continued From page 10 correctional agency. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the admission agreement met all the code requirements and that each resident, or their responsible party, signed an admission agreement prior to or at the time of admission for 2 of 2 residents. Resident 1 and Resident 2 did not sign an admission agreement. Findings include: On 06/26/2025, at 12:00 PM, Surveyor reviewed resident records and identified the following: Resident 1 was admitted on 06/06/2023. Resident 1 was her/his own decision maker. Resident 1's admission agreement did not include any of the following: (a) An accurate description of the basic services provided, the rate charged for those services and the method of payment; (b) Information about all additional services offered, but not included in the basic services. The CBRF shall provide a written statement of the fees charged for each of these services; (c) The method for notifying residents of a change in charges for services; (d) Terms for resident notification to the CBRF of voluntary discharge. This paragraph does not apply to a resident in the custody of a government correctional agency; (e) Terms for refunding charges for services paid in advance, entrance fees, or security deposits in the case of transfer, death or voluntary or involuntary discharge; (f) A statement that the amount of the security deposit may not exceed one month's fees for services, if security deposit is collected; (g) Terms for holding and charging	N 310		

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N 310	Continued From page 11 for a resident's room during a resident's temporary absence. Resident 1's admission agreement was not signed. Resident 2 was admitted on 09/01/2022. Resident 2 had a guardian. Resident 2's admission agreement did not include any of the following: (a) An accurate description of the basic services provided, the rate charged for those services and the method of payment; (b) Information about all additional services offered, but not included in the basic services. The CBRF shall provide a written statement of the fees charged for each of these services; (c) The method for notifying residents of a change in charges for services; (d) Terms for resident notification to the CBRF of voluntary discharge. This paragraph does not apply to a resident in the custody of a government correctional agency; (e) Terms for refunding charges for services paid in advance, entrance fees, or security deposits in the case of transfer, death or voluntary or involuntary discharge; (f) A statement that the amount of the security deposit may not exceed one month's fees for services, if security deposit is collected; (g) Terms for holding and charging for a resident's room during a resident's temporary absence. Resident 2's admission agreement was not signed. On 06/26/2025 at 1:14 p.m., Surveyor interviewed Licensee A who confirmed Resident 1 was his/her own person and Resident 2 had a guardian. Licensee A confirmed, "That is our old admission and service agreement. I just went to a meeting where I learned that I needed to update them. We are currently revising them to meet the code requirements."	N 310		

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N 389	Continued From page 12	N 389		
N 389	83.35(3)(d) Service plans updated annually or on changes Individual service plan review. Annually or when there is a change in a resident ' s needs, abilities or physical or mental condition, the individual service plan shall be reviewed and revised based on the assessment under sub. (1). All reviews of the individual service plan shall include input from the resident or legal representative, case manager, resident care staff, and other service providers as appropriate. The resident or resident ' s legal representative shall sign the individual service plan, acknowledging their involvement in, understanding of and agreement with the individual service plan. This Rule is not met as evidenced by: Based on record reviews and interview, the provider did not ensure the resident or resident's legal representative signed the individual service plan (ISP), acknowledging their involvement in, understanding of and agreement with the ISP for 2 of 2 residents. Resident 1 and Resident 2 did not have signed ISPs. Findings include: On 06/26/2025, at 12:00 p.m., Surveyor reviewed resident records and identified the following: Resident 1 was admitted on 06/06/2023. Resident 1 was her/his own decision maker. Resident 1's diagnoses included cognitive deficit diagnosis and mental health diagnoses. Resident 1's ISP was printed from the providers electronic records system. The ISP did not	N 389		

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N 389	Continued From page 13	N 389		

include date on the document or a signature page with the resident's case manager, resident care staff, and other service providers signatures confirming input as appropriate. The resident did not sign the ISP, acknowledging his/her involvement in, understanding of and agreement with the ISP.

Resident 2 was admitted on 09/01/2022. Resident 2 had a guardian. Resident 2's diagnoses included dementia and mental health diagnosis.

Resident 2's ISP was printed from the providers electronic records system. The ISP did not include date on the document or a signature page with the resident's case manager, resident care staff, and other service providers signatures confirming input as appropriate. The resident's guardian did not sign the ISP, acknowledging his/her involvement in, understanding of and agreement with the ISP.

On 06/26/2025, at 10:30 a.m., Surveyor interviewed Resident 1, who stated s/he could not read or write. Resident 1 stated his/her care manager had him/her sign some papers when s/he moved in. Resident 1 did not know what s/he was signing. Resident 1 could not say if s/he was aware of an ISP being developed for him/her.

On 06/26/2025, at 2:45 p.m., Surveyor interviewed Licensee A, who stated Nurse C wrote the ISPs. Licensee A went over the ISPs with the resident's and their care teams. Licensee A stated s/he had not been around the past couple of months and things may have been missed.

On 06/26/2025, at 3:20 p.m., Surveyor

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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
N 389	Continued From page 14 interviewed Nurse C, who stated s/he did monthly assessments and kept a separate log electronically of any changes. S/he would send the ISPs to the Licensee A, who had Supervisor B get resident, guardian and care team signatures.	N 389		
N 419	83.37(3)(c) Medication storage: locked cabinet. Administered by facility. The CBRF shall keep medicine cabinets locked and the key available only to personnel identified by the CBRF. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure 3 of 3 medication lock boxes were locked. The medication lock boxes were in the kitchen refrigerator. Medications were stored in three medication boxes, that did not contain an engaged locking device. The refrigerator was unlocked, and the boxes contained residents' stored medications. Findings include: The provider is licensed to care for up to five residents in the client groups developmentally disabled, physically disabled, irreversible dementia/Alzheimer's, terminally ill, public funding, advanced age, and/or emotionally disturbed/mental illness. On 06/26/2025, at 3:30 p.m., Surveyor toured the facility, accompanied by Supervisor B. Surveyor observed residents moving freely throughout the facility. On 06/26/2025, at 3:39 p.m., Supervisor B reported the refrigerated medication were stored in individual medication lock boxes in the kitchen	N 419		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0014586	A. BUILDING: _____ B. WING _____	06/27/2025

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N 419	Continued From page 15 refrigerator. Supervisor B confirmed the refrigerator with stored medications was unlocked. Supervisor B removed the three medication lock boxes for Resident 1, Resident 2, and Resident 3. On 06/26/2025, at 3:41 p.m., Surveyor observed Supervisor B open the medication lock boxes without using a key. Resident 1's, Resident 2's, and Resident 3's locking devices were not locked. On 06/26/2025, at 3:42 p.m., Surveyors interviewed Supervisor B regarding the unlocked medication lock boxes. Supervisor B reported s/he knew they were supposed to be locked. Supervisor B confirmed using Resident 1's, Resident 2's, and Resident 3's medication lock boxes for the 8:00 a.m. medication pass.	N 419		
N 447	83.41(1)(c) Dishwashing Dishwashing. 1. Whether washed by hand or mechanical means, all equipment and utensils shall be cleaned using separate steps for pre-washing, washing, rinsing and sanitizing. Residential dishwashers may be used in kitchens serving 20 or fewer residents. Kitchens serving 21 or more residents shall have a commercial type dishwasher for washing and sanitizing equipment and utensils in accordance with standard practices described in the Wisconsin food code. 2. A 3-compartment sink for washing, rinsing and sanitizing utensils, with drain boards at each end is required for all large facilities with a central kitchen. Washing, rinsing and sanitizing procedures shall be in accordance with standard practices described in the Wisconsin food code. In addition, a single compartment sink or overhead spray wash	N 447		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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N 447	Continued From page 16 located adjacent to the soiled drain board is required for pre-washing. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure dishes, equipment and utensils washed by hand were cleaned using separate steps for pre-washing, washing, rinsing, and sanitizing. This had the potential to affect 5 of 5 residents residing in the home. Findings include: On 06/26/2025, at approximately 12:02 p.m., Surveyor observed Supervisor B wash dishes by hand in the kitchen sink. The facility had a working dishwasher, but Supervisor B stated there were just a few dishes and decided to wash them by hand. There were 2 separate sink compartments. Supervisor B had soapy water in the left sink. Surveyor observed utensils, plates, and drinking cups in the dish rack. On 06/26/2025, at approximately 12:02 p.m., Surveyor interviewed Supervisor B, who stated s/he washed the dishes the way s/he washed them at home, in soapy water, rinses and places the dishes in a rack to air dry. Supervisor B stated, "Nothing special. I prefer to hand wash dishes." Surveyor asked if Supervisor B used any sanitizer. Supervisor B confirmed s/he just used soapy water. On 06/26/2025, at approximately 5:01 p.m., Licensee A stated, "I did not even know there was a code associated with dishwashing. I will need to look into that."	N 447		