STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016804	A. BUILDING: _____ B. WING _____	04/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIMITLESS POSSIBILITIES ROSE	**164 ROSE LANE GREEN BAY, WI 54302**

(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 04/16/2025 with additional information gathered through 04/24/2025, Surveyor conducted an abbreviated survey at Limitless Possibilities Rose in Green Bay. As a result, 3 deficiencies were identified. Census: 4	M 000		
M 276	88.05(3)(a) HOME ENVIRONMENT An adult family home shall be safe, clean and well-maintained and shall provide a homelike environment. This Rule is not met as evidenced by: Based on observation and interviews, the provider did not ensure the home was clean and well-maintained, having the potential to affect 4 of 4 residents. Findings include: The provider is licensed to care for up to 4 residents who may be developmentally disabled, emotionally disturbed/mentally ill and/or have a traumatic brain injury. On 04/16/2025 at approximately 10:50 AM, Surveyor toured the home and observed the following: RESIDENT 1's BEDROOM: - A missing electrical outlet cover near Resident 1's bed.	M 276		

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016804	A. BUILDING: _____ B. WING _____	04/24/2025

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M 276	Continued From page 1 - A strong odor resembling uncleanliness and body odor. RESIDENT 2's BEDROOM/BATHROOM: - Bathroom ceiling, shower ceiling and light fixture were speckled with a black-like substance resembling mold. - Bathroom toilet had dried feces on the toilet seat and on the floor. There was dried urine surrounding the base of the toilet. - Light fixture in the bathroom was missing 2 of 3 lightbulbs. - Bedroom floor had particles and other debris. - A strong odor resembling uncleanliness and body odor. RESIDENT 3's BEDROOM/BATHROOM: - Bathroom toilet had dried feces splattered on the inside of the toilet bowl. There was dried urine on the toilet seat and surrounding the base of the toilet. - Bathroom window did not have a screen. There were cobwebs inside the frame of the window. - Bathroom light fixture had a burnt-out lightbulb. - There were no window cranks on the windows and both windows were open. RESIDENT 4's BEDROOM: - Bedroom did not have screens on the windows. The mechanisms to open the windows appeared to be broken and/or missing. - Bedroom floor had areas covered with a dust-like substance. OTHER AREAS OF THE HOME (Main level, Second Level, Living Room and Basement): - Various heating vents throughout the home were covered in a heavy dust-like substance. - Several bathroom vents were dented and speckled with a brown/red rust-like substance.	M 276		

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M 276	Continued From page 2 - Windows and screens throughout the entire home were dirty with liquid splatter, debris and/or cobwebs. Majority of the windows were missing the crank (device) to open the windows. A screen in the living room on the front of the home did not fit the entire window and had a gap approximately 3 inches wide. Several other screens throughout the home were bent allowing insects to get inside. - Shared bathroom shower (shared by Resident 1 and Resident 4) had a black-like substance resembling mold in the grout of the shower. - A yellow chair in the living room was dirty with dark colored stains. - Broken electrical cover in the kitchen near the table. - Patio door screen was ripped. - There were cobwebs located on the ceiling throughout the entire basement. - A storage room in the basement had a large area that appeared to be dry and wet with white and black dirt and grime. There was an exhaust fan hanging from 2 of the 4 corners off the ceiling. Several ceiling tiles were not secured and appeared to be hanging down. (Surveyor note: Laundry services used by residents are located in the basement.) During an interview with Resident 4 on 04/16/2025 at 11:23 AM, s/he stated his/her "gears" to open the windows are broken. S/he proceeded to show Surveyor how s/he opens and closes 1 of 2 windows. Surveyor observed as Resident 4 unlocked the window and it popped open about 2-3 inches. Resident 4 then closed the window by pulling on a small piece of rubber that was a part of the window. Resident 4 confirmed his/her other window doesn't even open and pointed to the missing gear on the windowsill.	M 276		

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	0016804	A. BUILDING: _____ B. WING _____	04/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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M 276	Continued From page 3 On 04/16/2025 at approximately 11:20 AM, Surveyor interviewed Direct Support Professional (DSP) A who stated, "We assist with their rooms as needed. It's their responsibility." During an interview with Program Coordinator (PC) B on 04/16/2025 at 12:22 PM, s/he confirmed staff do not have a cleaning schedule. PC B stated, "We clean as needed. We ask them if they need assistance with anything and if they say no, there is nothing we can do." Regarding the missing window cranks, PC B reported, "Ever since I have worked here, there have only been three." Surveyor asked how residents are supposed to open and close their bedroom windows if they don't have window cranks and PC B stated, "They just need to ask us." On 04/24/2025 at 10:30 AM, during an interview with Program Supervisor (PS) C and Operations Manager (OM) D they acknowledged Surveyor's concerns with the home not being a clean and homelike environment. OM D reported staff do not have a cleaning schedule, but there are tasks that should be done. OM D stated the Program Coodinator (PC) is responsible for the initial monitoring of the cleanliness of the home. OM D reported, "If a resident doesn't want to clean their room, it is the staff's responsibility." PS C also stated s/he submitted a maintenance request to have the concerns addressed. The provider did not ensure the home was clean, well-maintained and homelike having the potential to affect 4 of 4 residents.	M 276		
M 328	88.05(3)(n)2 CLEAN BEDDING AND LINENS Appropriate bedding and linens that	M 328		

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	0016804	A. BUILDING: _____ B. WING _____	04/24/2025

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M 328	Continued From page 4	M 328		

are maintained in a clean condition. When a waterproof mattress cover is used, there shall be a washable mattress pad, the same size as the mattress, over the waterproof mattress cover.

This Rule is not met as evidenced by:
Based on record review, observation and interview, the provider did not ensure 2 of 4 resident (Resident 1 and Resident 2) beds had a washable mattress pad and appropriate bedding and linens.

Findings Include:

The provider is licensed to care for up to 4 residents who may be developmentally disabled, emotionally disturbed/mentally ill and/or have a traumatic brain injury.

On 04/16/2025 at approximately 8:45 AM, Surveyor observed Resident 1's bedroom with Direct Support Professional (DSP) A. Resident 1 was sitting up in bed during a medication pass. Resident 1 had a blanket over his/her lap and was sitting on a dark blue mattress with no mattress protector or sheets. There was a pillow on the floor and several other pillows on Resident 1's bed. The pillows did not have pillow cases and they were yellow and brown in color and had dark stains. Surveyor also observed a strong odor of uncleanliness that permeated outside his/her bedroom and into other nearby areas of the home.

At 10:55 AM, Surveyor observed Resident 2's bedroom with Program Coordinator (PC) B. Resident 2's bed did not have a washable mattress pad or sheets on his/her bed. There

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016804	A. BUILDING: _____ B. WING _____	04/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIMITLESS POSSIBILITIES ROSE	164 ROSE LANE GREEN BAY, WI 54302

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M 328	Continued From page 5	M 328		

were several blankets piled on his/her bed. Resident 2's mattress was dirty with dark stains. S/he had several pillows without pillowcases. The pillows were yellow and brown in color and had dark stains.

On 04/16/2025, Surveyor reviewed Resident 1 and Resident 2's record.

Resident 1:
Resident 1's individual service plan (ISP) provided was the current ISP in place as of 04/16/2025 and was not signed. Resident 1's ISP documented the following:

"Housekeeping Skills - [Resident 1] is capable of doing all housekeeping tasks. [Resident 1's] favorite tasks to do is vacuuming. [Resident 1] does need some supervision and prompts throughout the task to make sure [s/he] completes all the steps. Staff will encourage [Resident 1] to assist with all housekeeping tasks..."
"Bathing - [Resident 1] is able to complete the showering task independently, but at times needs reminders to take a shower ... Staff will remind [Resident 1] to shower every day ..."

Under the individual goals section in Resident 1's ISP, there were 3 goals identified. Goal 1 stated, "[Resident 1] will complete all of [his/her] daily hygiene tasks 100% of the time. Staff will prompt [Resident 1], as needed, to complete [his/her] hygiene tasks and will ensure that [Resident 1] has all of the supplies that are needed ... hygiene tasks will include brushing [his/her] teeth, showering, wearing clean clothing, combing [his/her] hair, applying deodorant and shaving as needed." Goal 2 noted, "[Resident 1] will complete [his/her] daily cleaning tasks 90% of the

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	0016804	A. BUILDING: _____ B. WING _____	04/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIMITLESS POSSIBILITIES ROSE	164 ROSE LANE GREEN BAY, WI 54302

(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 328	Continued From page 6 time. [Resident 1] will be asked to clean [his/her] bedroom. This will include making [his/her] bed, vacuuming [his/her] rug, changing [his/her] garbage, putting away [his/her] clean clothes and picking up any dirty clothes ..." Goal 3 stated, "[Resident 1] will complete [his/her] laundry 80% of the time. Staff will assist [Resident 1] in sorting, washing, drying, and putting [his/her] clothing away ..." Resident 1's Behavioral Support Plan (BSP), dated 11/04/2024, identified "... [Resident 1] requires verbal prompting to complete tasks such as bathing, grooming, shaving, and brushing [his/her] teeth. [Resident 1] also requires verbal prompts to complete household chores as [s/he] expressed that [s/he] does not enjoy cleaning ..." Surveyor note: Resident 1's ISP and BSP did not document behaviors regarding laundry and/or bed making. Resident 2: Resident 2's ISP, dated 12/04/2024, documented the following: "Housekeeping Skills - [Resident 2] is able to complete all housekeeping tasks. [Resident 2] is able to complete these tasks independently with minimal verbal prompting from staff. Staff will encourage and assist [Resident 2] to participate in all housekeeping tasks." "Bathing - [Resident 2] is able to complete all bathing/showering tasks on [his/her] own ... [Resident 2] also needs a lot of prompts and verbal praise to start the tasks. Once [Resident 2] starts the tasks [s/he] is able to complete all steps on [his/her] own. Staff will prompt and praise [Resident 2] for completing [his/her] daily bathing tasks."	M 328		

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	0016804	A. BUILDING: _____ B. WING _____	04/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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M 328	Continued From page 7 Under the individual goals section in Resident 2's ISP, there were 4 goals identified. Goal 2 was identified as a weekly goal and stated, "[Resident 2] will choose one day each week to clean [his/her] room. Staff will prompt and encourage [Resident 2] to clean [his/her] room. Staff will provide assistance and work alongside [Resident 2] in order to accomplish this task ... [Resident 2] continues to struggle with keeping clean sheets on [his/her] bed, pillowcases and mattress covers and with agreeing to wash [his/her] bedding ..." Surveyor note: While Resident 2's ISP identified issues with keeping clean sheets and a mattress cover on his/her bed, there were no interventions identified. Resident 2's ISP did not document behaviors regarding laundry and/or bed making. INTERVIEWS: On 04/16/2025 at 8:50 AM, Surveyor interviewed DSP A who acknowledged Resident 1 did not have sheets or a mattress pad on his/her bed. DSP A stated, "[S/he] does not like sheets on his/her bed. DSP A reported, "We put them on and [Resident 1] takes them off." During an interview with PC B on 04/16/2025 at 11:00 AM, s/he reported Resident 2 does not like sheets on his/her bed. PC B stated, "I have extra sheets and mattress protectors if anyone wants them." On 04/16/2025 at 11:40 AM, Surveyor interviewed Resident 1 who stated, "I would like sheets on my bed." On 04/24/2025 at 10:30 AM, during an interview with Program Supervisor (PS) C and Operations Manager (OM) D, they acknowledged Surveyor's	M 328		

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	0016804	A. BUILDING: _____ B. WING _____	04/24/2025

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LIMITLESS POSSIBILITIES ROSE	164 ROSE LANE GREEN BAY, WI 54302

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M 328	Continued From page 8 concern with Resident 1 and Resident 2 not having a washable mattress pad and appropriate bedding and linens on their beds. PS C stated Resident 2's power of attorney (POA) will be providing him/her with a new mattress, mattress protector, sheets and pillows. S/he stated the POA is hoping to provide Resident 2 with sheets s/he likes so s/he will keep them on his/her bed. OM D reported, "If a resident doesn't want to clean their room, it is the staff's responsibility." S/he also stated Resident 1 and Resident 2's bedrooms have been an ongoing issue they are working on with their care teams. The provider did not ensure 2 of 4 resident beds had a washable mattress pad and appropriate bedding and linens.	M 328		
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		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016804	A. BUILDING: _____ B. WING _____	04/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIMITLESS POSSIBILITIES ROSE	164 ROSE LANE GREEN BAY, WI 54302

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M 334	Continued From page 9 This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a smoke detector was located on the ceiling of Resident 1's bedroom and in the basement. Findings include: On 04/16/2025 at approximately 10:55 AM, Surveyor toured the home and observed the following: -Resident 1's bedroom was missing a smoke detector. The base was attached to the ceiling near the bedroom door. -The basement was missing a smoke detector. The base was attached to the ceiling. On 04/16/2025 at approximately 11:30 AM, Surveyor interviewed Direct Support Professional (DSP) A who confirmed there was not a smoke detector on the ceiling of Resident 1's bedroom or in the basement. DSP A did not know how long the smoke detectors were missing. During an interview with Program Coordinator (PC) B on 04/16/2025 at approximately 11:50 AM, s/he stated s/he thought there was a smoke detector in the basement and went downstairs to check. When PC B came back upstairs, s/he verified s/he was unable to locate a smoke detector. On 04/24/2025 at 10:30 AM, during an interview with Program Supervisor (PS) C and Operations Manager (OM) D they ackowledged Surveyor's concern with missing smoke detectors on the ceiling in Resident 1's bedroom and in the basement. OM D reported s/he was not sure what happened or why they were missing, but they	M 334		

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	0016804	A. BUILDING: _____ B. WING _____	04/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIMITLESS POSSIBILITIES ROSE	**164 ROSE LANE GREEN BAY, WI 54302**

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M 334	Continued From page 10 would have new ones installed.	M 334		