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	0018310	A. BUILDING: _____ B. WING _____	C 03/12/2026

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GODS FAVOR FAMILY SERVICE LLC	6113 W LEON ST MILWAUKEE, WI 53218

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M 000	INITIAL COMMENTS On 03/12/2026, Surveyor completed a standard survey and complaint investigation. As a result, 9 deficiencies were identified. The complaint was substantiated. Census: 1	M 000		
M 232	88.04(2)(g)1 HEALTH SCREENING FOR STAFF The licensee shall obtain documentation from a physician, a registered nurse or a physician's assistant indicating that the licensee and any service provider has been screened for illness detrimental to residents, including for tuberculosis. The documentation is to be completed within 90 days before the start of providing service. The documentation shall be kept confidential except that the licensing agency shall have access to the documentation for verification. This Rule is not met as evidenced by: Based on record review and interview, the provider did not obtain documentation indicating 1 of 1 staff (Caregiver B) had been screened for communicable diseases by a physician, a registered nurse or a physician's assistant, within 90 days before the start of providing service. Caregiver B was not screened for communicable diseases. Findings include: On 03/11/2026, at 9:55 AM, Surveyor reviewed Caregiver B's record. Caregiver B was hired on	M 232		

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

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M 232	Continued From page 1 08/10/2025. Caregiver B was screened tuberculosis (TB) on 08/11/2026. Surveyor was unable to locate evidence Caregiver B had been screened for communicable diseases. On 03/11/2026, at 10:35 AM, Surveyor interviewed Licensee A. Licensee A confirmed the code requirement. Licensee A reported s/he was unsure where the documentation was for Caregiver B's communicable disease screening. Licensee A reported s/he thought Caregiver B was screened for communicable diseases.	M 232		
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.	M 262		

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M 262	Continued From page 2 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 walked only with difficulty, or only with the assistance of crutches, a cane, or a walker, or were unable to easily negotiate stairs without assistance. Resident 1 utilized a walker for ambulation. Findings include: On 10/19/2021, the adult family home was licensed as an ambulatory facility to serve up to 4 residents in the client groups of: developmentally disabled, irreversible dementia/Alzheimer's, advanced aged, terminally ill, physically disabled, emotionally disturbed/mental illness, and traumatic brain injury. Observations On 03/11/2026, at 9:00 AM, Surveyor toured the home and observed the following: The facility was located on the first floor of a duplex. From the public sidewalk to the walkway of the house, there were 4 steps. From the walkway to the front porch, there were 2 steps, and another step from the front porch to the inside of the building. Once inside the building, there were 2 doorways to enter the adult family home. The front door to the adult family home was on the northwest side of the hallway which led into the facility's living room. The front door threshold was raised about 1 inch. The front door was identified as an emergency exit.	M 262		

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M 262	Continued From page 3 The second exit door was located in the kitchen. Once the interior door was opened, it led to the hallway of the building. To utilize the side exit, which was located on the southeast side of the building, there were 2 steps from the hallway to the exterior door. Once the door was opened, there was another step down from the interior to the sidewalk. On 03/11/2026, at 10:35 AM, Surveyor observed Resident 1 utilize a walker for ambulation. Record Review On 03/11/2026, at 9:25 AM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 06/10/2022. Resident 1's ISP, dated 09/23/2025, indicated Resident 1 utilized a walker and cane for mobility. Resident 1's assessment, dated 06/10/2022 indicated Resident 1 "uses walker sometimes". Interview On 03/11/2026, at 10:35 AM, Surveyor interviewed Licensee A. Licensee A confirmed s/he was licensed as ambulatory. Licensee A reported s/he thought door sizes did not matter in an ambulatory facility. Licensee A reported s/he was unaware of the requirement to have exits to grade. Licensee A reported s/he was unaware s/he could not have residents who used walkers and canes residing in the facility. Licensee A reported s/he would speak with Resident 1's family about moving Resident 1. Cross Reference: M0346 88.05(4)(d)2.b Fire Evacuation Annual Evaluation	M 262		

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M 336	Continued From page 4	M 336		
M 336	88.05(4)(b)2 SMOKE DETECTORS-TESTING AND MAINTENANCE The licensee shall maintain each required smoke detector in working condition and test each smoke detector monthly to make sure that it is operating. If a unit is found to be not operating, the licensee shall immediately replace the battery or have the unit repaired or replaced. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the facility's smoke detectors were tested monthly for 2 of 2 years. There was no evidence the smoke detectors were tested monthly in 2024 and 2025 and in February 2026. Findings include: On 03/11/2026, at 9:50 AM, Surveyor reviewed the facility safety files. The safety files indicated smoke detectors were tested on 07/08/2025, 08/08/2025 and 01/08/2026. Surveyor was unable to locate any evidence of smoke detector testing in 2024, 2025 and February of 2026. On 03/11/2026, at 10:35 AM, Surveyor interviewed Licensee A. Licensee A confirmed the code requirement. Licensee A reported s/he thought s/he had completed the testing every month. Licensee A reported s/he threw away the previous years of smoke detector testing. Licensee A reported s/he was unaware s/he needed to keep the copies to ensure compliance.	M 336		

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M 346	88.05(4)(d)2.b FIRE EVACUATION ANNUAL EVALUATION Each resident shall be evaluated annually for evacuation time, using the departments form. All service providers who work on the premises shall be made aware of each resident having an evacuation time of more than 2 minutes. This Rule is not met as evidenced by: Based on record review and interview, the provider did not complete an annual evacuation assessment review for 1 of 1 resident (Resident 1) who lived in the facility beyond one year. Resident 1 did not have an evacuation assessment completed in June 2023, June 2024 and June 2025. Findings include: On 03/11/2026, at 9:25 AM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 06/10/2022. Resident 1's record contained an evacuation evaluation dated 06/14/2022. Resident 1's record did not contain evidence of an updated evaluation in June 2023, June 2024 and June 2025. On 03/11/2026, at 10:35 AM, Surveyor interviewed Licensee A. Licensee A reported s/he was unaware of the code requirement. Licensee A reported s/he would complete the assessments immediately to ensure compliance.	M 346		
M 348	88.05(4)(d)2.c SEMI-ANNUAL FIRE DRILLS	M 348		

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M 348	Continued From page 6 The licensee shall conduct semi-annual fire drills with all household members with written documentation of the date and the evacuation time for each drill maintained by the home. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the semi-annual fire drills documented the date and the evacuation time for each drill for 2 of 2 years. There was no documentation of fire drill being conducted in 2024, 2025 and to date in 2026. Findings include: On 03/11/2026, at 9:50 AM, Surveyor reviewed the facility safety files and identified fire drills were conducted on the following: 08/08/2025 1:00 PM 02/06/2026 1:30 PM The drills completed in 2025 and 2026 did not contain the evacuation time for the drills. Surveyor was unable to locate evidence of a second fire drill being conducted in 2025. Surveyor was unable to locate evidence of fire drills conducted in 2024. On 03/11/2026, at 10:35 AM, Surveyor interviewed Licensee A. Licensee A reported s/he was unaware of what was required for documentation for fire drills. Licensee A reported s/he was to conduct 2 fire drills a year. Licensee A reported s/he was unsure why only 1 drill was documented in 2025. Licensee A reported s/he threw away documentation as s/he was unaware of the need to keep the documentation for the Department to ensure compliance with the code.	M 348		

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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. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident's (Resident 1) individual service plan (ISP) was reviewed every 6 months by the licensee, the resident or resident's legal representative and managed care organization (MCO) case managers. Resident 1's ISP was not reviewed with her/his legal representative and MCO case managers. Resident 1's ISP was not updated when s/he had a change of condition. Findings include: Observations	M 424		

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M 424	Continued From page 8 On 03/11/2026, at 10:35 AM, Surveyor observed Resident 1 utilize a walker with the assistance of a physical therapist (PT). Record Review On 03/11/2026, at 9:25 AM, Surveyor reviewed Resident 1's record. Resident 1 was admitted on 06/10/2022. Resident 1's ISP, dated 09/23/2025, indicated Resident 1 had a guardian. Resident 1's ISP was signed by Licensee A. Resident 1's ISP was not signed by Resident 1's legal representative or Resident 1's MCO. Resident 1's ISP indicated the following: Activities of Daily Living: Resident Independent, Reminders, Supervision Bathing Teeth/denture care Shaving Dressing Eating Glasses "Member is independent but may ask for help at times" Household Tasks: Full Care Meal Preparation Laundry Shopping Cleaning Room "Member is dependent with household task [sic] staff completes all household task [sic] for member [sic] Member is on tube feeding [sic] member can have nothing by mouth [sic] only liquids" Mobility: Yes Member uses adaptive aids	M 424		

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M 424	Continued From page 9 "Member has walker and cane [sic] member uses both walker and cane" Supervision: Yes Member requires twenty-four hour supervision (cannot be left alone) Resident 1's file contained a member centered plan (MCP), dated 12/01/2023 which indicated Resident 1 required assistance with dressing, toileting, transferring, and eating. Resident 1's MCP indicated Resident 1 was able to feed herself/himself oral foods but required assistance with tube feedings. Resident 1's ISP did not indicate all of the assistance Resident 1 required. Resident 1 required assistance with activities of daily living and tube feedings. Resident 1's ISP does not identify Resident 1's needs for nutrition or where to find the information for Resident 1's nutrition. Interviews On 03/11/2026, at 9:30 AM, Surveyor interviewed Licensee A. Licensee A reported Resident 1 had a change of condition in October 2025 where Resident 1 declined and lost all her/his strength. Licensee A reported Resident 1's guardian wanted Resident 1 to try physical therapy before deciding to enroll Resident 1 in hospice. On 03/11/2026, at 10:35 AM, Surveyor interviewed Licensee A. Licensee A reported s/he reviews the ISP every 6 months. Licensee A reported s/he would include Resident 1. Licensee A reported s/he was unaware of the code requirement to ensure ISP reviews were completed with legal representatives and MCOs.	M 424		

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M 482	Continued From page 10	M 482		
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 and Resident 2) were maintained in a secure location within the home. Findings include: On 03/11/2026, at 9:25 AM, Surveyor reviewed resident records and identified the following: Resident 1 was admitted on 06/10/2022. Resident 1's record was missing: Admission health exam Communicable disease screening Activated power of attorney paperwork Assessment Individual service plans for 12/2022, 06/2023, 12/2023, 06/2024, 12/2024, 06/2025 Surveyor requested Resident 2's file. Surveyor was unable to review Resident 2's file. On 03/11/2026, 9:48 AM, Surveyor interviewed Licensee A. Licensee A confirmed the code requirement. Licensee A reported s/he had Resident 2's file but was unsure of where it was. When Surveyor inquired of where Licensee A	M 482		

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M 482	Continued From page 11 thought the file was, Licensee A was unable to offer any guesses. Licensee A reported s/he was unsure of where the missing paperwork was for Resident 1's file. Licensee A stated, "I got rid of everything when I redid the files, I did not know I needed to keep it." Licensee A reported s/he would ensure everything was kept and available for the future to ensure compliance.	M 482		
M 550	88.10(3)(b) Privacy Privacy. To have physical and emotional privacy in treatment, living arrangements and in caring for personal needs, including toileting, bathing and dressing. The resident, the resident's room, any other area in which the resident has reasonable expectation of privacy, and the personal belongings of a resident shall not be searched without the resident's permission or permission of the resident's guardian except when there is reasonable cause to believe that the resident possesses contraband. The resident shall be present for the search. This Rule is not met as evidenced by: Based on interview, observation, and record review, the provider did not ensure 2 of 2 residents had privacy in their own home. Resident 2 was video recorded by the licensee on her/his personal cellphone. There was a camera located in the kitchen. Findings include: On 09/23/2025, the Department received a	M 550		

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M 550	Continued From page 12	M 550		

complaint alleging residents were being recorded.

On 03/11/2026, at 9:13 AM, Surveyor observed a camera in the kitchen above the table. The camera was pointed at the living room.

On 03/11/2026, at 9:15 AM, Surveyor interviewed Licensee A. Licensee A reported Resident 2 had behaviors of false allegations. Licensee A reported when Resident 2 was admitted to the facility, s/he had a case manager and a guardian who were aware of Resident 2's behaviors. Resident 2, then had a change in case manager and guardian. When Resident 2 would make accusations, the case manager and guardian would believe Resident 2. Licensee A reported s/he started recording Resident 2 with her/his cellphone to ensure Licensee A was believed. Licensee A reported s/he was unaware of any concerns with recording until s/he received a provider concern from the managed care organization (MCO). Licensee A reported s/he then learned s/he needed to document things verses recording on her/his phone and taking pictures. Licensee A reported s/he signed a document from the MCO to ensure s/he did not record residents. Licensee A reported the camera was no longer in use and would remove the camera.

On 03/11/2026, at 10:10 AM, Surveyor reviewed Licensee A's record. Licensee A's record contained a "Attestation Form - Staff/Licensee Removal of Members' Images and Recordings from Personal Phones and Devices". The form was signed by Licensee A on 09/24/2025. The form indicated the following:

"Provider Name: Gods Favor Family Service. Involved Person(s): [Licensee A] ...By signing this

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M 550	Continued From page 13 attestation, Provider is accepting acknowledgement of [MCO] contract requirements and confirming the organization and/or facility is operating in accordance with all Wisconsin Department of Health services requirements and regulations. The provider attests that [Licensee A] and all staff at Gods Favor Family Services have permanently removed images and recordings from personal phones, devices, and computers. Any images or recordings of clients need prior written approval by the legal decision maker, specifying the purpose images or recordings are needed. Approved images must be stored in a device that's only accessible for business purposes and password protected. In addition, the provider attests ongoing compliance with the requirements below the provider attests that [Licensee A] and all staff ....have permanently removed any images and recordings of members from their personal devices (phones, personal computers, and any other electronic devices). Provider understands that only pictures/recordings taken of members require a signature agreement from legal decision maker, with specified purpose noted in the agreement. Provider understands that not complying with these requirements could lead to further consequences, including contract termination ..."	M 550		
Z 024	50.065(4m)(c) COMPLETE BACKGROUND INFORMATION DISCLOSURE If the background information form completed by a person under sub. (6) (am) indicates that the person is not ineligible to be employed or contracted with for a reason specified under par. (b) 1. to 5., an entity may employ or contract with	Z 024		

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Z 024	Continued From page 14 the person for not more than 60 days pending the receipt of the information sought under sub. (2) (b). If the background information form completed by a person under sub. (6) (am) indicates that the person is not ineligible to be permitted to reside at an entity for a reason specified in par. (b) 1. to 5. and if an entity otherwise has no reason to believe that the person is ineligible to be permitted to reside at an entity for any of these reasons, the entity may permit the person to reside at the entity for not more than 60 days pending receipt of information sought under sub. (2) (am). An entity shall provide supervision for a person who is employed or contracted with or permitted to reside as permitted under this paragraph. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 caregiver (Caregiver B) had a completed background check within 60 days of employment. Caregiver B's Department of Justice (DOJ) and Government Findings Report (GFR) were completed 96 days after hire. Findings include: On 03/11/2026, at 9:55 AM, Surveyor reviewed Caregiver B's record. Caregiver B was hired on 08/10/2025. Caregiver B's Background Information Disclosure (BID) form was dated 08/10/2025. Caregiver B's DOJ and GFR were dated 11/14/2025. Caregiver B's DOJ and GFR	Z 024		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0018310	A. BUILDING: _____ B. WING _____	C 03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GODS FAVOR FAMILY SERVICE LLC	**6113 W LEON ST MILWAUKEE, WI 53218**

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Z 024	Continued From page 15 should have been completed by 10/09/2025. On 03/11/2026, at 10:35 AM, Surveyor interviewed Licensee A. Licensee A was unaware of the code requirement. Licensee A reported s/he thought it was completed upon Caregiver B's hire. Licensee A reported s/he was unable to provide evidence to show Caregiver B's DOJ and GFR was completed within 60 days of hire. Licensee A reported s/he would ensure background checks were completed upon hire.	Z 024		