STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016128	A. BUILDING: _____ B. WING _____	R-C 07/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GREEN BAY ADULT FAMILY HOME LLC	1111 N GREEN BAY RD MOUNT PLEASANT, WI 53406

(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 07/29/2025, with information gathered through 07/31/2025, Surveyor conducted a complaint investigation and verification visit for SOD NXDZ11, dated 03/27/2025, at Green Bay Adult Family Home, an Adult Family Home (AFH) in Mount Pleasant, WI. Nine deficiencies were identified. Complaint substantiated. Under statutory provisions of Wis. Stat. ch. 50, a $200 revisit fee is being assessed. Census: 4	{M 000}		
M 114	88.03(3)(b) CRIMINAL RECORDS CHECK Criminal records check. Prior to an initial license the licensing agency shall ask the Wisconsin department of justice to conduct a criminal records check on the license applicant and on any other adult household member. The licensee shall arrange for a criminal records check of all service providers. At least every second year following issuance of an initial license the licensing agency shall request a criminal records check on the licensee and all other adult household members and the licensee shall arrange for a criminal records check on any service provider. In addition, during the period of the licensure, the licensee shall arrange for a criminal records check on any new service provider. If any of these persons has a conviction record or a	M 114		

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

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M 114	Continued From page 1 pending criminal charge which substantially relates to the care of a dependent population, the funds or property of adults or minors or activities of the adult family home, the licensing agency may deny, revoke, refuse to renew or suspend a license, initiate other enforcement action provided in this chapter or in ch. 50, Stats., or place conditions on the license. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 2 employees' (Caregiver C) reviewed had a background check. Caregiver C did not have a background check. At a minimum, a complete caregiver background check completed for a caregiver consists of the following three documents: - A completed DHS form F-82064, Background Information Disclosure (BID). - A response from the Department of Justice (DOJ), either - A "no record found" response or - A criminal record transcript. - A Governmental Findings Report (previously "IBIS letter") from DHS that reports the person' s status, including administrative finding or licensing restrictions. Findings include:	M 114		

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M 114	Continued From page 2 On 07/31/2025, Surveyor reviewed Caregiver C's record and identified the following: -Caregiver C was hired on 12/13/2023. -Caregiver C's record did not contain a BID. -Caregiver C's record did not contain evidence of a DOJ. -Caregiver C's record did not contain a Governmental Findings Report. On 07/29/2025, Surveyor requested complete background check information for Caregiver C from House Manager A. House Manager A stated s/he would email documentation to Surveyor by 5:00 PM. As of 07/29/2025 at 5:00 PM, Surveyor did not receive evidence of Caregiver C's complete background check. On 07/31/2025, at approximately 3:18 PM, Surveyor interviewed Licensee B. Licensee B reported s/he did not have a complete background check for Caregiver C.	M 114		
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	M 334		

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M 334	Continued From page 3 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. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure there was a smoke detector in 1 of 7 required locations. There was no smoke detector at the head of basement stairwell. Findings include: On 07/29/2025, at approximately 9:15 AM, Surveyor conducted a tour of the facility and observed the following: -The head of basement stairwell did not contain a smoke detector. On 07/29/2025, at approximately 9:15 AM, Surveyor interviewed House Manager A. House Manager A stated s/he was not aware of this requirement.	M 334		
M 380	88.06(2)(a) ADMISSION-HEALTH EXAM Except as provided in subd. 2., the licensee shall ensure that a new resident of an adult family home receives a health examination by a physician to identify health problems and is screened for communicable disease, including tuberculosis.	M 380		

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M 380	Continued From page 4 Screening for communicable disease may be provided by a physician, a registered nurse or a physician assistant. The health examination and screening shall take place within 90 days prior to admission to the home or within 7 days after admission. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 1 resident (Resident 4) reviewed received a health exam to identify health problems within 90 days prior to admission to the home or within 7 days after admission. Findings include: On 07/29/2025, Surveyor reviewed Resident 4's record and identified the following: -Resident 4 was admitted to the provider's home on 04/30/2025. -Resident 4's record did not include evidence of a health exam prior to or within 7 days after admission. On 07/29/2025, at approximately 3:00 PM, Surveyor interviewed House Manager A. House Manager A confirmed Resident 4 did not have an admission health exam. House Manager A stated s/he was not aware of this requirement.	M 380		
M 420	88.06(3)(d)5 SIGNED STATEMENT OF AGREEMENT A statement of agreement with the plan, dated and signed by all persons	M 420		

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M 420	Continued From page 5 involved in developing the plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 2 of 2 residents' (Resident 3, and Resident 5) individual service plans (ISP) reviewed included a statement of agreement with the plan, dated and signed by all persons involved with developing the plan. Resident 3's, and Resident 5's ISPs did not include a signed statement of agreement with all parties involved. Findings include: On 07/31/2025, Surveyor reviewed residents' records and identified the following: -Resident 3 was admitted to the provider's home on 04/03/2024. -Resident 3 was his/her own person. -Resident 3's ISP, dated 04/14/2025, was signed by Resident 3 on 07/30/2025 (1 day after Surveyor requested ISP from House Manager A). -Resident 5 was admitted to the provider's home on 05/27/2025. -Resident 5 had a legal guardian. -Resident 5's ISP, dated 06/20/2025, was not signed by his/her guardian. On 07/31/2025, at approximately 3:27 PM, Surveyor interviewed Licensee B via phone. Licensee B confirmed residents' ISPs did not include a signed statement of agreement with all parties involved.	M 420		

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M 424	Continued From page 6	M 424		
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 2 residents (Resident 2) reviewed had his/her individual service plan (ISP) reviewed every 6 months to determine continued appropriateness of the plan and to update the plan as necessary. Findings include: On 07/29/2025, Surveyor reviewed Resident 2 record and identified the following: -Resident 2 was admitted to the provider's home on 11/22/2019. -Resident 2 had a legal guardian. -There was no evidence Resident 2's ISP was	M 424		

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M 424	Continued From page 7 reviewed and updated after 08/16/2024. At minimum, Resident 2's ISP should have been reviewed and updated in February 2025. On 07/29/2025, at approximately 3:00 PM, Surveyor interviewed House Manager A. House Manager A confirmed s/he was aware Resident 2's ISP should have been reviewed at least once every 6 months to determine continued appropriateness of the plan and to update the plan as necessary. House Manager A stated s/he forgot to complete an update to Resident 2's ISP.	M 424		
M 434	88.07(1)(e) Supervision The licensee shall arrange for a service provider to be present in the home when the licensee is gone overnight or when the licensee's absence prevents the resident from receiving the services, training or supervision specified in the resident's individual service plan under s. HSS 88.06(3). This Rule is not met as evidenced by: Based on interview and record review, the provider did not arrange for a service provider to be present in the home when 4 of 4 residents (Resident 2, Resident 3, Resident 4, and Resident 5) individual service plans (ISP) indicated that 24-hour supervision was required. On 07/29/2025, Caregiver C left Resident 2, Resident 3, Resident 4, and Resident 5 unattended in the home while s/he was outside sleeping in his/her car.	M 434		

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M 434	Continued From page 8 Findings include: On 07/29/2025, with information gathered through 07/31/2025, Surveyor reviewed resident records and identified the following: -Resident 2 was admitted to the facility on 11/22/2019. Resident 2's ISP, dated 08/16/2024, stated the following: Supervision: "[Resident 2] required 24-hour supervision. Wandering/Elopement - Supervision: Current status: To receive full supervision and redirection from staff to avoid and prevent wandering episodes." -Resident 3 was admitted to the facility on 04/03/2024. Resident 3's ISP, dated 04/14/2025, stated the following: Supervision: "[Resident 3] required 24-hour supervision. Toileting: Current status: Staff to monitor and check [Resident 3] every 2 hours consistently due to incontinence. Mobility & Walking - Full assistance: Current status: [Resident 3] requires full assistance including physical and verbal assistance with transferring in and out of wheelchair, bed, and toilet." -Resident 4 was admitted to the facility on 04/30/2025. Resident 4's ISP, dated 06/08/2025, stated the following: Supervision: "[Resident 4] needs supervision and someone to check in with for safety reasons. [Resident 4] comes and goes as [s/he] pleases, but lifestyle does not allow [him/her] to make the best decisions all the time. [Resident 4] should not be left alone in [home]. Wandering risk: To receive full supervision and redirection from staff to avoid and prevent wandering episodes."	M 434		

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M 434	Continued From page 9	M 434		

-Resident 5 was admitted to the facility on 05/27/2025. Resident 5's ISP, dated 06/20/2025, stated the following: Supervision: "[Resident 5] required 24-hour supervision."

On 07/29/2025, at approximately 12:14 PM, Surveyor interviewed Resident 4. Resident 4 reported that at 1:00 AM
Caregiver C informed him/her that s/he needed a phone charger, Resident 4 offered his/her phone charger, but Caregiver C insisted on going outside to his/her car to get his/her own phone charger. Resident 4 reported s/he did not see Caregiver C come back in the home. Resident 4 reported s/he left the facility to take a walk at approximately 4:00 AM, and noticed Caregiver C was asleep in his/her car. Resident 4 reported that when s/he returned from his/her walk Caregiver C was still in his/her car asleep.

On 07/29/2025, at approximately 2:30 PM, Surveyor interviewed Caregiver D via phone. Caregiver D reported that when s/he arrived at facility for his/her shift at 6:00 AM as s/he was approaching the facility s/he observed Caregiver C's car windows down and Caregiver C in the driver seat laid back and Caregiver C was asleep. Caregiver D reported that Caregiver C woke up and looked at him/her and drove off. Caregiver D confirmed there was no caregiver in the facility when s/he started his/her shift. Caregiver D stated s/he did not know who to report what s/he saw to.

On 07/29/2025, at approximately 3:00 PM, Surveyor interviewed House Manager A. House Manager A confirmed all residents required 24-hour supervision. House Manager A acknowledged that staff are required to always be present in the home. House Manager A reported

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M 434	Continued From page 10 s/he was not aware of the above incident.	M 434		
M 436	88.07(2)(a) SERVICES The licensee shall provide or arrange for the provision of individualized services specified in a resident's individual service plan that are the licensee's responsibility. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure services identified in each resident's Individual Service Plan (ISP) were provided for 1 of 1 resident (Resident 4) reviewed who required assistance emptying and cleaning room commode. Findings include: On 07/17/2025, the Department received a complaint alleging staff have not been assisting resident with cleaning room commode. On 07/29/2025, Surveyor reviewed Resident 4's record and identified the following: -Resident 4 was admitted to the facility on 04/30/2025. -Resident 4's ISP, dated 06/08/2025, stated the following: Toileting: Current status: "[Resident 4] has a room commode that [s/he] primarily uses at night. Staff should assist with emptying and cleaning room commode. Emptying urine in	M 436		

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M 436	Continued From page 11 employee bathroom toilet, and disinfecting afterwards. Service provider responsibilities: Staff will check every 3 hours to empty and clean [Resident 4's] room commode/document." -Resident 4's incident reported, dated 06/19/2025, stated "[Resident 4] texted [House Manage A] on this day stating [Caregiver E] called [him/her] nasty because [his/her] room commode wasn't empty that contained urine. [Resident 4] states [Caregiver E] said [s/he] was the only one nasty. [Resident 4] was upset/crying when [House Manager A] talked to [Resident 4] minutes later. [Resident 4] stated [Caregiver E] said this in front of other residents, and one laughed." On 07/29/2025, at approximately 12:14 PM, Surveyor interviewed Resident 4. Resident 4 reported on 06/19/2025, Caregiver E stated the following: "[Resident 1] needed to dump [his/her] [expletive (urine)] out of [his/her] commode with [his/her] nasty [expletive]." On 07/29/2025, at approximately 3:00 PM, Surveyor interviewed House Manager A. House Manager A confirmed Resident 4 required assistance from staff to empty and clean his/her room commode. House Manager A stated Caregiver E should have emptied and cleaned Resident 4's room commode.	M 436		
M 464	88.07(3)(d) MEDICATION- WRITTEN ORDER Before the licensee or service provider dispenses or administers a prescription medication to a resident, the licensee shall obtain a written order from the physician who prescribed the medication specifying	M 464		

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M 464	Continued From page 12 who by name or position is permitted to administer the medication, under what circumstances and in what dosage the medication is to be administered. The licensee shall keep the written order in the resident's file. This Rule is not met as evidenced by: Based on record review and interview, the provider did not obtain a written order from the physician specifying who by name or position could administer medications for 1 of 1 resident (Resident 4) reviewed who required staff to administer his/her medications. Resident 4 did not have a written order permitting the provider staff to administer medications. Findings include: On 07/29/2025, Surveyor reviewed Resident 4's record and identified the following: -Resident 4 was admitted to the facility on 04/30/2025. -Resident 4 did not have an order specifying who by name or position could administer his/her medication. On 07/29/2025, at approximately 3:00 PM, Surveyor interviewed House Manager A. House Manager A confirmed Resident 4 required staff to administer his/her medication. House Manager A confirmed Resident 4's record did not contain evidence of a written order permitting the provider staff to administer medications from the physician for Resident 4.	M 464		

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M 482	Continued From page 13	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 observation and interview, the provider did not maintain the records for 2 of 2 residents' (Resident 3, and Resident 5) reviewed in a secure location within the home. Resident 3's, and Resident 5's Individual Service Plans (ISPs) were not stored in the facility. Findings include: On 07/29/2025, Surveyor reviewed Resident 3's and Resident 5's records and identified the following: -Resident 3 was admitted to the provider's home on 04/03/2024. -Resident 3 was his/her own person. -Resident 3's record in the home did not contain his/her ISP. -Resident 5 was admitted to the provider's home on 05/27/2025. -Resident 5 had a legal guardian. -Resident 5's record in the home did not contain his/her ISP. On 07/29/2025, Surveyor requested Resident 3's and Resident 5's ISP from House Manager A.	M 482		

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GREEN BAY ADULT FAMILY HOME LLC	1111 N GREEN BAY RD MOUNT PLEASANT, WI 53406

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M 482	Continued From page 14 House Manager A stated s/he would send documentation to Surveyor via email by 5:00 PM. On 07/31/2025, at approximately 12:04 PM, Surveyor received Resident 3's ISP via email from Licensee B. On 07/31/2025, at approximately 1:38 PM, Surveyor received Resident 5's ISP via email from Licensee B.	M 482		