STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015210	A. BUILDING: _____ B. WING _____	C 08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MTJ RESIDENTIAL DEVELOPMENT HOME LLC	4303 N 64TH STREET MILWAUKEE, WI 53216

(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 08/04/2025 with information gathered through 08/21/2025, Surveyor conducted a standard survey and complaint investigation, at MTJ Residential Development Home LLC, an Adult Family Home (AFH) in Milwaukee, WI. Ten deficiencies were identified. Complaint substantiated. Census: 3	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 pending criminal charge which substantially relates to the care of a dependent population, the funds or property of adults or minors or	M 114		

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

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M 114	Continued From page 1 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 2 of 2 employees' (Caregiver C and Caregiver D) reviewed had a background check. Caregiver C and Caregiver D 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 Department of Health Services (DHS) that reports the person's status, including administrative finding or licensing restrictions. Findings include: On 08/04/2025, Surveyor reviewed Caregiver C's and Caregiver D's records and identified the following:	M 114		

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M 114	Continued From page 2 -Caregiver C was hired on 11/21/2014. -Caregiver C's record included a BID, dated 11/18/2014. -Caregiver C's record did not include a DOJ. -Caregiver C's record did not include a Governmental Findings Report. -Caregiver D was hired on 05/16/2015. -Caregiver D's record did not include a BID. -Caregiver D's record did not include a DOJ. -Caregiver D's record included a Governmental Findings Report, dated 03/31/2015. On 08/04/2025, at approximately 3:28 PM, Surveyor interviewed Administrator B. Administrator B confirmed Caregiver C's and Caregiver D's records did not contain evidence of a complete background check. Administrator B stated s/he did not know Department of Health Services (DHS) Chapter 88 regulations.	M 114		
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.	M 262		

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M 262	Continued From page 3 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. This Rule is not met as evidenced by: Based on record review, observation, and interview, the provider did not ensure the ramps installed at 2 exits from the home were ramped to grade with a hard surfaced pathway with handrails. The provider also did not ensure all doorway clear openings were at least 32 inches for 2 of 2 bathrooms. The facility has a non-ambulatory license, and the environment is not equipped for residents in wheelchairs. Findings include: On 08/04/2025, Surveyor completed a review of the Department facility folder and identified the following: -On 11/21/2014 this facility was issued an Adult Family Home license to serve only 4 ambulatory residents. -On 01/23/2017 license amendment to add physically disabled was granted. -On 01/31/2017 this facility submitted a written request for a license amendment to admit non-ambulatory residents. Licensee A attested all doorway clear openings were at least 32 inches. -On 02/20/2017 this provider's amendment request was granted, and this facility was	M 262		

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M 262	Continued From page 4 licensed as non-ambulatory to provide services for up to 4 residents with client groups of physically disabled, advanced age, emotionally disturbed/mental illness, irreversible dementia/Alzheimer's, and developmentally disabled. On 08/04/2025, at approximately 1:59 PM, Surveyor conducted a tour of the facility with Licensee A and observed the following: -The front exit ramp did not have handrails. -The back exit ramp was not ramped to grade with a hard surfaced pathway with handrails. -Bathroom 1 had a doorway with a clear opening of 26 inches. -Bathroom 2 had a doorway with a clear opening of 28 inches. -Facility currently has 3 ambulatory residents. On 08/04/2025, at approximately 4:23 PM, Surveyor interviewed Licensee A. Licensee A confirmed the front exit ramp did not have handrails. Licensee A confirmed the back exit ramp was not ramped to grade with a hard surfaced pathway with handrails. Licensee A confirmed the bathrooms did not have a clear opening of 32 inches.	M 262		
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	M 334		

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M 334	Continued From page 5 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. 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 8 required locations. There was no smoke detector in the living room. Findings include: On 08/04/2025, at approximately 1:59 PM, Surveyor conducted a tour of the facility with Licensee A and observed the following: -The living room did not contain a smoke detector, only the base was attached to the ceiling. On 08/04/2025, at approximately 4:23 PM, Surveyor interviewed Licensee A. Licensee A confirmed the above mentioned location did not have a smoke detector. Licensee A stated s/he would have the maintenance person install a smoke detector in the living room.	M 334		

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M 346	Continued From page 6	M 346		
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 ensure 1 of 3 residents (Resident 2) reviewed was evaluated annually for evacuation time, using the Department's form. Resident 2 had not been evaluated for evacuation for calendar years 2023 and 2024 using the Department's form. Findings include: The facility is licensed to provide services for up to 4 residents with client groups of irreversible dementia/Alzheimer's, developmentally disabled, advanced aged, physically disabled, and emotionally disturbed/mental illness. On 08/04/2025, Surveyor reviewed Resident 2's record. Resident 2's record indicated the following: -Resident 2 was admitted to the provider's home on 11/21/2014. -Resident 2's record did not contain evidence of an evacuation assessment for calendar years 2023 and 2024 (and to date in 2025).	M 346		

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M 346	Continued From page 7 On 08/04/2025, at approximately 3:28 PM, Surveyor interviewed Administrator B. Administrator B confirmed Resident 2's record did not contain an evacuation assessment for 2023 and 2024. Administrator B stated s/he was aware of this requirement. Administrator B stated s/he did not know why evacuation assessments for 2023 and 2024 were not completed. CROSS REFERENCE M 334 88.05(4)(b)1 - Fire Safety - Smoke Detectors	M 346		
M 392	88.06(2)(c)3 ALL CHARGES AND SECURITY DEPOSITS Charges for room and board and services and any other applicable expenses, and the amount of the security deposit, if any. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a service agreement, indicating the charges for room and board and services, was provided for 2 of 3 residents (Resident 1 and Resident 3) reviewed. Findings include: On 08/04/2025, Surveyor reviewed residents' records and identified the following: - Resident 1 was admitted to the provider's home on 11/24/2014. Resident 1's service agreement was signed by his/her guardian on 02/13/2015. Resident 1's service agreement did not include information regarding what costs would be charged for the resident's room and board or	M 392		

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M 392	Continued From page 8 other services. - Resident 3 was admitted to the provider's home on 02/05/2018. Resident 3's service agreement was signed by his/her activated healthcare power of attorney on 02/05/2018. Resident 3's service agreement did not include information regarding what costs would be charged for the resident's room and board or other services. On 08/04/2025, at approximately 3:28 PM, Surveyor interviewed Administrator B. Administrator B confirmed the service agreements did not include information relating to specific charges for each residents' room and board or other services. Administrator B stated s/he was not aware it was a requirement to list the amounts of room and board and other services on the service agreements.	M 392		
M 412	88.06(3)(d)1 DESCRIPTION OF SERVICES A description of services the licensee will provide to meet the assessed need. This Rule is not met as evidenced by: Based on record review and interview, the provider did not have a description of the services in the individual service plan (ISP) the licensee would provide to meet the assessed needs of 1 of 1 resident (Resident 1). Resident 1 had a history of pressure ulcers. Resident 1's ISP did not include a plan for repositioning to prevent	M 412		

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M 412	Continued From page 9 pressure ulcers. Findings include: On 08/04/2025, Surveyor reviewed Resident 1's record and identified the following: -Resident 1 was admitted to the provider's home on 11/21/2014. -Resident 1 had a guardian. -Resident 1's outpatient wound care consult note, dated 04/18/2025, stated the following: -Chief complaint: Sacral pressure ulcer. Wound/Ulcer present: Pressure ulcer. History of present illness: Urinary/stool incontinence presenting to the would clinic with sacral pressure ulcer. Recommendations: "Change position when lying down every one to two hours. Avoid scooting to minimize sheer forces." -Resident 1's ISP was dated 05/21/2025. Resident 1's current ISP did not include a plan for repositioning to prevent pressure ulcers. On 08/04/2025, at approximately 3:28 PM, Surveyor interviewed Administrator B. Administrator B reported s/he was responsible for the creation of ISPs. Administrator B confirmed Resident 1's ISP did not reflect the above information.	M 412		
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 10 involved in developing the plan. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 3 of 3 residents' (Resident 1, Resident 2 and Resident 3) 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 1's, Resident 2's, and Resident 3's ISPs did not include a signed statement of agreement with all parties involved. Findings include: On 08/04/2025, Surveyor reviewed residents' records and identified the following: -Resident 1 was admitted to the provider's home on 11/21/2014. -Resident 1 had a legal guardian. -Resident 1's ISP, dated 05/21/2025, was not signed by his/her guardian. -Resident 2 was admitted to the provider's home on 11/21/2014. -Resident 2 had an activated healthcare power of attorney (POA). -Resident 2's ISP, dated 05/21/2025, was not signed by his/her POA. -Resident 3 was admitted to the provider's home on 02/05/2018. -Resident 3 had an activated healthcare POA. -Resident 3's ISP, dated 02/05/2025, was not signed by his/her POA. On 08/04/2025, at approximately 3:28 PM,	M 420		

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M 420	Continued From page 11 Surveyor interviewed Administrator B. Administrator B confirmed residents' ISPs did not include a signed statement of agreement with all parties involved. Administrator B stated s/he did not know DHS (Department of Health Services) Chapter 88 regulations.	M 420		
M 456	88.07(2)(e) ANNUAL HEALTH EXAM The licensee shall ensure that each resident has an annual health exam by a physician. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure 1 of 3 residents (Resident 2) reviewed had an annual health exam by a physician. There was no record of an annual health exam for Resident 2 in 2023 and 2024. Findings include: On 08/04/2025, Surveyor reviewed Resident 2's record and identified the following: -Resident 2 was admitted to the provider's home on 11/21/2014. -Resident 2's record did not contain an annual health exam for Resident 2 in 2023 and 2024, and to date in 2025. On 08/04/2025, at approximately 3:28 PM, Surveyor interviewed Administrator B. Administrator B confirmed Resident 2 did not have an annual health exam in 2023 and 2024.	M 456		
M 464	88.07(3)(d) MEDICATION- WRITTEN ORDER Before the licensee or service	M 464		

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M 464	Continued From page 12	M 464		

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 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 3 residents' (Resident 3) reviewed who required staff to administer his/her medications. Resident 3 did not have a written order permitting the provider staff to administer medications.

Findings include:

On 08/04/2025, Surveyor reviewed Resident 3's record and identified the following:

-Resident 3 was admitted to the provider's home on 02/05/2018.
-Resident 3's record did not have an order specifying who by name or position could administer his/her medication.

On 08/04/2025, at approximately 3:28 PM, Surveyor interviewed Administrator B. Administrator B confirmed Resident 3 required staff to administer his/her medication. Administrator B confirmed Resident 3's record did

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M 464	Continued From page 13 not contain evidence of a written order permitting the provider staff to administer medications.	M 464		
Z 022	50.065(3)(b) COMPLETE BACKGROUND CHECK PROCESS Every 4 years or at any other time within that period that an entity considers appropriate, the entity shall request the information specified in sub. (2) (b) 1. to 5. for all caregivers of the entity. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure a complete caregiver background check (CBC) was completed every 4 years for 2 of 2 caregivers (Caregiver C and Caregiver D) reviewed. Caregiver C's 4 year background check was due in November of 2018 and November of 2022, and was not completed. Caregiver D's 4 year background check was due in March of 2019 and March of 2023, and was not completed. 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).	Z 022		

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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
Z 022	Continued From page 14 - 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 Department of Health Services (DHS) that reports the person's status, including administrative finding or licensing restrictions. Findings include: The provider is licensed to care for up to 4 residents within the following client groups: irreversible dementia/Alzheimer's, developmentally disabled, advanced aged, physically disabled, and emotionally disturbed/mental illness. On 08/04/2025, Surveyor reviewed Caregiver C's and Caregiver D's records and identified the following: -Caregiver C was hired on 11/21/2014. -Caregiver C's record did not include a BID. -Caregiver C's record did not include an DOJ. -Caregiver C's record did not include a Governmental Findings Report. -Caregiver C's record did not contain any of the three necessary parts of the four-year background check due November of 2018 and November of 2022. -Caregiver D was hired on 05/16/2015. -Caregiver D's record did not include a BID. -Caregiver D's record did not include an DOJ. -Caregiver D's record included a Governmental Findings Report, dated 12/03/2019. -Caregiver D's record did not contain any of the three necessary parts of the four-year	Z 022		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0015210	A. BUILDING: _____ B. WING _____	C 08/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MTJ RESIDENTIAL DEVELOPMENT HOME LLC	4303 N 64TH STREET MILWAUKEE, WI 53216

(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
Z 022	Continued From page 15 background check due March of 2023. On 08/04/2025, at approximately 3:28 PM, Surveyor interviewed Administrator B. Administrator B confirmed Caregiver C's and Caregiver D's records did not include the above documentation. Administrator B stated s/he did not know Department of Health Services (DHS) regulations.	Z 022		