STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013569	A. BUILDING: _____ B. WING _____	R 11/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POSITIVE PATHWAYS LLC	**5025 N 83RD ST MILWAUKEE, WI 53218**

(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 11/11/2025, Surveyors concluded a monitoring visit at Positive Pathways LLC. Two deficiencies were identified. Census: 4	M 000		
M 276	88.05(3)(a) Homelike 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 interview, the provider did not maintain a safe, clean, and well-maintained homelike environment for 4 of 4 residents in the home. Resident 2's door had a hole and a partially spackled hole in the door. Resident 2's room had scrapes approximately 3-feet up from floor, all the way around the room, and there were disposable bed pads on the back deck and in the back yard, near the smoking receptacle. Findings include: On 11/11/2025 at approximately 10:00 a.m., Surveyors toured the facility and observed the following: Resident 1's bedroom door contained an	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
	0013569	A. BUILDING: _____ B. WING _____	R 11/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POSITIVE PATHWAYS LLC	5025 N 83RD ST MILWAUKEE, WI 53218

(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 276	Continued From page 1	M 276		

approximately 5-inch x 12-inch hole in door, partially spackled. There was also a horizontal gouge out of middle of door approximately 7-inches long.

Resident 2's wall, approximately 3-feet up from the floor, all around the room, had scrapped paint. Resident 2's door contained two holes. The first was approximately 9-inces by 11-inches. The second hole was approximately 4-inches by 3-inches and was partially spackled.

Surveyors toured outside the secondary exit and observed a chair on the back deck with a disposable bed pad on the ground, next to the chair. Surveyor observed two disposable bed pads on the ground, in the yard, next to a cigarette butt receptacle.

At 12:00 p.m., Surveyors interviewed Licensee A, who stated Resident 2 had a recliner chair and would move it around the room and scuff up the walls. Licensee A stated, "I've painted the walls several times."

At 12:05 p.m., Surveyors interviewed Licensee A about Resident 1 and Resident 2's doors. Licensee A stated s/he had a previous resident who was destructive and had dementia. Licensee A stated, "I do not get reimbursed for repairs from the Managed Care Organizations (MCO). I'm doing repairs constantly."

At 1:05 p.m., Surveyors interviewed Licensee A about the disposable bed pads on the back deck. Licensee A stated s/he had them leftover from a resident who passed away, so s/he was just using them for residents to sit on when they went outside.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013569	A. BUILDING: _____ B. WING _____	R 11/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POSITIVE PATHWAYS LLC	5025 N 83RD ST MILWAUKEE, WI 53218

(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 570	Continued From page 2	M 570		
M 570	88.10(3)(l) Safe Physical Environment Individuals, except for correctional residents, have basic rights which they do not lose when they enter an adult family home. A resident shall have a safe environment in which to live. The adult family home shall safeguard residents who cannot fully guard themselves from environmental hazards to which they are likely to be exposed, including conditions which would be hazardous to anyone and conditions which would be or are hazardous to a particular resident because of the resident's condition or disability. This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure a safe physical environment for 1 of 4 residents residing in the home. The provider did not ensure that cleaning compounds, and toxic substances were stored in a secure area. Bottled cleaning compounds and toxic substances were observed in an unsecured cabinet, under the bathroom sink. Resident 2 had a diagnosis of Pica. Findings include On 11/11/2025, at 10:10 a.m., Surveyors toured the bathroom and observed an unlocked cabinet below the bathroom sink. The unsecured cabinet door contained two cleaners. The first cleaner was a 36-ounce bottle of Soft Scrub cleanser with bleach. The label read, "Warning. Keep out of reach of children. If swallowed, call poison control center or doctor immediately for treatment advice." The second cleaner was a 24-ounce	M 570		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0013569	A. BUILDING: _____ B. WING _____	R 11/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POSITIVE PATHWAYS LLC	5025 N 83RD ST MILWAUKEE, WI 53218

(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 570	Continued From page 3 bottle of Comet Classic all-purpose cleaner with bleach. The label read, "Warning. Keep out of reach of children. Call poison control center or doctor immediately for treatment advice." On 11/11/2025, at 11:56 a.m., Surveyors interviewed Licensee A, who stated Resident 2 had a diagnosis of Pica. Surveyor asked what that looked like for Resident 2. License A stated Resident 2 never felt full. S/He would ingest strange things like chicken bones and/or even rocks when they went out on walks. Resident 2 has a diagnosis of Pica. "Pica is characterized by the continued consumption of nonfood substances, such as dirt, chalk, paper, or ice. This behavior is not culturally or socially acceptable and occurs despite the individual's efforts to stop or control it ... Environmental interventions. This may involve making changes to the individual's environment to reduce access to nonfood items. For example, parents may need to secure cabinets or drawers containing nonfood items or place childproof locks on trash cans." (Source: MedicineNet Website, Understanding Pica (Eating Disorder), No date. https://www.medicinenet.com/understanding_pica_eating_disorder/article.htm (retrieval date- November 26, 2025).) On 11/11/2025, at 1:05 p.m., Surveyor informed Licensee A of the unsecured toxic substances. Licensee A confirmed, "The chemicals should be locked up." DOO F stated s/he would work with the staff.	M 570		