STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019584	A. BUILDING: _____ B. WING _____	03/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY LIVING OF MENOMONEE FALLS	W163N9442 CHEYENNE DR. MENOMONEE FALLS, WI 53051

(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 02/26/2026, with information gathered through 03/17/2026, Surveyors conducted a standard licensure survey at Community Living of Menomonee Falls. Six deficiencies were identified. 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 activities of the adult family home, the licensing agency may deny, revoke, refuse to renew or suspend a license, initiate other enforcement action	M 114		

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
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M 114	Continued From page 1 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 (Caregiver B and Caregiver C) personnel files reviewed included a complete background check they had lived out of the state in the last 3 years. Findings include: On 02/26/2026, Surveyor and Manager B reviewed Caregiver B's and Caregiver C's record. Caregiver B was hired on 04/28/2025 and his/her BID (Background Information Disclosure) form documented that s/he had lived in Illinois in the last 3 years. Caregiver B's record did not include a background check for the state of Illinois. Caregiver C was hired in 05/2024 and his/her BID form documented that s/he had lived in Indiana in the last 3 years. Caregiver C's record did not include a background check for the state of Indiana. On 02/26/2026, at approximately 11:45 AM, Surveyor interviewed Manager B. Surveyor asked if the provider had completed out-of-state background checks for Caregiver B and Caregiver C. Manager B stated the provider had	M 114		

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M 114	Continued From page 2 attempted to complete the out-of-state background checks but stated the process was difficult and results were not provided.	M 114		
M 230	88.04(2)(f) CONDITION WHICH REPRESENTS RISK OR HARM The licensee may not permit the existence or continuation of a condition in the home which places the health, safety or welfare of a resident at substantial risk of harm. This Rule is not met as evidenced by: Based on observation, interview, and record review, the provider permitted an existence and continuation of a condition in the home which placed the health, safety, and welfare for 2 of 2 residents at substantial risk of harm. Resident 1 and Resident 2 utilized a Hoyer lift and only one staff member was present in the home. Resident 2's evacuation assessment form stated s/he could independently exit the home in the event of an emergency when his/her record documented s/he needed assistance with all transfers. Findings include: The provider was licensed to provide cares for up to 4 residents in client groups: advanced aged, alcohol/drug dependent, terminally ill, irreversible dementia/Alzheimer's, physically disabled, emotionally disturbed/mental illness, advanced aged, and developmentally disabled.	M 230		

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M 230	Continued From page 3 On 02/26/2026, at approximately 10:50 AM, Surveyor arrived at the home and was greeted by Caregiver C, who was working independently. On 02/26/2026, at approximately 11:15 AM, Surveyor observed Resident 1's and Resident 2's Hoyer lift in his/her bedroom. On 02/26/2026, Surveyor reviewed Resident 1's and Resident 2's record. Example 1: Resident 1 Resident 1 moved into the home, 02/19/2026, with diagnosis including paraplegia. Resident 1 was represented by a managed care organization (MCO). Resident 1's "Resident Evacuation Assessment," dated 02/19/2026, documented: "Needs Full Assistance or Very Slow: The resident may require physical assistance from a staff member during most of the evacuation or the total time required for staff assistance and for the resident to evacuate the facility, is greater than the required evacuation time for the facility." On 02/26/2026, at approximately 12:40 PM, Surveyor interviewed Manager B. Surveyor asked for clarification on staffing levels required for Resident 1, due to the Hoyer being required for transfers. Manager B stated that the provider had been informed by hospital staff if they utilized an electric Hoyer lift, then two staff members were not required. Surveyor asked if this had been discussed with his/her MCO. Manager B stated s/he would follow up with the MCO. On 02/27/2026, Surveyor requested Resident 1's MCO documentation from his/her MCO provider.	M 230		

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M 230	Continued From page 4 On 03/11/2026, Surveyor reviewed Resident 1's MCO record which documented: "Mechanical lift; Hoyer lift" On 03/11/2026 at 12:00 PM, Surveyor interviewed Resident 1's MCO CM E. Surveyor discussed the MCO's expectation of staffing levels when a resident utilized a Hoyer lift. CM E explained that a Hoyer was always to be utilized with two staff members and that was the expectation. On 03/17/2026, at approximately 10:55 AM, Surveyor interviewed Resident 1. Resident 1 stated s/he was nervous during transfers as caregiver could be distracted by the young child who resided in the home. On 03/17/2026 at 4:06 PM, Surveyor interviewed Manager B. Surveyor and Manager B discussed the outcome of Resident 1's MCO documentation and interview with CM E. Manager B stated the MCO was not paying for 2 staff members, and this would be reviewed with the MCO. Manager B stated that sit-to-stand lifts could be utilized with one staff member but mentioned that Resident 1, who has no feeling below his/her waste, would not be able to utilize a sit-to-stand lift. Example 2: Resident 2 Resident 2 moved into the home, 06/15/2024, with diagnoses including cerebral palsy, chronic pain, chronic obstructive pulmonary disease and anxiety. Resident 2 was represented by an MCO. Resident 2's "Care Plan," dated 10/16/2025, documented: "Adaptive equipment: Hoyer lift for transfers" "Transferring - Full Assistance: Provide full	M 230		

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M 230	Continued From page 5	M 230		

assistance with transferring to/from wheelchair, chair, bed, standing position, etc. Pivot Transfer. Will attempt to transfer independently, resulting in falls."

Resident 2's evacuation assessment, dated 06/15/2025, documented:
"Resident is physically able to start and complete an evacuation without physical assistance."

On 02/26/2026, at approximately 12:50 PM, Surveyor interviewed Manager B. Manager B stated that fire drills were completed when residents were already transferred into their wheelchairs which allowed for the drills to be completed in under 2 minutes.

On 02/27/2026, Surveyor requested Resident 2's MCO documentation from his/her MCO provider.

On 03/11/2026, Surveyor reviewed Resident 2's MCO record, dated 11/21/2025, which documented:
"Activities of Daily Living (ADL's) - Person/Agency providing assistance: [Resident 2] requires assistance with the following ADL's: Bathing, Dressing, Toileting, and Transfers. [Resident 2] AFH (adult family home) staff assist with all ADL's as needed."
"Supervision and Overnights-Person/Agency providing assistance: [Resident 2] AFH would assist overnight in the event of an emergency."

On 03/17/2026 at 4:06 PM, Surveyor interviewed Manager B. Surveyor and Manager B reviewed Resident 2's record and the conflicting information on his/her ability to evacuate the home independently. Manager B stated s/he would review Resident 2's record and ensure accuracy. Manager B stated they would

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M 230	Continued From page 6 implement fire drills that involved getting residents out of bed.	M 230		
M 260	88.05(2) ACCESS TO HOME AND WITHIN THE HOME RESIDENT ACCESS TO THE HOME AND WITHIN THE HOME. An adult family home shall be physically accessible to all residents of the home. Residents shall be able to easily enter and exit the home, to easily get to their sleeping rooms, a bathroom, the kitchen and all common living areas in the home, and to easily move about in the home. Additional accessibility features shall be provided as follows, if needed to accommodate the physical limitations of the resident or if specified in the resident's individual service plan: This Rule is not met as evidenced by: Based on observation and interview, the provider did not ensure non-ambulatory residents were able to easily enter and exit the home. Findings include: The provider was licensed to provide cares for up to 4 residents in client groups: advanced aged, alcohol/drug dependent, terminally ill, irreversible dementia/Alzheimer's, physically disabled, emotionally disturbed/mental illness, advanced aged, and developmentally disabled.	M 260		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY LIVING OF MENOMONEE FALLS	W163N9442 CHEYENNE DR. MENOMONEE FALLS, WI 53051

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M 260	Continued From page 7 On 02/26/2026, at approximately 10:50 AM, Surveyor rang the doorbell at the front entrance of the home. Caregiver C opened the kitchen door, which was around the home to the left, and motioned for the Surveyors to utilize that entrance. On 02/26/2026, at approximately 11:00 AM, as Surveyor toured the home, Surveyor noted that all 3 residents utilized electric wheelchairs. On 03/11/2026 at 12:00 PM, Surveyor interviewed Resident 1's managed care organization (MCO) Care Manager (CM) E. CM E stated s/he had concerns on the exits for the non-ambulatory residents. CM E explained that it was difficult for Resident 1 to maneuver his/her electric wheelchair around the island in the kitchen to the exit door, as that was the only entrance s/he could utilize. CM E stated the ramp leading to the kitchen door was not flush with the doorframe and was concerning to Resident 1 when the front wheels of his/her wheelchair hit it, causing him/her to lean forward. On 03/17/2026, at approximately 10:45 AM, Surveyors rang the doorbell at the front entrance of the home. Caregiver C opened the kitchen door, which was around the home to the left, and motioned for the Surveyors to utilize that entrance. As Surveyor walked into the home, Surveyor noted the ramp was not flush with the doorframe and there was not a molding to assist with wheeled objects to easily maneuver over the doorframe, leaving a 'step up' of approximately 1 inch. On 03/17/2026, at approximately 10:50 AM, Surveyors toured the home. Surveyors observed	M 260		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY LIVING OF MENOMONEE FALLS	W163N9442 CHEYENNE DR. MENOMONEE FALLS, WI 53051

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M 260	Continued From page 8	M 260		

the provider's front door entrance which displayed that the doorway seams were covered with a tape-like substance to block out cold air. At approximately 10:55 AM, Surveyors asked Caregiver C if the doorway was not utilized due to being taped which Caregiver C confirmed. Surveyors then observed the patio door. When the patio door was opened, there was an approximate 1-inch ledge to an approximate 4-inch cement ledge, then another approximately 2-inch drop to the cemented patio. The patio was covered with snow and appeared to not have a hard surfaced pathway to the emergency evacuation meeting place. Surveyors then observed the garage door exit. Surveyors opened the door and observed that the garage pathway was blocked by stacks of household supplies, toys, a table and many other items. Surveyors determined that the only exit that was not blocked for the evacuation of non-ambulatory residents was the exit through the kitchen. The kitchen contained a circular island that allowed the minimum 32-inch clearance around it for non-ambulatory residents to maneuver when exiting the home. When utilizing a wheelchair around the island, residents have to move forward, backup, repeat, until they can make the turn around the island. The residents did not have a turning radius around the kitchen island. Surveyors noted that Resident 1 and Resident 3 both utilized larger electric wheelchairs.

On 03/17/2026, at approximately 10:55 AM, Surveyor interviewed Resident 1. Surveyor asked if s/he had concerns with the exits available in the home. Resident 1 stated it was very difficult to exit out of the home through the kitchen and that was the only exit available to him/her. Resident 1 stated s/he had to move forward, back up a little, move forward because

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	0019584	A. BUILDING: _____ B. WING _____	03/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY LIVING OF MENOMONEE FALLS	W163N9442 CHEYENNE DR. MENOMONEE FALLS, WI 53051

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M 260	Continued From page 9 his/her chair could not make a complete turn. On 03/17/2026, at approximately 11:15 AM, Surveyor interviewed Resident 3. Surveyor asked if s/he had concerns with the exits available in the home. Resident 3 explained that if s/he was not fully awake, it was difficult for him/her to maneuver his/her wheelchair around the kitchen island. Surveyor reviewed the provider's floor plan. The patio door, the garage door and the kitchen door were marked as exit doors and the front door was marked as 'front entrance.' On 03/17/2026 at 4:06 PM, Surveyor interviewed Manager B. Surveyor discussed the concern. Manager B stated s/he would discuss the concern with Licensee A. On 03/17/2026 at 4:59 PM, Surveyor interviewed Licensee A. Surveyor and Licensee A discussed the difficulty that residents had entering and exiting the home and that the non-ambulatory residents did not have two exits to grade available to them. Licensee A stated all the doors in the home had a 32-inch clearance. Surveyor explained that exits were blocked and that the exit that could be utilized was difficult for the residents, who utilized larger electric wheelchairs, to maneuver. Licensee A repeated that all doorways had a 32-inch clearance.	M 260		
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.	M 276		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019584	A. BUILDING: _____ B. WING _____	03/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY LIVING OF MENOMONEE FALLS	W163N9442 CHEYENNE DR. MENOMONEE FALLS, WI 53051

(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 10	M 276		

This Rule is not met as evidenced by:
Based on observation and interview, the provider did not ensure the adult family home's physical environment was safe, well maintained, and appropriate for residents.

Findings include:

On 02/26/2026, at approximately 11:00 AM, Surveyor toured the home and observed the following:

Common Area:
-Sliding closet doors were not on track causing one door to be leaned up against the other door
-Fly paper rolls hanging near the windows. Surveyor commented to Caregiver C that there were numerous fly paper rolls hanging throughout the home. Caregiver C agreed with Surveyor.
-Floor transition strip between kitchen and dining room was broken. Approximately 2/3 of the strip was missing and the other 1/3 had sharp edges.
-Walls throughout the home displayed scratch marks, missing paint. Caregiver C stated the markings were due to the residents use of wheelchairs.
-Wall next to the hallway leading to Resident 3's bedroom displayed 4 holes where a screw like item had been previously utilized, and the drywall now displayed cracked and peeling damage
-Vents along the bottom of walls were covered in a heavy layer of a dust-like substance
-Along the ceiling were what appeared to be

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	0019584	A. BUILDING: _____ B. WING _____	03/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY LIVING OF MENOMONEE FALLS	W163N9442 CHEYENNE DR. MENOMONEE FALLS, WI 53051

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M 276	Continued From page 11 spider egg sacs (small, silk-wrapped bundles, white, cream, that resembled tiny cotton balls). Surveyor commented to Caregiver C the concern. Caregiver C nodded. Resident Bathroom: -Toilet paper holder - only the bracket was on the wall Basement: -A pillow and basket of clothing was placed next to the furnace Resident Bedrooms: -Resident 1's closet doors were not on the track -Resident 3's had a fly paper roll hanging above his/her bed On 03/17/2026 at 4:06 PM, Surveyor interviewed Manager B. Surveyor discussed some of the concerns. Manager B stated s/he would address the concerns.	M 276		
M 278	88.05(3)(b) FREE OF HAZARDS The home shall be free from hazards and kept uncluttered and free of dangerous substances, insects and rodents. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not safeguard residents from environmental hazards.	M 278		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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M 278	Continued From page 12 Toxic chemicals were not securely stored. Findings include: The provider was licensed to provide cares for up to 4 residents in client groups: advanced aged, alcohol/drug dependent, terminally ill, irreversible dementia/Alzheimer's, physically disabled, emotionally disturbed/mental illness, advanced aged, and developmentally disabled. On 02/26/2026, at approximately 11:00 AM, Surveyor and the small child who resided in the home toured the environment and observed the following unsecured cleaning compounds: Kitchen Cabinet: -Gallon jug of bleach -210 fluid ounce bottle of multi-purpose cleaner, 2X concentrated formula, lavender scent Bathroom Cabinet: -32 fluid ounce bottle of mold & mildew remover -Gallon jug of bleach -18-ounce spray can of flying insect spray -32 fluid ounce bottle of advanced power clinging gel toilet bowl cleaner On 03/17/2026, at approximately 10:45 Am, Surveyors toured the home and observed the cleaning compounds unsecured. Surveyors observed the young child that resided at the home running in and out of the rooms, unsupervised, throughout the home. On 03/17/2026, Surveyor reviewed Resident 1's managed care organization (MCO) documentation supplied by his/her MCO provider which stated:	M 278		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019584	A. BUILDING: _____ B. WING _____	03/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY LIVING OF MENOMONEE FALLS	W163N9442 CHEYENNE DR. MENOMONEE FALLS, WI 53051

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M 278	Continued From page 13 "Active Problems & Conditions: Depressive Disorder, Opioid Dependence" On 03/17/2026, Surveyor reviewed Resident 2's MCO documentation supplied by his/her MCO provider which stated: "Cocaine abuse Nondependent in Remission" On 03/17/2026 at 4:09 PM, Surveyor interviewed Manager B. Surveyor discussed the concern with cleaning compounds not being secured with vulnerable residents in the home along with a small child who resides in the home. Manager B stated s/he would discuss the concern with staff and ensure cleaning compounds were secured.	M 278		
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 record review and interview, the provider did not ensure residents were treated with courtesy, respect and full recognition of the	M 550		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019584	A. BUILDING: _____ B. WING _____	03/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY LIVING OF MENOMONEE FALLS	W163N9442 CHEYENNE DR. MENOMONEE FALLS, WI 53051

(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 550	Continued From page 14	M 550		

resident's dignity and individuality.

Caregiver C's child, who was 3 years old, who resides in the home, was allowed to go into resident rooms during cares, when they were not in the home, and without permission.

Findings include:

On 03/11/2026 at 12:00 PM, Surveyor interviewed Resident 1's managed care organization (MCO) Care Manager (CM) E. CM E stated s/he had concerns for Resident 1's privacy. CM E explained that Caregiver C and his/her young child resided in the home. CM E explained that it was concerning when the child runs in and out of the resident rooms, without permission, even when cares were being provided. CM E stated it was difficult to get privacy with Resident 1 when they were meeting with him/her.

On 03/17/2026, at approximately 10:55 AM, Surveyors attempted to interview Resident 1. The child who resided in the home ran into Resident 1's room, while Surveyors were knocking on Resident 1's door, waiting to gain permission to enter room. The child continued talking with the Surveyors as the Surveyors introduced themselves to Resident 1. The child was not redirected by Caregiver C. A Surveyor redirected the child out of the room and had to block the child from running back into the room, while the other Surveyor spoke with Resident 1.

On 03/17/2026, at approximately 11:00 AM, Surveyors observed Resident 2's room, door wide open. Surveyors had previously been informed by Caregiver C that Resident 2 was currently in the hospital. Upon entrance to the room, the child of the home ran in to show Surveyors the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0019584	A. BUILDING: _____ B. WING _____	03/17/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COMMUNITY LIVING OF MENOMONEE FALLS	W163N9442 CHEYENNE DR. MENOMONEE FALLS, WI 53051

(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 550	Continued From page 15 train s/he was making out of full pop cans. Surveyors also observed the child's toys in the room. On 03/17/2026, at approximately 11:05 AM, Surveyor interviewed Resident 1. Resident 1 explained that s/he did not mind the child per se, but s/he was very loud, would run in and out of his/her room, even during cares. Resident 1 stated, "I really don't like that." On 03/17/2026, at approximately 11:15 AM, Surveyor interviewed Resident 3. Surveyor asked if /she had concerns with the child that resided in the home. Resident 3 stated, "Yeah, [s/he] can get loud." On 03/17/2026 at 4:09 PM, Surveyor interviewed Manager B. Surveyor explained why a second onsite visit was conducted and stated after interviews with residents; there were concerns with the child who resided in the home. Manager B stated Resident 2 was so depressed and when the child moved in, s/he really took a 'liking' to the child. Surveyor explained that that was positive for Resident 2 but Resident 1's and Resident 3's concerns had to also be addressed. Manager B stated that the child should not be in the rooms during cares, without permission, and when residents are not in their rooms and this would be addressed with Caregiver C.	M 550		