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M 000	INITIAL COMMENTS On 06/03/2025, with information gathered through 06/08/2025, Surveyor conducted a standard licensure survey at Liberty House 5 LLC. Six deficiencies were identified. One of 6 deficiencies was a repeat violation. See Statement of Deficiency (SOD) 381511. 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 ensure the adult family home was safe, clean, well-maintained and provide a homelike environment for 4 of 4 residents. This is a repeat deficiency. See Statement of Deficiency (SOD) 381511, dated 03/28/2023. Findings include: On 06/03/2025, at approximately 11:30 AM, Surveyor conducted a tour of the home and observed: Resident Bathroom:	M 276		

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

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M 276	Continued From page 1 -Heating vent displayed chipped paint and what appeared to be a dirt build-up. -Window blinds, accordion style, displayed what appeared to be a thick layer of dirt build-up on the slats. -Light switches did not have protective plate to ensure safety from electrical wires. -Drywall on the wall surrounding the toilet had not been painted to seal the drywall. The drywall on the corners was pealing and chipped. -The ceramic flooring appeared to have a dirt buildup and the grout around the toilet was black in color due to what appeared to be dirt buildup. Resident 2's Bedroom: On 06/03/2025, at approximately 1:15 PM, Surveyor and Manager B toured Resident 2's bedroom. Surveyor asked if Manager B could detect the urine like scent emanating throughout the room. Manager B stated that s/he had just purchased a new bed for Resident 2. Surveyor bent down and smelled Resident 2's blankets, sheets, and mattress, which all contained a urine-like scent. Surveyor asked who was responsible for providing Resident 2's furniture as the dresser drawer was broken. Manager B stated the provider would replace Resident 2's dresser. Surveyor observed 6 oxygen tanks against Resident 2's bedroom wall. One tank was in a black bag, leaning up against 2 that were not securely stored in a tank base. Two tanks were sitting in a box. One tank was sitting in a tank base with a baseball hat hanging on it. Manager B stated s/he would contact the vendor and ensure each tank had a tank base. Resident 3's Bedroom: On 06/03/2025, at approximately 11:50 AM, Surveyor toured Resident 3's bedroom. Surveyor observed one wall that contained a bank of 3	M 276		

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M 276	Continued From page 2	M 276		

windows with only one window having a window blind available. The other 2 windows had brackets where a window blind had hung previously. Another wall had a bank of 3 windows that were covered with window blinds. The window blinds appeared to be covered in a dust like substance.

Interior window screens throughout the home displayed significant dirt and debris.

Kitchen:
On 06/03/2025, at approximately 11:45 AM, Surveyor and Caregiver C toured the kitchen. Surveyor observed a double wall oven. The doors on the oven did not close tightly and the outside of the oven had the appearance of black burn marks. Surveyor observed a drop-in cooktop stove and the knobs to control the burners were missing. Caregiver C stated staff were to utilize the toaster oven to cook meals for the residents. Caregiver stated they had been cooking food with the toaster oven for approximately 5 months. Surveyor observed the toaster oven. The toaster oven appeared to have black and brown burn marks on the outside of it.

On 06/03/2025, at approximately 1:00 PM, Surveyor interviewed Manager B. Manager B explained that there were plans to upgrade the entire kitchen.

On 06/03/2025, at approximately 1:30 PM, Surveyor interviewed Manager B. Surveyor acknowledged that parts of the home were under remodel, such as new electrical wiring being installed for the new lighting system, but parts of the home did not provide a homelike environment. Manager B stated s/he understood, and the provider would continue to address the

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M 276	Continued From page 3 identified concerns.	M 276		
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 2 of 2 residents (Resident 1, Resident 2) reviewed were evaluated annually for evacuation time, using the Department form F-62373 Resident Evacuation Assessment. Findings include: The provider can serve up to 4 residents within the client groups of Traumatic Brain Injury, Advanced Aged, Emotionally Disturbed/Mental Illness, Irreversible Dementia/Alzheimer's, Physically Disabled, and Developmentally Disabled. On 06/03/2025, Surveyor reviewed Resident 1's and Resident 2's record. Resident 1 moved into the home on 08/02/2021 and his/her current evacuation assessment was dated 08/10/2023. Resident 1's evacuation assessment was not updated in 2024. Resident 2 moved into the home on 08/02/2021	M 346		

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M 346	Continued From page 4 and his/her current evacuation assessment was dated 08/28/2022. Resident 2's evacuation assessment was not updated in 2023 and 2024. On 06/03/2025, at approximately 1:15 PM, Surveyor interviewed Manager B. Manager B stated s/he would ensure each resident was evaluated annually for their ability to evacuate in the case of an emergency.	M 346		
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. 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 2 resident (Resident 1) received a health examination by a physician and was screened for communicable disease, including tuberculosis (TB), within 90 days prior to the admission to the home or within 7 days after admission. Findings include:	M 380		

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M 380	Continued From page 5 On 06/03/2025, Surveyor and Manager B reviewed Resident 1's record. Resident 1 moved into the home 08/10/2023. Resident 1's record did not contain an admission health exam or a communicable disease screen, including TB skin testing/screening. Manager B stated the information could be in the files kept at the office. On 06/04/2025 at 7:23 AM, Surveyor emailed Licensee A and Manager B and requested Resident 1's admission health exam and communicable disease screen, including the TB testing/screening. As of 06/06/2025 at 5:00 PM, Surveyor did not receive any additional documentation.	M 380		
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.	M 424		

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This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure 3 of 3 resident's (Resident 1, Resident 2, Resident 3) Individual Service Plans (ISP) were reviewed at least once every six months by the licensee, the resident and/or resident's guardian, and the placing agency.

Findings include:

On 06/03/2025, Surveyor reviewed Resident 1, Resident 2's and Resident 3's record.

Resident 1 moved into the home on 08/10/2023, was his/her own person and was represented by a managed care organization (MCO) care manager (CM).
Resident 1's record contained an ISP dated 06/2024 which was signed by Licensee A, but not dated. Resident 1 and the MCO CM's signatures were not on the ISP.
Resident 1's ISP was due to be reviewed in 12/2024.

Resident 2 moved into the home on 01/01/2017, was represented by Guardian D and an MCO CM.
Resident 2's record contained an ISP dated 06/2024 which was signed by Resident 2 and Manager B on 08/08/2024. Guardian D and the MCO CM's signatures were not on the ISP.
Resident 2's ISP was due to be reviewed in 12/2024.

Resident 3 moved into the home on 08/02/2021, was his/her own person and was represented by

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M 424	Continued From page 7 an MCO CM. Resident 3's record contained an ISP dated 06/2024 which was signed by Resident 3 and Manager B on 08/06/2024. The MCO CM's signature was not on the ISP. Resident 1's ISP was due to be reviewed in 02/2025. On 06/03/2025, at approximately 1:00 PM, Surveyor interviewed Manager B. Manager B stated s/he did not realize that the ISPs were to be updated every 6 months and that the care team needed to sign the ISPs. Manager B stated this concern would be addressed immediately.	M 424		
M 462	88.07(3)(c) MEDICATION ASSISTANCE If the licensee or service provider assists a resident with prescription medication, the licensee or service provider shall help the resident securely store the medication, take the correct dosage at the correct time and communicate effectively with his or her physician. This Rule is not met as evidenced by: Based on observation, record review and interview, the provider did not ensure 1 of 1 resident received prescribed medications in the proper dosage. The provider did not ensure 1 of 1 resident's refusal of medication was communicated with his/her prescribing physician. The provider did not ensure 2 of 2 residents expired medications were not stored with their	M 462		

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current medications. The provider did not ensure 1 of 1 resident's medications contained a pharmacy label.

Resident 2 did not receive his/her Fluticasone Propionate (nasal spray) and Fluticasone-Salmeterol (inhaler) as prescribed.
Resident 2's expired Ipratropium-Albuterol (medication for chronic obstructive pulmonary disease [COPD]) and Nitroglycerin (medication for anginal chest pain) were stored with his/her current medications.
Resident 2's Fluticasone Propionate and Fluticasone Salmeterol were not labeled with a pharmacy label to identify name and administration requirements.

Resident 3's continued refusal of his/her prescribed Baclofen (muscle relaxant) and Isoniazid (medication for tuberculosis) was not communicated to the prescribing physician.

Resident 4's expired Albuterol (medication for handheld nebulizer) was stored with his/her current medications.

Findings include:

Example 1: Resident 2

On 06/03/2025, at approximately 11:45 AM, Surveyor and Caregiver C observed Resident 2's bags of Ipratropium-Albuterol 0.5 MG (milligram) in the refrigerator. The packets inside of the bag stated the medication had been dispensed 11/28/2023 and were to be discarded after 11/2024.

On 06/03/2025, at approximately 1:00 PM, Surveyor and Manager B observed Resident 2's

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medications in the med closet. Surveyor observed a bottle of Nitroglycerin, which stated, "Discard after 10/2024" and a bag of Ipratropium-Albuterol 0.5 MG which stated, "Discard After: 11/2024." Surveyor observed a bottle of Fluticasone Propionate, which appeared to be empty, which did not contain a pharmacy label and a Fluticasone Salmeterol inhaler, with 12 remaining doses, which did not contain a pharmacy label. Surveyor requested Resident 2's record, along with the 2025 pharmacy delivery reports for the Fluticasone Propionate.

On 06/05/2025, Surveyor reviewed Resident 2' s record.

Resident 2 moved into the home 09/08/2011.

Resident 2's Medication Administration Records (MARs), dated 04/01/2025 to 05/31/2025, documented:
"Fluticasone Propionate 50 MCG/actuation - Use 2 sprays in each nostril in the morning. Scheduled at 8:00 AM. Start Date: 11/26/2024."

Resident 2's pharmacy "Packing Lists" documented:
Fluticasone-Propionate - 06/04/2025 (day after the start of survey)

"Each bottle contains a net fill weight of 16 g (grams) and will provide 120 actuations. Each actuation delivers 50 mcg (micrograms) of fluticasone propionate in 100 mg (milligram) of formulation through the nasal adapter. The correct amount of medication in each spray cannot be assured after 120 sprays even though the bottle is not completely empty." (Source: National Institute of Health website, Fluticasone Propionate, 12/2022,

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https://dailymed.nlm.nih.gov/dailymed/fda (retrieval date - June 8, 2025).)

Surveyor determined that Resident 2's bottle of Fluticasone Propionate would last approximately 30 days based on 120 actuations divided by 4 (2 actuations in each nostril per day).

On 06/05/2025 at 8:35 AM, Manager B emailed Surveyor and stated during the routine site survey, it was identified that staff did not consistently administer prescribed medications. Manager B stated that a designated staff member will compare all MARs to pharmacy refill records monthly to ensure accuracy and completeness. Manager B stated that staff will be re-trained on medication administration.

Example 2: Resident 3

On 06/05/2025, Surveyor reviewed Resident 3's record.

Resident 3 moved into the home 08/02/2021.

Resident 3's MAR, dated 04/01/2025 to 05/28/2025, documented:
"Baclofen 10 MG - Take 1 tablet by mouth 2 times a day and take 2 tablets by mouth at bedtime. Scheduled at 8:00 AM, 4:00 PM, and 8:00 PM. Start Date: 08/20/2024."
8:00 AM refusals - 04/01 to 04/12, 04/15 to 04/25, 04/27, 04/29, 04/30, 05/02, 05/03, 05/04, 05/05, 05/06, 05/08
4:00 PM refusals - 04/01 to 04/11, 04/15, 04/17, 04/19, 04/20, 04/22, 04/23, 04/25, 04/26, 04/28, 04/29, 04/30, 05/02, 05/03, 05/04, 05/08
8:00 PM refusals - 04/01 to 04/11, 04/17 to 4/20, 04/22, 04/23, 04/25 to 04/30, 05/02, 05/03, 05/04
"Isoniazid 300 MG - Take 1 tablet by mouth in the

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M 462	Continued From page 11 morning. Scheduled at 8:00 AM. Start Date: 01/26/2025." Documented resident refused 51 out of 58 opportunities. On 06/08/2025 at 10:24 AM, Surveyor emailed Manager B and requested documentation that showed Resident 3's prescribing physician had been contacted regarding his/her refusal to take his/her Baclofen and Isoniazid. On 06/08/2025 at 10:47 AM, Manager B emailed Surveyor and stated Resident 3's prescribing physician had not been contacted. Example 3: Resident 4 On 06/03/2025, at approximately 11:45 AM, Surveyor and Caregiver C observed Resident 4's bags of Albuterol in the refrigerator. The packets inside of the bag stated the medication had been dispensed 11/28/2023 and were to be discarded after 11/2024. On 06/03/2025, at approximately 1:15 PM, Surveyor interviewed Manager B. Manager B stated s/he would implement a process to ensure expired meds were dispensed of in a timely manner.	M 462		
M 466	88.07(3)(e)1 MEDICATION- RECORD KEEPING The licensee shall keep a record of all prescription medications controlled, dispensed or administered by the licensee which show the name of the resident, the name of the particular medication, the date and time the resident took the medication	M 466		

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and errors and omissions. The medication controlled by the licensee shall be kept in a locked place.

This Rule is not met as evidenced by:
Based on record review and interview, the provider did not ensure accurate records were kept of all prescription medications administered for 1 of 1 resident.

Resident 2's Medication Administration Record (MAR) was missing documentation of medication administration.

Findings include:

On 06/05/2025, at approximately 12:00 PM, Surveyor interviewed Caregiver C. Surveyor requested to review the MARs. Caregiver C explained that the MARs were on the electronic computer system unless they needed to utilize the paper MARs due to poor internet connection.

On 06/05/2025, Surveyor reviewed Resident 2's record.

Resident 2 moved into the home 09/08/2011.

Resident 2's May 2025 MAR did not document the following medication administrations and did not include a rationale as to why the medication was not administered:
Fluticasone-Salmeterol 8:00 AM - 05/07, 05/14, 05/16 to 05/19, 05/29 to 05/31
Fluticasone-Salmeterol 8:00 PM - 05/07, 05/18, 05/19
Aspirin 8:00 AM - 05/07, 05/14, 05/16 to 05/19, 05/29 to 05/31

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LIBERTY HOUSE 5 LLC	N62 W15681 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 466	Continued From page 13 Atorvastatin Calcium 8:00 PM - 05/07, 05/18, 05/19 Calcium 600-Vitamin D3 8:00 AM - 05/07, 05/14, 05/16 to 05/19, 05/29 to 05/31 Calcium 600-Vitamin D3 4:00 PM - 05/05, 05/07, 05/12, 05/16, 05/18, 05/19 Finasteride 5:00 PM - 05/05, 05/07, 05/12, 05/16, 05/18, 05/19 Fluoxetine HCL (hydrochloride) 8:00 AM - 05/07, 05/14, 05/16 to 05/19, 05/29 to 05/31 Meloxicam 8:00 AM - 05/01, 05/07, 05/14, 05/16 to 05/19, 05/29 to 05/31 Acetaminophen 12:00 PM - 05/07, 05/14, 05/16, 05/18, 05/19, 05/29 to 05/31 Acetaminophen 4:00 PM - 05/05, 05/07, 05/12, 05/16, 05/18, 05/19 Mucinex 8:00 AM - 05/07, 05/14, 05/16 to 05/19, 05/29 to 05/31 Mucinex 8:00 PM - 05/07, 05/18, 05/19 Fluticasone Propionate 8:00 AM - 05/07, 05/14, 05/16 to 05/19, 05/29 to 05/31 Tamsulosin 5:00 PM - 05/05, 05/07, 05/12, 05/16, 05/18, 05/19 Surveyor compared the electronic MAR to the paper MAR. On 06/05/2025 at 8:35 AM, Manager B emailed Surveyor and stated during the routine site survey it had been determined that there were concerns with medication administration. Manager B stated that staff will be re-trained on medication administration documentation.	M 466		