STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0016066	A. BUILDING: _____ B. WING _____	R 02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIBERTY HOUSE 5 LLC	N62 W15681 SKYLINE 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, Surveyor conducted a verification visit at Liberty House 5 LLC. Two deficiencies were identified. Two of 2 deficiencies were a repeat violation (see Statement of Deficiency (SOD) VFPQ11 and SOD VFPQ12). Under statutory provisions of Wis. Stat. Ch. 50, a $200 revisit fee is being assessed. Census: 4	{M 000}		
{M 406}	88.06(3)(b) PERSONS INVOLVED WITH ISP & ASSESSMENT The individual service plan and written assessment shall be developed by the placing agency, if any, the service coordinator, if any, the licensee, the resident and the resident's guardian, if any and designated representative, if any, with the resident participating in a manner appropriate for the resident's level of understanding and method of communication. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure the Individual Service Plan (ISP) for 3 of 4 residents (Resident 1, Resident 2, Resident 4) records reviewed were developed together with the placing agency, the person being admitted or person's guardian / designated representative and the provider. This is a repeat deficiency. See Statement of	{M 406}		

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

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{M 406}	Continued From page 1 Deficiency (SOD) VFPQ12, dated 09/27/2025. Findings include: On 09/25/2025, Surveyor reviewed Resident 1's, Resident 2's, and Resident 4's record. Resident 1 moved into the home 08/10/2023 and was represented by a managed care organization (MCO) Care Manager (CM). Resident 1's ISP, dated 06/11/2025, did not contain the MCO CM's signature. Resident 2 moved into the home 01/01/2017 and was represented by Guardian D and MCO CM F. Resident 2's ISP, undated, did not contain Guardian D's or CM F's signature. Resident 4 moved into the home 10/26/2018 and was represented by MCO CM. Resident 4's ISP, dated 09/08/2025, did not contain the MCO CM's signature. On 02/26/2026 at 6:00 PM, Surveyor interviewed Administrator B. Surveyor discussed the concerns that the ISPs appeared to have not been updated since the last survey. Administrator B stated s/he was in the process of ensuring all resident ISPs were reviewed.	{M 406}		
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	M 424		

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M 424	Continued From page 2	M 424		

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 3 resident's (Resident 1) Individual Service Plan (ISP) was reviewed at least once every six months by the licensee, the resident and/or resident's guardian, and the placing agency.

This is a repeat deficiency. See Statement of Deficiency (SOD) VFPQ11, dated 06/08/2025.

Findings include:

On 02/26/2026, Surveyor reviewed Resident 1'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 06/11/2025.
Resident 1's ISP was due to be reviewed in 12/2025.

On 02/26/2026 at 6:00 PM, Surveyor interviewed

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M 424	Continued From page 3 Administrator B. Surveyor discussed the concerns that the ISPs appeared to have not been updated since the last survey. Administrator B stated s/he was in the process of ensuring all resident ISPs were reviewed.	M 424		